

Title	Boys & Girls Clubs of Volusia/Flagler Counties 2025	04/30/2025
	by Chance McElveen in Flagler County Cultural Council Project/Program Grant 24-25 Round Two	id. 50413498
	cmcelveen@bgcvfc.org	

Original Submission	04/30/2025
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Score	n/a
Organization Name and application year	Boys & Girls Clubs of Volusia/Flagler Counties 2025
Organization Name	Boys & Girls Clubs of Volusia/Flagler Counties
Business Address	101 N Woodland Blvd Suite 400 DeLand FL 32720 US
Mailing Address (if different)	
Organization website (if applicable)	www.bgcvfc.org
Contact Name	Chance McElveen
Contact Email	cmcelveen@bgcvfc.org
Contact phone number	+13867340555
Employer Identification Number	59-3158162
Question	
Did your organization received a City of Palm Coast Cultural Arts Grant in the 2023-2024 fiscal year	No

If so, what was the grant amount?	N/A
Has the project and grant paperwork from your previous grant been completed? (please provide dates)	N/A
Has this project/program received a grant from any other Flagler County government organization during this fiscal year? (Cities, County, Tourism Development Council, etc.)	Yes
If your answer was yes to the above question, please describe what other government grants this project/program has received.	Flagler County Grant - for Club Programming in our Core Areas: The Arts, Education, Character/Leadership Development, Sports/Recreation, and Healthy Lifestyles
What type of applicant is your organization? Please select the option that is the best fit for the activity(ies) for which you are seeking grant funding.	Year-round, arts (non-performing), culture, history or heritage organization Other
If you answered "other" above, please describe your organization here	Year-Round nonprofit agency that incorporates The Arts, Culture, History and Heritage in addition to our other Core areas
What is your organization's mission statement?	To inspire and enable all young people, especially those who need us most, to reach their full potential as productive, caring, responsible citizens and leaders.

Please provide an brief overview of your proposed project

The Voices of Palm Coast: A Youth-led Heritage & Storytelling Showcase is a cultural initiative taking place from **June through September 2025** that features youth-led storytelling, performance, and digital media. Youth from BGCVFC's Palm Coast-based summer location at Belle Terre Elementary school will participate in cultural workshops and oral history projects led by local historians, artists, and media professionals. The program will culminate in **two public showcases and a final celebration** that celebrates Palm Coast's heritage and engages the wider community. While the events will have similar formats, they will have different thematic content, different videos, podcasts, and exhibits. This will allow us to share a broader range of collected stories, more club members' work, and highlight different aspects of Palm Coast's heritage. This exhibit will also be featured on our website, social media channels and local media.

Please upload a more complete description of your project/program, if desired.

[Voices_of_Palm_Coast_Narrative.docx](#)

Project dates and location

July 2025, August 2025, and September 2025

Is this a first-time event or a new year-round organization?

Yes

Anticipated Audience for the project (at each presentation if more than one). How will this be measured?

In addition to the families and friends of the anticipated 75-100 Club youth expected to register for our Summer Program in Palm Coast, we will open these events to the public, free of charge. ADA accessibility will be ensured, as well as safety procedures set in place to ensure the well-being of all of our guests. These events will be promoted through our website, social media channels, and local media outlets (newspapers, radio stations, etc.). We are anticipating over 150 guests per event. Guests will check in with registration, allowing us to capture the number of guests and their contact information so that they can be informed of future cultural heritage events. We are also exploring the option of live-streaming the events, to allow for those out of the area to virtually attend and still be a part of the events. Measuring the number of viewers during the live stream will be easy using the statistics recorded by the platform. Future events will also be advertised digitally during the live stream.

Anticipated organizational participation in the project - how many volunteers, members, staff, etc. do you expect to work on the project

An event as large as the one we're anticipating requires "all hands on deck". We are anticipating at least four (4) full-staff from our Administration Team, at least three (3) Club Staff from our facility in Palm Coast, and approximately 10-15 volunteers. Various tasks included will be setting up the event, organizing and leading the registration area for guests, leading the Club youth to their different areas and tasks at the scheduled times, and clearing down after the event concludes.

Do you anticipate that this activity or event will have an economic impact on Flagler County? If so, what is that impact? For example, will your attendees stay in hotels, eat in restaurants or travel to Flagler County from in or out of state for the event? How do you plan to measure this impact?

With approximately 150 anticipated attendees at each of the public events, the program will generate modest local economic activity through artist fees, vendor support, and community engagement. Local vendors and/or food trucks will be invited to participate to either sell their wares or promote their own endeavors. With the vendors, we would invite them to donate 10% of their earnings for those events back to BGCVFC, and we'd be able to estimate the total economic impact of the event through their sales. Using the Americans for the Arts Impact Calculator, BGCVFC will report on spending and participation metrics to demonstrate cultural and financial impact.

Proposed project/program budget

[Project Budget update.xlsx](#)

Organization annual budget

[Operating Budget.xlsx](#)

Total Grant Requested	\$10,000
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Attachments:	Please attach the files requested below. Applications will not be considered complete without the appropriate attachments.
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Cover page of your most recently completed Form 990 (annual budgets over \$50,000) or IRS Form 990EZ, 990 postcard filing, or a Profit and Loss Statement from your previous fiscal year (annual budgets under \$50,000)

[BGCVFC_2023_990.pdf](#)

Organization IRS determination letter

[OID_IRS_501c3_letter.pdf](#)

Board organization chart

[BGCVFC_Board_Org_chart_2025.doc](#)

Most recent bank statement or proof of available match

[PNC-StatementPDFServlet_0325-1.pdf](#)

Project/Program Marketing Plan

[2025_Marketing_Plan_BGCVFC_FC3.docx](#)

Letters of Support

[Letter_of_Support_-_And_You_Films_signed.pdf](#)

[Letter_of_Support_-_Cheryl_Massaro_signed.pdf](#)

Marketing materials from proposed or previous events

[Flagler_Summer_Camp.png](#)

[MLK_Day_-_Cultural_Event_Flyer.pdf](#)

[MLB.jpg](#)

[HH_Halloween.jpg](#)

Photographs or videos of previous related events

[YOY.jpg](#)

[Drone_Camp.jpg](#)

[MOAS.jpg](#)

Other support materials

[2025_BGCVFC_FC3_Sustainability_Statement.docx](#)

[BGCVFC_Economic_Impact_Calculator_Results.pdf](#)

[BGCVFC_Tax_Exempt_Certificate.pdf](#)

Project Title:

Voices of Palm Coast: A Youth-led Heritage & Storytelling Showcase

Organization Overview

The **Boys & Girls Clubs of Volusia/Flagler Counties (BGCVFC)** is a 501(c)(3) nonprofit youth development organization serving more than 1,800 youth annually through eight club locations with academic enrichment, arts education, leadership development, and workforce readiness programs. **In Flagler County, our after-school program is at Rymfire Elementary (1425 Rymfire Dr., Palm Coast, FL 32164) and our summer program is at Belle Terre Elementary (5545 Belle Terre Pkwy, Palm Coast, FL 32137).** In 2024, we served 187 youth during the school year and 74 youth over the summer.

BGCVFC's mission is to inspire and enable all young people—especially those who need us most—to realize their full potential as productive, responsible, and caring citizens. Our Clubs serve a diverse youth population and deliver year-round programming that builds creativity, confidence, and civic engagement. **Two of the focus areas for our programming are The Arts, and Character and Leadership.** Giving kids a voice through the arts fosters creativity in young people and provides them with outlets for self-expression. From photography to poetry, our arts programs have something that will inspire everyone. In addition, programs emphasizing character-building and leadership help youth become responsible, caring citizens who take pride in their community and celebrate their heritage. Our proposed project combines both of these areas with hands-on preservation of local history.

Project Description

The Voices of Palm Coast: A Youth-led Heritage & Storytelling Showcase is a cultural initiative taking place from **June through September 2025** that features youth-led storytelling, performance, and digital media. Youth from BGCVFC's Palm Coast-based summer location at Belle Terre Elementary school will participate in cultural workshops and oral history projects led by local historians, artists, and media professionals.

This project is an engaging way to connect young people with their community and foster intergenerational understanding. Community speakers will visit the club where club members ages 10-17 will conduct interviews and ask questions of the speakers. Other members will record and edit video recordings of these interviews. A local historian who has worked with oral histories in the Flagler County area will help program staff identify compelling speakers of different ages and backgrounds to invite. In addition, club members will practice interviewing and telling their own life stories for inclusion in the final projects. A professional video production company will facilitate workshops on videography and help guide student video productions.

