

## Forms 990 / 990-EZ Return Summary

For calendar year 2022, or tax year beginning **07/01/22** , and ending **06/30/23**

**BOYS & GIRLS CLUB OF INDIAN  
RIVER COUNTY, INC.**

**59-3623298**

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u><b>9,377,166</b></u>
<b>Revenue</b>		
Contributions	<u>1,712,583</u>	
Program service revenue	<u>224,829</u>	
Investment income	<u>30,405</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>505,666</u>	
Direct expenses	<u>106,813</u>	
Net income	<u>398,853</u>	
Other income	<u>0</u>	
<b>Total revenue</b>		<u><b>2,366,670</b></u>
<b>Expenses</b>		
Program services	<u>2,541,357</u>	
Management and general	<u>144,711</u>	
Fundraising	<u>67,491</u>	
<b>Total expenses</b>		<u><b>2,753,559</b></u>
<b>Excess / (deficit)</b>		<u><b>-386,889</b></u>
Changes		
<b>Net Asset / Fund Balance at End of Year</b>		<u><u><b>8,990,277</b></u></u>

**Reconciliation of Revenue**

Total revenue per financial statements	<u><b>2,473,483</b></u>
Less:	
Unrealized gains	_____
Donated services	_____
Recoveries	_____
Other	<u><b>106,813</b></u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total revenue per return</b>	<u><u><b>2,366,670</b></u></u>

**Reconciliation of Expenses**

Total expenses per financial statements	<u><b>2,860,372</b></u>
Less:	
Donated services	_____
Prior year adjustments	_____
Losses	_____
Other	<u><b>106,813</b></u>
Plus:	
Investment expenses	_____
Other	_____
<b>Total expenses per return</b>	<u><u><b>2,753,559</b></u></u>

	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>9,516,990</u>	<u>9,159,915</u>	
Liabilities	<u>139,824</u>	<u>169,638</u>	
Net assets	<u><b>9,377,166</b></u>	<u><b>8,990,277</b></u>	<u><b>-386,889</b></u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date **05/15/24**  
 Failure to file penalty \_\_\_\_\_

Form **8879-TE**

**IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 7/01, 2022, and ending 6/30, 20 23

**2022**

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**BOYS & GIRLS CLUB OF INDIAN  
RIVER COUNTY, INC.**

EIN or SSN

**59-3623298**

Name and title of officer or person subject to tax

**ELIZABETH THOMASON  
CHIEF EXECUTIVE OFFI**

**Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>2,366,670</u>
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize KMETZ, ELWELL, GRAHAM & ASSOC. PLLC to enter my PIN 28070 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

12/02/23

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

60579166666

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

12/02/23

**ERO Must Retain This Form — See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2022)

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

**A** For the **2022** calendar year, or tax year beginning **07/01/22**, and ending **06/30/23**

<b>B</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	<b>C</b> Name of organization <b>BOYS &amp; GIRLS CLUB OF INDIAN RIVER COUNTY, INC.</b>		<b>D</b> Employer identification number <b>59-3623298</b>	
	Doing business as		<b>E</b> Telephone number <b>772-299-7449</b>	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1729 17TH AVENUE</b>			
	City or town, state or province, country, and ZIP or foreign postal code <b>VERO BEACH FL 32960</b>			
	<b>F</b> Name and address of principal officer: <b>ELIZABETH THOMASON P.O. BOX 7346 VERO BEACH FL 32961</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	

<b>I</b> 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	<b>J</b> Website: <b>WWW.BGCIRC.ORG</b>	<b>H(c)</b> Group exemption number
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	<b>L</b> Year of formation:	<b>M</b> State of legal domicile:

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <b>TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.</b>		
	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	91
	6 Total number of volunteers (estimate if necessary)	6	70
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,679,938	1,712,583
	9 Program service revenue (Part VIII, line 2g)	172,220	224,829
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,126	30,405
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	346,246	398,853
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,199,530	2,366,670
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,370,568	1,714,182
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25)	67,491	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	993,149	1,039,377
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,363,717	2,753,559	
19 Revenue less expenses. Subtract line 18 from line 12	-164,187	-386,889	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,516,990	End of Year 9,159,915
	21 Total liabilities (Part X, line 26)	139,824	169,638
	22 Net assets or fund balances. Subtract line 21 from line 20	9,377,166	8,990,277

**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.

<b>Sign Here</b>	Signature of officer <b>ELIZABETH THOMASON</b>	Date			
	Type or print name and title <b>CHIEF EXECUTIVE OFFI</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JAMES F. MCGUIGAN, JR., CPA</b>	Preparer's signature	Date <b>01/18/24</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01395628</b>
	Firm's name <b>KMETZ, ELWELL, GRAHAM &amp; ASSOC. PLLC</b>	Firm's EIN <b>27-1238921</b>			
	Firm's address <b>2800 OCEAN DRIVE VERO BEACH, FL 32963-2064</b>	Phone no. <b>772-231-6902</b>			

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

**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, TO REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE CITIZENS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  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 \$ **2,541,357** including grants of \$ ) (Revenue \$ **224,829** )  
**See Schedule O**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

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

4e Total program service expenses **2,541,357**

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

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)</b>		<b>Yes No</b>	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> <b>91</b>		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<b>2b</b> <b>X</b>	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?			<b>3a</b> <b>X</b>
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			<b>3b</b>
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>4a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<b>5a</b>	<b>X</b>
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<b>5b</b>	<b>X</b>
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		<b>6a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<b>7a</b> <b>X</b>	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	<b>X</b>
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	<b>X</b>
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	<b>X</b>
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	<b>X</b>
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.		<b>13a</b>	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		<b>14a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>		<b>14b</b>	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		<b>15</b>	<b>X</b>
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		<b>16</b>	<b>X</b>
<b>17 Section 501(c)(21) organizations.</b> Did the trust, 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.		<b>17</b>	

**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
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		<b>X</b>
<b>3</b>	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?		<b>X</b>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<b>X</b>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		<b>X</b>
<b>6</b>	Do the organization have members or stockholders?		<b>X</b>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<b>X</b>
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<b>X</b>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	<b>X</b>	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	<b>X</b>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<b>X</b>

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **None**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 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  
**SHERRY DAVIS**  
**1729 17TH AVENUE**  
**VERO BEACH, FL** **FL 32960** **772-299-7449**



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 the 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) WILLIAM