The program will culminate in **two public showcases and a final celebration** that celebrates Palm Coast's heritage and engages the wider community. While the events will have similar

formats, they will have different thematic content, different videos, podcasts, and exhibits. This will allow us to share a broader range of collected stories, more club members' work, and highlight different aspects of Palm Coast's heritage.

Showcase Components

- **Oral History Projects** – Youth collect and curate community stories
- **Youth Media Production** – Podcast and video storytelling created by participants
- **Pop-Up Exhibit** – Public display of youth photography, artwork, and quotes from local interviews
- **Public Events** – Live storytelling, spoken performances, and community workshops

Schedule of Activities

June–July 2025 – Storytelling Workshops & Cultural Collection

- Youth develop skills in interviewing, recording, and performance
- Community interviews are conducted and curated

July 2025 – Palm Coast Youth Heritage & Storytelling Showcase #1

- Held at Palm Coast Community Center
- Live storytelling, videos, podcasts, and exhibits

August 2025 – Palm Coast Youth Heritage & Storytelling Showcase #2

- Held at Palm Coast Community Center
- Live storytelling, youth podcasts, videos, and exhibits

September 2025 – Closing Celebration & Digital Media Launch

- Final event at Holland Park or a public library
- Showings of youth podcasts, videos, and final exhibit installation of visual arts and photography.

Admission & Access

All events will be **free and open to the public**. BGCVFC will ensure **ADA accessibility** and **bilingual promotional materials** to ensure broad access for Flagler County residents.

Educational Components

Participating club members will build skills in:

- Story collection and interviewing
- Podcast and video production
- Public speaking and community leadership
- Event planning and creative collaboration

These competencies are aligned with real-world career pathways in arts, media, and communications. Furthermore, the participants will collaborate in groups to edit the videos and select groupings of stories to combine in a larger narrative about local history. The collaborative aspect of the project is important. It will foster teamwork, critical thinking, and a deeper understanding of how individuals' stories contribute to a broader historical context. Hands-on experience in marketing will be valuable for building skills in storytelling, visual communication, and digital media.

Marketing Plan

Promotion will include:

- **Print and digital advertising** in local publications
- **Social media storytelling clips and reels** created by youth
- **Flyers and posters** distributed throughout Palm Coast
- Required recognition of **FC3 and City of Palm Coast** logos on all materials

Students who enjoy visual arts and graphic design will help create the print flyers and posters. The social media clips and reels will be very authentic and compelling, resonating with other youth as well as the wider community. The marketing plan will highlight the youths' involvement in the project as well as the local stories themselves.

Cultural and Community Value

Voices of Palm Coast: A Youth-led Heritage & Storytelling Showcase will be a great gift to the City of Palm Coast and its residents. The exhibits, documents, and digital recordings will provide insights into local history and culture that will attract residents and visitors of all ages. It will serve to:

- Preserve and share local stories through public arts experiences
- Encourage intergenerational understanding
- Provide meaningful cultural programming for residents

- Engage young people in public life and creative expression
- Strengthen Palm Coast's identity and cultural vitality

Organizational Capacity

BGCVFC has decades of experience delivering high-quality programming in Flagler County. With support from local artists, historians, and partners such as **And You Productions**, we have the infrastructure, staff, and community trust necessary to execute this project successfully.

Funding Request

- **Total Project Budget:** \$35,000
- **Grant Request:** \$10,000
- **Confirmed Match:** \$25,000 (secured through in-kind services, staff contributions, and donor support)

Proposed Economic Impact

With approximately **150 anticipated attendees at each of the public events**, the program will generate modest local economic activity through artist fees, vendor support, and community engagement. Using the Americans for the Arts Impact Calculator, BGCVFC will report on spending and participation metrics to demonstrate cultural and financial impact.

Additional Support

In addition to this request, BGCVFC is securing support from private donors and aligned funding partners. FC3's investment will serve as a visible and catalytic source of funding to validate and expand youth-driven cultural programming in Flagler County.

Organization Name: Boys & Girls Clubs						
Federal ID # (EIN)						
Fiscal Year end						
Project Name						
		Please use this column to notate specific income or expenses, if any				
			Total Project Budget			
			\$35,000			
Income						
	Government Grants (do not include current grant application)	\$30,000				
	Foundation and Corporate Grants	\$0				
	Donations & Contributions	\$2,000				
	In-kind donations	\$2,000				
	Membership income	\$0				
	Admissions	\$0				
	Earned income	\$0				
	Other income	\$1,000				
	Total Income	\$35,000	0			
		Please use this column to notate specific income or expenses, if any			Organization must provide a minimum 1:1 match for grant dollars requested	
Expenses			Total Project Budget	Grant Fund Expenditures	Matching Funds	
	Administration (cannot equal more than 10% of total grantable expenses)	1000	1000	500	500	
	Equipment Rental & Maintenance	1000	1000	500	500	
	Equipment Purchase	2000	2000	0	2000	
	Food	3000	3000	0	3000	
	In-kind expenses	2000	2000	0	2000	
	Marketing/Advertising	3000	3000	1000	2000	
	Postage & Shipping	0	0	0	0	
	Professional Fees	10000	10000	5000	5000	
	Rent & Occupancy	2000	2000	0	2000	
	Supplies & Materials	10000	10000	3000	7000	
	Travel	1000	1000	0	1000	
	Other Expenses 1					
	Other Expenses 2					
	Misc. Expenses					
	Total Expenses		35000	10500	25000	
	Total Grant Request	\$10,000		10500		

Organization Name: Boys & Girls Clubs			
Federal ID # (EIN)			
Fiscal Year end			
Project Name			
		<i>Please use this column to notate specific income or expenses, if any</i>	
			Total Organization Budget
Income			
	Government Grants	1191530.54	1212083
	Foundation and Corporate Grants	262934.39	350000
	Donations & Contributions	802390.91	1050000
	In-kind donations	420950.4	350000
	Membership income	28125.28	40000
	Admissions	0	0
	Earned income	0	0
	Other income	116015.64	0
	Total Income	2821947.16	3002083
Expenses			
	Personnel Expenses	15658.94	20000
	Wages & Salaries	1603485.27	1631645
	Employee benefits	205338.35	186000
	Employee taxes	119408.53	124820
	Total Personnel Expenses	1943891.09	1942465
	Operating Expenses	138584.78	188000
	Bank Fees	4895.08	2675
	Debt Service	0	0
	Depreciation Expense	36000	72000
	Equipment Rental & Maintenance	1377.52	25000
	Equipment Purchase	0	0
	Food	74622.63	60000
	In-kind expenses	420950.4	350000
	Insurance	44762.21	48000
	Marketing/Advertising	29415.41	22000
	Postage & Shipping	1098.25	1200
	Professional Development	6252.82	12000
	Professional Fees	123769.48	72000
	Rent & Occupancy	62557.22	51000
	Sponsorships & Donations	0	0
	Supplies & Materials	19389.78	12245
	Travel	126677.88	50000
	Utilities	44476.06	32000
	Other Expenses 1	199915.74	0
	Other Expenses 2	0	0
	Misc. Expenses	6907.43	61500
	Total Expenses	1073265.25	3002085

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

A For the 2023 calendar year, or tax year beginning , 2023, and ending , 20					
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table><tr><td>C Name of organization BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER Doing business as COUNTIES INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 NORTH WOODLAND BOULEVARD 400 City or town, state or province, country, and ZIP or foreign postal code DELAND, FL 32720</td><td>D Employer identification number 59-3158162 E Telephone number (386) 734-0555 G Gross receipts \$ 4,876,415</td></tr><tr><td>F Name and address of principal officer: JOE SULLIVAN SAME AS C ABOVE</td><td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number</td></tr></table>	C Name of organization BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER Doing business as COUNTIES INC Number and street (or P.O. box if mail is not delivered to street address) Room/suite 101 NORTH WOODLAND BOULEVARD 400 City or town, state or province, country, and ZIP or foreign postal code DELAND, FL 32720	D Employer identification number 59-3158162 E Telephone number (386) 734-0555 G Gross receipts \$ 4,876,415	F Name and address of principal officer: JOE SULLIVAN SAME AS C ABOVE	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: WWW.BGCVFC.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 1998 M State of legal domicile: FL				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	46
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	46
	5 Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	63
	6 Total number of volunteers (estimate if necessary)	6	391
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,676,780	Current Year 4,199,878
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	(2,872)	96,294
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,673,908	4,296,172
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	189,392	181,192
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,550,372	1,976,150
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	537,431	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	947,262	1,069,573
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,687,026	3,226,915
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	(13,118)	1,069,257
	20 Total assets (Part X, line 16)	Beginning of Current Year 3,379,796	End of Year 4,702,093
	21 Total liabilities (Part X, line 26)	304,773	339,979
	22 Net assets or fund balances. Subtract line 21 from line 20	3,075,023	4,362,114

Part II Signature Block

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

Sign Here	J MACK REID				
	Signature of officer	Date			
	J MACK REID, INTERIM CPO				
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Rebecca A McDonald	Rebecca A McDonald	11-25-2024		P00739131
	Firm's name	Dickinson & McDonald P A			Firm's EIN
	Firm's address	Post Office Box 1626 Deland FL 32721-1626			Phone no. 386-734-3978

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

Part III **Statement of Program Service Accomplishments**

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

- 1** Briefly describe the organization's mission:
SEE SCHEDULE O
- 2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No
If "Yes," describe these new services on Schedule O.
- 3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No
If "Yes," describe these changes on Schedule O.
- 4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,376,187** including grants of \$) (Revenue \$)
THE CLUBS ARE WELL LOCATED AND POSITIONED TO MAKE AN IMPACT ON THE KIDS, FAMILIES, AND COMMUNITIES WHO MOST NEED THEIR SERVICES AND PROGRAMS. DURING 2023, THE CLUBS SERVED 1,738 YOUTH. THE PERCENTAGE OF CLUB MEMBERS FROM SINGLE PARENT/NONTRADITONAL HOMES WAS 60%. 91% OF CLUB MEMBERS MET FAMILY INCOME QUALIFICATIONS FOR FREE/REDUCED SCHOOL LUNCHES. 100% OF CLUB MEMBERS RECEIVED ACADEMIC ASSISTANCE. 100% OF CLUB MEMBERS PARTICIPATED IN PREVENTION PROGRAMS WHICH EMPOWER AND EDUCATE YOUTH TO MAKE RIGHT DECISIONS ABOUT ALCOHOL, DRUG AND TOBACCO USE AND PREMARITAL SEXUAL ACTIVITY.

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

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

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

4e Total program service expenses **2,376,187**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 <input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III.	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9 <input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V	10 <input checked="" type="checkbox"/>	<input type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b <input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c <input type="checkbox"/>	<input checked="" type="checkbox"/>
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d <input checked="" type="checkbox"/>	<input type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	<input type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f <input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a <input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13 <input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 <input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18 <input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	19 <input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a <input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input type="checkbox"/>	<input type="checkbox"/>
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 <input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 46		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 46		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6		<input checked="" type="checkbox"/>
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	<input checked="" type="checkbox"/>	
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<input checked="" type="checkbox"/>

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

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

Section C. Disclosure

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

JOE SULLIVAN (386)734-0555, 101 NORTH WOODLAND BOULEVARD, DELAND, FL 32720

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)JOE SULLIVAN CHIEF PROFESSIONAL OFFICER	40.00			X				189,200	0	9,579
(2)LISA RYALS CHIEF OPERATING OFFICER	40.00			X				104,401	0	7,195
(3)AMBER BARRERO DIRECTOR	1.00	X						0	0	0
(4)SHERIFF RICK STALY DIRECTOR	1.00	X						0	0	0
(5)WILL ROSSMEYER DIRECTOR	1.00	X						0	0	0
(6)JIM CALLENDER TRUSTEE	1.00	X						0	0	0
(7)JOHN BROOKS DIRECTOR	1.00	X						0	0	0
(8)CARMEN BALGOBIN DIRECTOR	1.00	X						0	0	0
(9)LONNIE GROOT DIRECTOR	1.00	X						0	0	0
(10)THERESA DOAN TRUSTEE	1.00	X						0	0	0
(11)PATTY D'ALESSANDRO DIRECTOR	1.00	X						0	0	0
(12)CHRISTINE POWER DIRECTOR	1.00	X						0	0	0
(13)PORTER MCEVER DIRECTOR	1.00	X						0	0	0
(14)MOLLY JUSTICE-WAINSCOTT DIRECTOR	1.00	X						0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)TOM WILT DIRECTOR	1.00	X						0	0	0
(2)LYDIA FROST DIRECTOR	1.00	X						0	0	0
(3)STEVE CAMERON DIRECTOR	1.00	X						0	0	0
(4)DAVE BRANNON DIRECTOR	1.00	X						0	0	0
(5)MICHELLE MARIANO DIRECTOR	1.00	X						0	0	0
(6)GALE LEMERAND TRUSTEE	1.00	X						0	0	0
(7)RACHEL HAZEL DIRECTOR	1.00	X						0	0	0
(8)BRYAN COLLYER DIRECTOR	1.00	X						0	0	0
(9)KRISSEY CHALK DIRECTOR	1.00	X						0	0	0
(10)LORENZO BROWN DIRECTOR	1.00	X						0	0	0
(11)LAURIE ASBURY DIRECTOR	1.00	X						0	0	0
(12)DEBI MCNABB DIRECTOR	1.00	X						0	0	0
(13)LUKE HABER TRUSTEE	1.00	X						0	0	0
(14)STUART ARP TRUSTEE	1.00	X						0	0	0

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)CHRIS TOLLAND DIRECTOR	1.00	X						0	0	0
(2)BOB COLEMAN TRUSTEE	1.00	X						0	0	0
(3)KEVIN BOWLER TRUSTEE	1.00	X						0	0	0
(4)BILLIE WHEELER DIRECTOR	1.00	X						0	0	0
(5)CANDACE LANKFORD TRUSTEE	1.00	X						0	0	0
(6)KAREN SPRAKER DIRECTOR	1.00	X						0	0	0
(7)KEN DEFOREST DIRECTOR	1.00	X						0	0	0
(8)JOIE ALEXANDER DIRECTOR	1.00	X						0	0	0
(9)JUDY CONTE DIRECTOR	1.00	X						0	0	0
(10)BEN JOHNSON TRUSTEE	1.00	X						0	0	0
(11)PAT NORTHEY TRUSTEE	1.00	X						0	0	0
(12)SHERIFF MIKE CHITWOOD DIRECTOR	1.00	X						0	0	0
(13)DAVID WIGGINS TRUSTEE	1.00	X						0	0	0
(14)GENE GIZZI TRUSTEE	1.00	X						0	0	0

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1)JOHN DICESARE TRUSTEE	1.00	X						0	0	0
(2)JOHN DOCTOR TRUSTEE	1.00	X						0	0	0
(3)RANDY DYE TRUSTEE	1.00	X						0	0	0
(4)MIKE SHAYESON VICE PRESIDENT-OPERATIONS	1.00	X		X				0	0	0
(5)VINNY SAGRANI VICE PRESIDENT-OPERATIONS	1.00	X		X				0	0	0
(6)LINDA WEBSTER VICE PRESIDENT-HALIFAX	1.00	X		X				0	0	0
(7)BRIAN BOWLER VICE TREASUER	1.00	X		X				0	0	0
(8)JASON LARKIN VICE PRESIDENT - SOUTHEAST VOLUSIA	1.00	X		X				0	0	0
(9)JAIME BRACERO PRESIDENT ELECT	1.00	X		X				0	0	0
(10)MATT GURNOW VICE PRESIDENT - WEST VOLUSIA	1.00	X		X				0	0	0
(11)CHRIS PERKINS VICE PRESIDENT-PLANNED GIVING	1.00	X		X				0	0	0
(12)STAN DEMBKOSKI VICE PRESIDENT-PLANNED GIVING	1.00	X		X				0	0	0
(13)VERNON BURTON VICE PRESIDENT-GOVERNMENT RELATIONS	1.00	X		X				0	0	0
(14)LYNN BYRNE VICE PRESIDENT-COMMUNITY RELATIONS	1.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(15)JENAE MATTHEWS PRESIDENT	1.00	X		X				0	0	0	
(16)RON NOWVISKIE TREASURER	1.00	X		X				0	0	0	
(17)JOE HEARN PAST PRESIDENT	1.00	X		X				0	0	0	
(18)BARB GIRTMAN VICE PRESIDENT-GOVERNMENT RELATIONS	1.00	X		X				0	0	0	
(19)RAFAEL RAMIREZ VICE PRESIDENT-COMMUNITY RELATIONS	1.00	X		X				0	0	0	
(20)COLLEEN CONKLIN VICE PRESIDENT-FLAGLER	1.00	X		X				0	0	0	
(21)CHARLENE GREER VICE PRESIDENT-RESOURCE DEVELOPMENT	1.00	X		X				0	0	0	
(22)LINDA PAUL VICE PRESIDENT-RESOURCE DEVELOPMENT	1.00	X		X				0	0	0	
(23)											
(24)											
(25)											
1b Subtotal											
c Total from continuation sheets to Part VII, Section A											
d Total (add lines 1b and 1c)								293,601	0	16,774	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	22,540			
	c	Fundraising events	1c	883,914			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	2,566,374			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	727,050			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 131,343			
	h	Total. Add lines 1a-1f		4,199,878			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			61,928	61,928	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	6a	(i) Real	(ii) Personal		
	b	Less: rental expenses . .	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory . .	7a	(i) Securities	(ii) Other		
	b	Less: cost or other basis and sales expenses . .	7b				
	c	Gain or (loss)	7c				
	d	Net gain or (loss)			34,366	34,366	
	8a	Gross income from fundraising events (not including \$ 883,914 of contributions reported on line 1c). See Part IV, line 18	8a				
	b	Less: direct expenses	8b				
	c	Net income or (loss) from fundraising events					
	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					
Miscellaneous Revenue				Business Code			
	11a						
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions			4,296,172	96,294	0	0

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	181,192	181,192		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	198,779	152,297	23,241	23,241
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,481,131	1,125,659	177,736	177,736
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . .	49,466	46,498	1,484	1,484
9 Other employee benefits	122,206	85,544	18,331	18,331
10 Payroll taxes	124,568	94,673	14,947	14,948
11 Fees for services (nonemployees):				
a Management				
b Legal	2,800	2,156	560	84
c Accounting	26,400	20,328	5,280	792
d Lobbying				
e Professional fundraising services. See Part IV, line 17. .				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . .	121,676	113,985	6,688	1,003
12 Advertising and promotion	18,939			18,939
13 Office expenses	53,407	40,122	10,555	2,730
14 Information technology	39,881	25,527	9,569	4,785
15 Royalties				
16 Occupancy	75,382	64,255	5,846	5,281
17 Travel	94,071	65,850	18,814	9,407
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	23,690	18,952	3,317	1,421
20 Interest				
21 Payments to affiliates	28,092	22,473	4,214	1,405
22 Depreciation, depletion, and amortization	46,407	41,766	4,641	
23 Insurance	21,658	20,359	866	433
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 MAINTENANCE AND REPAIR	10,081	10,081		
b SUPPLIES	230,211	210,510		19,701
c OTHER	46,241	33,960	7,208	5,073
d FUNDRAISING EVENTS (SCH G)	230,637			230,637
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e. .	3,226,915	2,376,187	313,297	537,431
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	740,130	1	385,790
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	253,342	3	319,267
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,180	9	37,073
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,240,249		
	b Less: accumulated depreciation	10b 772,979	10c	467,270
	11 Investments - publicly traded securities	1,675,255	11	3,120,840
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	301,456	15	371,853
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,379,796	16	4,702,093	
Liabilities	17 Accounts payable and accrued expenses	49,814	17	140,015
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	254,959	25	199,964
	26 Total liabilities. Add lines 17 through 25	304,773	26	339,979
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	2,479,529	27	3,494,233
	28 Net assets with donor restrictions	595,494	28	867,881
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,075,023	32	4,362,114
33 Total liabilities and net assets/fund balances	3,379,796	33	4,702,093	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,296,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,226,915
3	Revenue less expenses. Subtract line 2 from line 1	3	1,069,257
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,075,023
5	Net unrealized gains (losses) on investments	5	217,834
6	Donated services and use of facilities	6	239,838
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(239,838)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,362,114

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	x
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	x
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	x
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a	x
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	x

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

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

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

Schedule A (Form 990) 2023

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,137,811	2,374,491	3,230,668	2,676,780	4,514,366	14,934,116
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	92,763	82,763	82,763	205,388	205,388	669,065
4 Total. Add lines 1 through 3	2,230,574	2,457,254	3,313,431	2,882,168	4,719,754	15,603,181
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.						15,603,181

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2,230,574	2,457,254	3,313,431	2,882,168	4,719,754	15,603,181
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	16,832	(19,384)	134,068	(2,872)	96,294	224,938
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						15,828,119
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	98.58 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	98.82 %
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- b 33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . ☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/>	The organization satisfied the Activities Test. Complete line 2 below.
b	<input type="checkbox"/>	The organization is the parent of each of its supported organizations. Complete line 3 below.
c	<input type="checkbox"/>	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
2 Activities Test. Answer lines 2a and 2b below.		
a		Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
b		Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .
b		Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required) - <i>provide details in Part VI</i>	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2023			
a	From 2018			
b	From 2019			
c	From 2020			
d	From 2021			
e	From 2022			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2023 distributable amount			
i	Carryover from 2018 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2023 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2019			
b	Excess from 2020			
c	Excess from 2021			
d	Excess from 2022			
e	Excess from 2023			

Part VI

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

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Employer identification number

59-3158162

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

Name of organization BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER	Employer identification number 59-3158162
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FLORIDA DEPARTMENT OF EDUCATION POST OFFICE BOX 1753 TALLAHASSEE FL 32302	\$ 122,904	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	COUNTY OF VOLUSIA 110 WEST RICH AVENUE DELAND FL 32720	\$ 619,283	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	FLORIDA DEPART. OF JUVENILE JUSTICE 2737 CENTERVIEW DRIVE TALLAHASSEE FL 32399-3100	\$ 94,080	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	EARLY LEARNING COALITION 125 EXECUTIVE CIRCLE DAYTONA BEACH FL 32114	\$ 1,572,920	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	MICHAEL AND NANCY SHAYESON 2726 BLUE HERON VILLAGE DELAND FL 32720	\$ 151,150	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

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

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

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c, acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____	
4 Number of states where property subject to conservation easement is located _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____	
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements	

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$ _____
(ii) Assets included in Form 990, Part X	\$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$ _____
b Assets included in Form 990, Part X	\$ _____

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

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

Part IV Escrow and Custodial Arrangements

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,423,557	1,726,351	1,412,537	1,245,719	1,024,829
b Contributions	5,319	61,273	166,278	19,634	6,954
c Net investment earnings, gains, and losses	259,804	(346,686)	171,198	163,433	229,894
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	18,932	17,381	23,662	16,249	15,958
g End of year balance	1,669,748	1,423,557	1,726,351	1,412,537	1,245,719

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

- a Board designated or quasi-endowment 74.18 %
- b Permanent endowment 25.82 %
- c Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations?
- (ii) Related organizations?

	Yes	No
3a(i)	x	
3a(ii)		x
3b		

- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	58,594			58,594
b Buildings	167,653		29,861	137,792
c Leasehold improvements	309,585		134,360	175,225
d Equipment	667,339		577,461	89,878
e Other	37,078		31,297	5,781
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B).				467,270

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

(a) Description	(b) Book value
(1) R IGHT OF USE ASSET	263,774
(2) C ONSTRUCTION IN PROGRESS	108,079
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, line 15 col. (B)).	371,853

Part X Other Liabilities

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) L EASE LIABILITY	199,964	
(3) _____		
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)).	199,964	

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

Department of the Treasury
Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

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

		(a) Event #1 CELEBRATE (event type)	(b) Event #2 GOLF TOURN (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	388,740	370,716	124,458	883,914
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	388,740	370,716	124,458	883,914
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	22,321	173,608	34,708	230,637
	10 Direct expense summary. Add lines 4 through 9 in column (d)				230,637
	11 Net income summary. Subtract line 10 from line 3, column (d)				653,277

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	EASTERSEALS NORTHEAST CENTR 1219 DUNN AVENUE DAYTONA BEACH FL 32114	59-0722785	501(C)(3)	11,240				SUB-RECIPIENT OF CFAB GRANT.
(2)	VOLUSIA FLAGLER FAMILY YMCA 761 E INTERNATIONAL SPEEDWA DELAND FL 32724	59-3284968	501(C)(3)	93,582				SUB-RECIPIENT OF CFAB GRANT.
(3)	HOUSE NEXT DOOR INC. 804 NORTH WOODLAND BOULEVAR DELAND FL 32720	59-1675284	501(C)(3)	38,568				SUB-RECIPIENT OF CFAB GRANT.
(4)	PACE CENTER FOR GIRLS INC. 6245 PHILLIPS INDUSTRIAL BO JACKSONVILLE FL 32256	59-2414492	501(C)(3)	37,802				SUB-RECIPIENT OF CFAB GRANT.
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

Part III	Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.
-----------------	---

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Employer identification number

59-3158162

Part I Questions Regarding Compensation

	Yes	No								
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <table><tbody><tr><td><input type="checkbox"/> First-class or charter travel</td><td><input type="checkbox"/> Housing allowance or residence for personal use</td></tr><tr><td><input type="checkbox"/> Travel for companions</td><td><input type="checkbox"/> Payments for business use of personal residence</td></tr><tr><td><input type="checkbox"/> Tax indemnification and gross-up payments</td><td><input type="checkbox"/> Health or social club dues or initiation fees</td></tr><tr><td><input type="checkbox"/> Discretionary spending account</td><td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td></tr></tbody></table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (such as maid, chauffeur, chef)									
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2									
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table><tbody><tr><td><input type="checkbox"/> Compensation committee</td><td><input checked="" type="checkbox"/> Written employment contract</td></tr><tr><td><input type="checkbox"/> Independent compensation consultant</td><td><input type="checkbox"/> Compensation survey or study</td></tr><tr><td><input type="checkbox"/> Form 990 of other organizations</td><td><input type="checkbox"/> Approval by the board or compensation committee</td></tr></tbody></table>	<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	x								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	x								
c Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	x								
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	x								
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	x								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	x								
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	x								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	x								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	x								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	JOE SULLIVAN	(i) 189,200	(ii) 0	(iii) 0	9,579	0	198,779	0
	CHIEF PROFESSIONAL OFFICE	0	0	0	0	0	0	0
2		(i)	(ii)					
3		(i)	(ii)					
4		(i)	(ii)					
5		(i)	(ii)					
6		(i)	(ii)					
7		(i)	(ii)					
8		(i)	(ii)					
9		(i)	(ii)					
10		(i)	(ii)					
11		(i)	(ii)					
12		(i)	(ii)					
13		(i)	(ii)					
14		(i)	(ii)					
15		(i)	(ii)					
16		(i)	(ii)					

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SNACKS/SUPPLIES)	X	9	131,343	
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Employer identification number

59-3158162

01. Form 990 governing body review (Part VI, line 11)

A DESIGNATED BOARD OF DIRECTOR(S) IS ASSIGNED TO REVIEW AND APPROVE FORM

990.

02. Conflict of interest policy compliance (Part VI, line 12c)

CONFLICT OF INTEREST IS A WRITTEN POLICY AND IS DISTRIBUTED TO ALL BOARD MEMBERS AND KEY

EMPLOYEES. MONITORING IS DONE ON A DAILY BASIS BY JOE SULLIVAN AND BY THE BOARD OF

DIRECTORS AT EACH AND EVERY BOARD MEETING. ANY BOARD OF DIRECTOR WITH A CONFLICT OF

INTEREST IS PROHIBITED FROM VOTING ON THAT ISSUE.

03. CEO, executive director, top management comp (Part VI, line 15a)

PROCESS INCLUDES A BOARD OF DIRECTORS COMMITTEE WHICH MEETS ANNUALLY TO REVIEW AND SET KEY

PERSONNEL COMPENSATION LEVELS EACH YEAR. THE COMMITTEE CONSIDERS MANY FACTORS WHEN

SETTING COMPENSATION LEVELS INCLUDING COMPARISONS WITH SIMILAR ORGANIZATIONS AND LOCAL

ECONOMIC CONDITIONS.

04. Other officer or key employee compensation (Part VI, line 15b)

PROCESS INCLUDES A BOARD OF DIRECTORS COMMITTEE WHICH MEETS ANNUALLY TO REVIEW AND SET KEY

PERSONNEL COMPENSATION LEVELS EACH YEAR. THE COMMITTEE CONSIDERS MANY FACTORS WHEN

SETTING COMPENSATION LEVELS INCLUDING COMPARISONS WITH SIMILAR ORGANIZATIONS AND LOCAL

ECONOMIC CONDITIONS.

05. Governing documents, etc, available to public (Part VI, line 19)

THE ORGANIZATION'S BOARD OF DIRECTOR MONTHLY MEETINGS ARE OPEN TO THE PUBLIC. GOVERNING

DOCUMENTS, FINANCIAL STATEMENTS, AND POLICY STATEMENTS ARE AVAILABLE UPON WRITTEN

Name of the organization

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Employer identification number

59-3158162

REQUEST.

06. Explanation of other changes in net assets or fund balances (Part XI, line 9)

DONATED FACILITIES (\$239,838)

07. General explanation attachment

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

TO INSPIRE AND ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE FROM DISADVANTAGED CIRCUMSTANCES,

TO REALIZE THEIR FULLEST POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS AND

LEADERS. ORGANIZATIONAL FOCUS: TO SERVE BOYS AND GIRLS AGES 6-19 WITH EMPHASIS ON

OUTREACH TO TEENS, GENDER INCLUSION AND FAMILY INVOLVEMENT. CORE PROGRAM: CHARACTER AND

LEADERSHIP DEVELOPMENT; EDUCATIONAL AND CAREER

DEVELOPMENT; HEALTH AND LIFE SKILLS; THE ARTS; AND SPORTS, FITNESS AND RECREATION.

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS

THE ORGANIZATION'S BOARD ROUTINELY SETS POLICIES AND PROCEDURES FOR EACH OF

THEIR CLUBS.

INSTRUMENTAL TO THE ORGANIZATION'S MISSION AND ACCOMPLISHMENTS ARE IN-KIND SERVICES AND

CONTRIBUTED FACILITIES. FOR 2023 THE ORGANIZATION'S IN-KIND CONTRIBUTIONS FOR SERVICES

AND FACILITIES WERE AS FOLLOWS:

FACILITIES - DONATED OR REDUCED COST RENTS AND UTILITIES FOR SEVEN LOCATIONS WITH A VALUE

OF \$239,838.

Name of the organization

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Employer identification number

59-3158162

Federal Supporting Statements**2023 PG01**

Name(s) as shown on return

Tax ID Number

BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

59-3158162

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: BOYS & GIRLS CLUBS OF VOLUSIA FLAGLER

Address: 101 NORTH WOODLAND BOULEVARD, DELAND, FL 32720

EIN: 59-3158162

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).

INTERNAL REVENUE SERVICE
DISTRICT DIRECTOR
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 06 1996

BOYS AND GIRLS CLUB OF VOLUSIA
COUNTY INC
C/O NATIONSBANK DAVID WIGGINS
PO BOX 6402 1241 E NORMANDY BLVD
DELTONA, FL 32728-6402

Employer Identification Number:
59-3158162

DLN:
17053265775006

Contact Person:
D. A. DOWNING

Contact Telephone Number:
(513) 684-3957

Our Letter Dated:
April 14, 1993
Addendum Applies:
No

Dear Applicant:

— This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

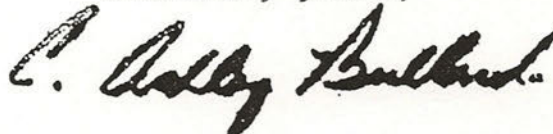
Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

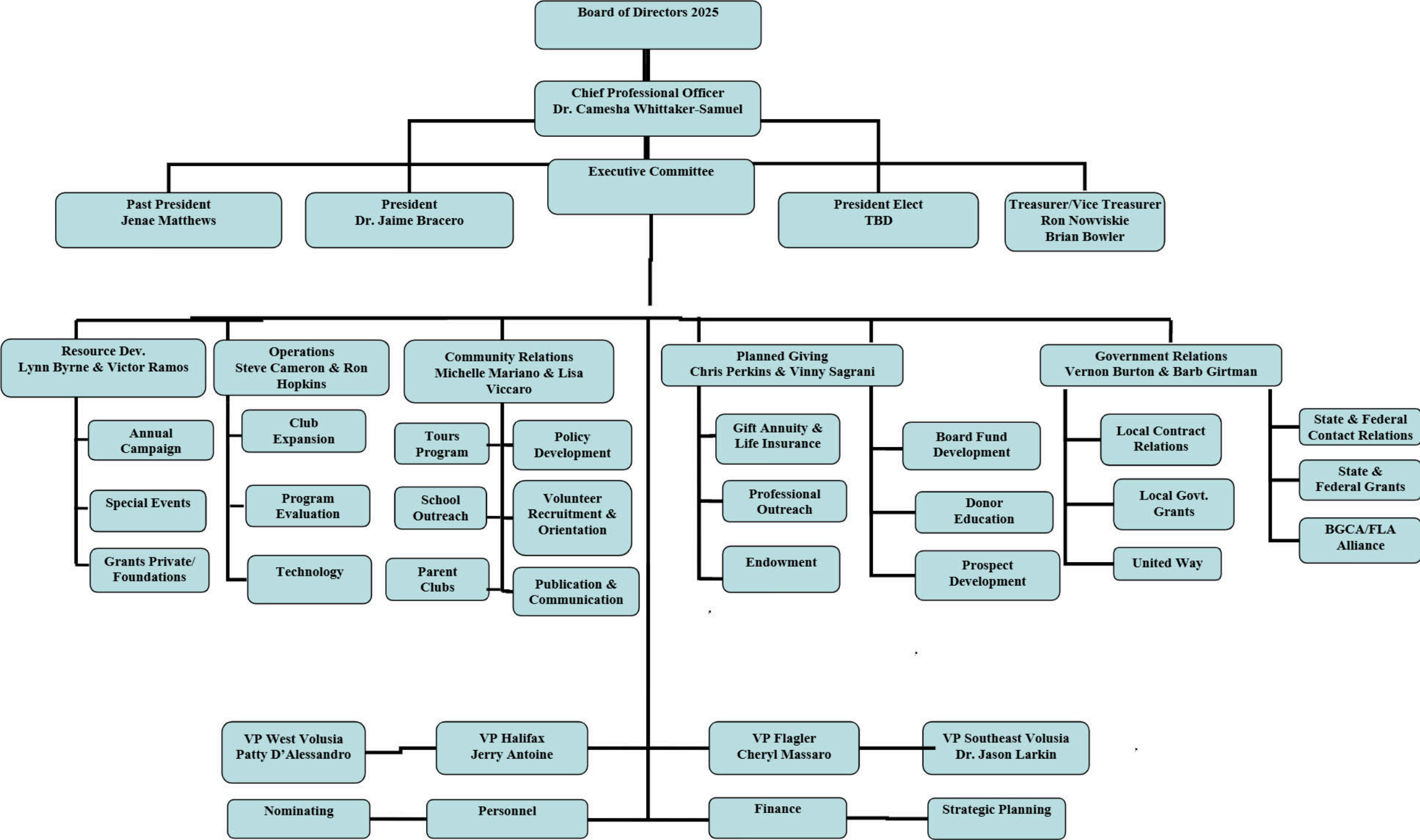
If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,



District Director

Letter 1050 (DO/CG)



Treasury Enterprise Plan

PNC Bank



PO Box 609
Pittsburgh, PA 15230-9738

For the Period 03/01/2025 to 03/31/2025

Primary Account Number: [REDACTED]

Page 1 of 3

Number of enclosures: 0

BOYS & GIRLS CLUBS OF VOLUSIA/FLAGLE
COUNTIES, INC
OPERATING
STE 400
101 N WOODLAND BLVD
DELAND FL 32720-4296

For 24-hour banking sign on to
 PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-877-BUS-BNKG

Para servicio en español, 1-877-BUS-BNKG

Moving? Please contact your local branch

Visit us at PNC.com/smallbusiness

IMPORTANT ACCOUNT INFORMATION

The information below amends certain information in our Business Checking Accounts and Related Charges, our Consumer Schedule of Service Charges and Fees, and our Virtual Wallet Features and Fees ("Schedules"). All other information in our Schedules continues to apply to your account. Please read this information and retain it with your records.

PNC Express Funds provides an option for immediate availability on approved checks deposited through Branch Banking, PNC ATM, or Mobile Banking, subject to cut off times. Effective June 22, 2025, the cost of utilizing PNC Express Funds will increase from 2.00% of the check amount over \$100 to 2.50% of the check amount over \$100. The cost of utilizing PNC Express Funds for each check amount between \$25 and \$100 will remain at \$2.00.

If you have any questions, please feel free to visit your local PNC Branch or Solution Center or call the PNC Customer Care Center at 1-888-762-2265.

Treasury Enterprise Plan Summary

Account number: [REDACTED]

BOYS & GIRLS CLUBS OF VOLUSIA/FLAGLE
COUNTIES, INC
OPERATING

Overdraft Protection has not been established for this account.
Please contact us if you would like to set up this service.

Balance Summary

Beginning balance	Deposits and other additions	Checks and other deductions	Ending balance
324,054.63	192,468.04	363,646.92	152,875.75

Deposits and Other Additions

Description	Items	Amount
Deposits	7	134,000.17
ACH Additions	5	58,467.87
Total	12	192,468.04


Checks and Other Deductions

Description	Items	Amount
Checks	36	211,200.46
ACH Deductions	7	6,293.02
Other Deductions	4	146,153.44
Total	47	363,646.92

Daily Balance

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
03/01	324,054.63	03/04	226,886.48	03/06	227,066.28
03/03	229,789.40	03/05	228,181.28	03/07	231,129.44

Treasury Enterprise Plan

 For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 03/01/2025 to 03/31/2025
BOYS & GIRLS CLUBS OF VOLUSIA/FLAGLE
Primary Account Number: [REDACTED]
Page 2 of 3

Treasury Enterprise Plan Account Number: [REDACTED] - continued

Daily Balance - continued

Date	Ledger balance	Date	Ledger balance	Date	Ledger balance
03/10	231,098.84	03/17	362,326.77	03/25	272,959.32
03/11	231,125.81	03/18	274,431.84	03/26	163,509.64
03/12	221,296.34	03/19	274,358.32	03/27	162,009.64
03/13	204,501.34	03/20	274,368.02	03/31	152,875.75
03/14	253,826.17				

Activity Detail

Deposits and Other Additions

Deposits

Date posted	Amount	Transaction description	Reference number
03/04	13,400.00	PNC Remote Deposit	079946835
03/06	500.00	PNC Remote Deposit	082489234
03/11	7,696.81	PNC Remote Deposit	086381821
03/11	2,500.00	PNC Remote Deposit	086380419
03/11	150.00	PNC Remote Deposit	086383251
03/17	109,364.36	Deposit	030256350
03/26	389.00	Deposit	031494903

ACH Additions

Date posted	Amount	Transaction description	Reference number
03/05	3,500.00	ACH Credit 2003Ppd_us Bank Of America [REDACTED]	00025064904494253
03/07	5,583.34	ACH Credit Allocation United Way Of Vo 294	00025065909588225
03/07	50.00	Corporate ACH Batchpay Thriventgrant Gr [REDACTED]	00025065912331046
03/14	49,324.83	[REDACTED] Volusia County [REDACTED]	00025072903840885
03/20	9.70	Corporate ACH Cybergrant [REDACTED]	00025078014050304

Checks and Other Deductions

Checks and Substitute Checks

* Gap in check sequence


Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number	Date posted	Check number	Amount	Reference number
03/13	20822 *	4,350.00	013910961	03/03	20850	254.44	017869847	03/12	20865	521.64	013213386
03/04	20830 *	11,176.92	019289213	03/04	20852 *	126.00	019156323	03/12	20866	3,121.83	013428269
03/03	20831	3,592.86	017774170	03/13	20853	3,745.00	087846450	03/10	20867	30.60	011973643
03/13	20834 *	4,350.00	013910960	03/13	20855 *	4,350.00	013910962	03/17	20869 *	38.10	070682422
03/05	20841 *	1,655.20	009476930	03/11	20857 *	6,206.23	012474754	03/25	20875 *	1,358.70	009402908
03/03	20842	1,690.00	018245181	03/06	20858	1,615.00	009875192	03/25	20876	50.00	009743726
03/11	20843	2,000.00	012668457	03/11	20859	60.00	012983849	03/18	20877	2,000.00	073603449
03/03	20844	12,281.09	018081096	03/05	20860	550.00	009178581	03/26	20880 *	109,364.36	080353858
03/12	20846 *	5,811.00	013700094	03/18	20861	15,894.93	016507907	03/27	20881	1,500.00	010895850
03/03	20847	159.04	018700156	03/07	20862	1,200.00	010430428	03/31	20882	6,868.08	012911737
03/03	20848	124.28	018078659	03/11	20863	2,053.61	012609797	03/31	20883	95.89	084023579
03/03	20849	180.00	018686145	03/17	20864	825.66	015531790	03/31	20884	2,000.00	084023578

ACH Deductions

Date posted	Amount	Transaction description	Reference number
03/04	5,000.00	ACH Web Sale Fix-It-Accountin	00025063908434315
03/07	358.00	ACH Web IAT Paypal 360 Degree Cloud [REDACTED]	00025066902957800
03/07	12.18	Corporate ACH Ahca Ahca [REDACTED]	00025065912118444

ACH Deductions continued on next page

Treasury Enterprise Plan

 For 24-hour account information, sign-on to
pnc.com/mybusiness/

For the Period 03/01/2025 to 03/31/2025
BOYS & GIRLS CLUBS OF VOLUSIA/FLAGLE
Primary Account Number: [REDACTED]
Page 3 of 3

Treasury Enterprise Plan Account Number: [REDACTED] - continued

ACH Deductions - continued

Date posted	Amount	Transaction description	Reference number
03/12	375.00	Corporate ACH Sale The Bokey Girl L	00025071906276307
03/19	73.52	ACH Debit Morningsta Morningstar Stor [REDACTED]	00025077908249593
03/26	287.90	ACH Web 026894-001 City Of Deland U Web	00025084910847367
03/26	186.42	ACH Web 007704-000 City Of Deland U Web	00025084910847931

Other Deductions

Date posted	Amount	Transaction description	Reference number
03/03	70,000.00	Online Transfer To [REDACTED]	BOYS & GIRLS00175180
03/03	5,983.52	Online Credit Card Pmt 03/03 [REDACTED]	O5628830015176511062
03/18	70,000.00	Online Transfer To [REDACTED]	BOYS & GIRLS00055246
03/31	169.92	Corporate Account Analysis Charge	0000000000000003847

Marketing Plan

Boys & Girls Clubs of Volusia/Flagler Counties (BGCVFC) and The Flagler County Cultural Council (FC3)

Purpose

To ensure that BGCVFC, FC3, and the City of Palm Coast receive appropriate visibility and recognition across all marketing and promotional efforts tied to arts, culture, history, and heritage programming supported through FC3 grants or partnerships.

Key Objectives

1. **Increase visibility** of FC3's role in supporting the arts and cultural development of Flagler County through BGCVFC culturally-driven programming.
 2. **Promote grantee programming** while maintaining consistent brand recognition for both FC3 and the City of Palm Coast through various media channels of BGCVFC.
 3. **Encourage public engagement** with FC3-supported events, organizations, and initiatives.
 4. **Strengthen partnerships** across the creative community and reinforce the value of public support for cultural initiatives.
-

Branding & Attribution Requirements

All grantees and program partners must comply with the following branding and promotional standards:

1. Logos

- FC3 and the City of Palm Coast **must appear on all printed and digital promotional materials**, including flyers, posters, banners, postcards, newsletters, and social media graphics provided by BGCVFC.
- Logos must be displayed **on a space-available basis**, with size and placement proportional to other major sponsor or funder logos.
- High-resolution logo files and brand usage guidelines will be provided by FC3 and City of Palm Coast.

2. Media Acknowledgment

- FC3 and the City of Palm Coast **must be acknowledged in all paid media**, including:
 - **Radio** (verbal mention in live reads or recorded spots)
 - **Television** (logo display or verbal acknowledgment)

- **Digital ads** (logo and/or written acknowledgment)

3. Website & Digital Presence

- A **link to the FC3 website (flaglerculture.com)** must appear prominently on the grantee's website—either on the homepage, sponsor page, or event-specific landing page.
- FC3 will feature grantee programs on its own website and social media channels as part of its promotional efforts.

4. Venue Display

- FC3 informational materials (e.g., banners, posters, brochures) must be displayed at all grantee venues and event sites.
- FC3 will provide physical materials or digital files for printing when necessary.

5. Use of Media Content

- FC3 retains the right to use any **photographs or video recordings** of supported programs or events for future promotional purposes, including:
 - Social media posts
 - Website content
 - Grant reports
 - Printed marketing materials
 - Grantees should inform performers and participants that photographs/video may be used publicly by FC3.
-

Marketing Channels

1. Digital Marketing

- **Email Newsletters** – Regular features of upcoming FC3-supported events and grantee spotlights.
- **Social Media** – Facebook, Instagram, and X (formerly Twitter):
 - Cross-promotion with grantees
 - Behind-the-scenes content
 - Reposts of partner programming
- **Website Features** – Dedicated landing pages for FC3 programs and grantee events.

2. Traditional Media

- **Press Releases** – Distributed to local and regional news outlets for all major events or milestones.
- **Radio/TV Advertising** – As applicable, shared promotion with grantees, including required mentions.

- **Print Advertising** – Joint ads placed in arts and tourism publications as needed.
-

Partnership and Community Engagement

- **Collaborative Events** – FC3 will co-host or co-brand select events to elevate awareness of the Council's impact.
 - **Community Calendar Integration** – Events submitted by grantees will be promoted via FC3's master calendar and shared with the City of Palm Coast's communication channels.
 - **Local Influencers and Artists** – FC3 will engage creative voices in the community to amplify awareness of programming.
-

Monitoring & Compliance

- FC3 will provide a **marketing compliance checklist** to all grantees.
 - Grantees will be asked to submit samples of promotional materials showing proper logo placement and mentions.
 - Noncompliance may affect future eligibility for funding.
-

Conclusion

This marketing plan ensures that The Flagler County Cultural Council (FC3) and the City of Palm Coast receive consistent, meaningful acknowledgment for their support of arts and culture in the region. By working collaboratively with grantees and partners, FC3 will further its mission to enrich the cultural life of Flagler County.

And You Films / Reel Dreams And You, Inc.

218 E. New York Ave.

DeLand, FL 32720

April 29, 2025



To Whom It May Concern,

On behalf of And You Films and our nonprofit arm, Reel Dreams And You, Inc., I am honored to offer our enthusiastic support for the Boys & Girls Clubs of Volusia/Flagler Counties in their pursuit of a storytelling-focused arts and cultural grant to expand programming in Flagler County.

As a creative production company and educational nonprofit rooted in Volusia County, we believe deeply in the power of storytelling to educate, empower, and inspire. We've had the privilege of partnering directly with the Boys & Girls Clubs to offer filmmaking workshops to over 100 youth, and the experience was nothing short of transformative—for both the students and our team.

Through our collaboration, we witnessed firsthand the profound impact these Clubs have on the children they serve. Their arts programming—ranging from digital media and visual arts to music and performance—offers more than creative enrichment. It builds confidence, communication skills, and a sense of purpose in young people, many of whom are exploring structured artistic opportunities for the very first time.

Reel Dreams And You exists to give underserved youth hands-on access to filmmaking, creative mentorship, and professional guidance. The Boys & Girls Clubs' mission aligns perfectly with ours. Together, we're helping youth in our region find their voice, tell their story, and dream bigger.

Expanding these programs into Flagler County is not only a natural next step—it's a critical one. In areas where arts education can be limited or underfunded, the Clubs fill a vital gap, and we stand ready to continue our support through creative partnerships, mentoring, and future collaborative projects.

We wholeheartedly encourage full and favorable consideration of their application. Supporting the Boys & Girls Clubs in this expansion is an investment in Flagler County's cultural and creative future.

With gratitude,

Aléa Figueroa Rogers

Founder, Reel Dreams And You, Inc.

Producer, And You Films

alea@andyoufilms.com | 407-739-0217

Cheryl Massaro
Former Flagler School Board Member
33 Barkley Lane
Palm Coast, FL 32137
massaroc922@gmail.com
386-986-9218

April 29th, 2025

To Whom It May Concern,

I am writing to express my enthusiastic support for the Boys & Girls Clubs of Volusia/Flagler Counties as they seek funding through the Palm Coast Cultural Arts Grants program to expand their arts and cultural programming for youth in Flagler County.

For decades, the Boys & Girls Clubs of Volusia/Flagler Counties have been a beacon of opportunity and enrichment for young people, especially those from underserved backgrounds. Their dedication to youth development goes beyond academics and athletics—they recognize the essential role that the arts play in building creativity, self-expression, confidence, and cultural awareness among children and teens.

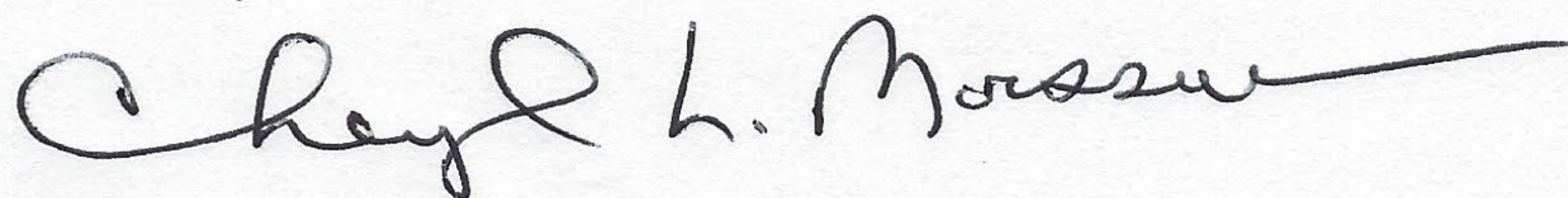
Through after-school programs, summer camps, and special workshops, the Clubs provide a safe, nurturing environment where youth can explore visual arts, music, dance, and drama. These experiences not only cultivate talent but also foster resilience and self-esteem in young participants. I have seen firsthand the joy and pride young people experience when they have the opportunity to showcase their work to their peers, families, and the broader community.

An investment in the Boys & Girls Clubs arts and cultural initiatives is an investment in the next generation of thinkers, creators, and leaders. With expanded funding, the Clubs can reach more youth, offer higher quality programming, and partner with local artists and organizations to make the arts accessible and impactful.

I urge you to give strong consideration to their application. The Boys & Girls Clubs of Volusia/Flagler Counties are not only worthy of this support—they are essential to the cultural and educational fabric of Flagler County. Feel free to contact me directly should you have any questions.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Cheryl L. Massaro". The signature is fluid and cursive, with a long horizontal line extending from the end of the name.

Cheryl L. Massaro



BOYS & GIRLS CLUBS
OF VOLUSIA/FLAGLER COUNTIES

KIDS SUMMER CAMP

**FUN & CREATIVE
OUTDOOR ACTIVITIES
FOR BOYS & GIRLS 6-
17 YEARS OLD**



DATE:

JUNE 9TH- JULY 25TH
8AM-6PM

LOCATION:

BELLE TERRE
ELEMENTARY

Registration

\$20/pp

Weekly

\$65/pp

Activities

- ✓ STEM-related Learning
- ✓ Fine Arts Programming
- ✓ Computer Literacy
- ✓ Healthy Habits
- ✓ Breakfast/lunch daily

Registration opens May 1st

For more information, please call 386-734-0555 or visit us at www.BGCVFC.org



MLK Committee Presents:

MLK DAY

2-day Celebration

January 19th-MLK Festivities

~ Movie: "Hidden Figures" (5pm-8pm)
@ Babe James Community Center
(light refreshments)

January 20th-MLK Festivities

~MLK Breakfast: 7:00am Pleasant
Grove Missionary Baptist Church

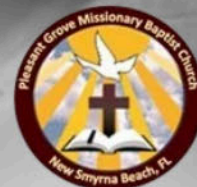
~MLK March: 9:00am
Begin @ Mary S. Harrell Black
Heritage Museum

~MLK Program

~Immediately following March
Babe James Community Center
201 N. Myrtle Avenue
New Smyrna Beach

Theme:

Unity & Diversity 365



**WILL ROBERTS
TAX COLLECTOR**

Participants:

Cultuvue, Art Exhibition and Shy Morris, Peace Project, Inc., Teresa Carter Watson (soloist) Chisholm Alumni Legacy Choir, Raging Grannies, Youth Groups, Pastor Kenneth Harley, City and County Officials, Pastor Pete Carter, Irma Terry, Dr. Marlene Lucas and more....

Speakers:

Pastor Stacie Plonsky & Chief Eric Feldman



BOYS & GIRLS CLUBS
OF VOLUSIA FLAGLER COUNTIES

LEGENDS *For* YOUTH

CLINIC

You are invited to participate in a
FREE LEGENDS FOR YOUTH BASEBALL CLINIC
presented by Major League Baseball Players Alumni Association

SATURDAY, FEBRUARY 8, 2025

9:00 am to 12:00 pm

*Please arrive to the field(s) 25 minutes before the scheduled start time
and bring a bat, glove, water and sneakers*

STETSON UNIVERSITY BASEBALL FIELD

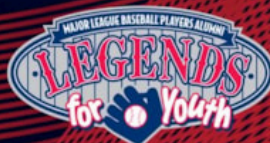
555 S Woodland Blvd · Deland, FL 32720

/// Former Major League Baseball players
will teach you the fundamentals of
the game.

/// Participants must be 6 – 16 years of age.
Guardians must complete the registration
process for children under 13.



Scan or click the
code to register



BaseballAlumni.com

YPN

DAYTONA BEACH AREA
ASSOCIATION OF REALTORS®

**6TH
ANNUAL**

**TRICK
OR
TREAT**

**THURSDAY
OCTOBER 24**

4:00PM - 6:00PM

*Spaces are limited!
Reserve yours today!*

Call 386-677-7131

Or Email Deanne!

dmcash@daytonarealtors.org

**BOYS & GIRLS CLUBS
OF VOLUSIA/FLAGLER
COUNTIES**

**1044 DAYTONA AVE
HOLLY HILL, FL 32117**

*Prizes for best Table
decorating!*

Tables are FREE!

*Sponsorships
Available!*

***INDOOR TABLE
DECORATING**

Boys & Girls Clubs of Volusia/Flagler Counties

Statement on Other Grants or Public Funding

The Boys & Girls Clubs of Volusia/Flagler Counties (BGCVFC) is pleased to inform you that, in addition to the support requested through The Flagler County Cultural Council (FC3) grant, we are seeking and/or have secured additional funding from other grants and public funding sources to support the same arts and cultural programming in Flagler County. These funding sources include:

1. **Flagler County Grant** – A public funding allocation from Flagler County, totaling \$30,000, specifically to support programming in our Core Areas: The Arts, Character and Leadership Development, Education, Health and Wellness, Sports and Recreation, and Workforce Readiness.
2. **Flagler County Rotary and Rotary Club of Palm Coast** – A grant for supporting programming in our Core Areas: The Arts, Character and Leadership Development, Education, Health and Wellness, Sports and Recreation, and Workforce Readiness, totaling \$2,000.

These additional funding sources will work in conjunction with the FC3 grant to ensure the sustainability and success of the arts and culture programming, providing a comprehensive and well-rounded experience for the youth served by BGCVFC. Our goal is to maximize the impact of all financial contributions to support the creation and expansion of artistic opportunities in Flagler County, while ensuring that these funds are utilized in alignment with the objectives of the FC3 program.

We are committed to transparency and accountability in managing these funds, and all additional funding will be used exclusively for the purposes outlined in our grant application.

Thank you for your consideration and continued support of our efforts.

Sincerely,

Boys & Girls Clubs of Volusia/Flagler Counties (BGCVFC)

ARTS & ECONOMIC PROSPERITY IV

ECONOMIC IMPACT OF THE NONPROFIT ARTS & CULTURE INDUSTRY > CALCULATOR

INFORMATION

STEP 1: POPULATION

POPULATION of your community:

100,000 to 249,999 ▾

STEP 2: TOTAL EXPENSES

Your Organization's TOTAL EXPENSES (please do not use commas):

\$ 35000

STEP 3: TOTAL ATTENDANCE (OPTIONAL)

TOTAL ATTENDANCE to your organization's arts events (again, do not use commas):

150

CALCULATE

Reset

TOTAL ECONOMIC IMPACT OF:

	<u>Total Expenditures</u>	<u>FTE Jobs</u>	<u>Household Income</u>	<u>Local Government Revenue</u>	<u>State Government Revenue</u>
Nonprofit Arts and Culture Organizations:	\$35,000	1.3	\$28,860	\$1,339	\$1,572
Nonprofit Arts and Culture Audiences:	\$2,861	0.1	\$1,691	\$147	\$163
Total Industry Impact: (The Sum of Organizations and Audiences)	\$37,861	1.4	\$30,551	\$1,486	\$1,735

Print Your Results

Please see the [fine print](#) below.

DEFINITIONS

Total Expenditures:	The total dollars spent by your nonprofit arts and culture organization and its audiences; event-related spending by arts and culture audiences is estimated using the average dollars spent per person by arts event attendees in similarly populated communities.
FTE Jobs:	The total number of full-time equivalent (FTE) jobs in your community that are supported by the expenditures made by your arts and culture organization and/or its audiences. An FTE can be one full-time employee, two half-time employees, four employees who work quarter-time, etc.
Household Income:	The total dollars paid to community residents as a result of the expenditures made by your arts and culture organization and/or its audiences. Household income includes salaries, wages, and proprietary income.

**Government
Revenue:**

The total dollars received by your local and state governments (e.g., license fees, taxes) as a result of the expenditures made by your arts and culture organization and/or its audiences.

When using estimates derived from this calculator, always keep the following caveats in mind: (1) the results of this analysis are based upon the averages of similarly populated communities, (2) input/output models were customized for each of these similarly populated communities, providing very specific employment, household income, and government revenue data, and (3) your results are therefore estimates, and should not be used as a substitute for conducting an economic impact study that is customized for your community.

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www.AmericansForTheArts.org



Consumer's Certificate of Exemption

Issued Pursuant to Chapter 212, Florida Statutes

DR-14
R. 01/18

85-8012671400C-8	07/31/2022	07/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

BOYS AND GIRLS CLUBS OF VOLUSIA
FLAGLER COUNTIES INC
101 N WOODLAND BLVD STE 400
DELAND FL 32720-4296

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



Important Information for Exempt Organizations

DR-14
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.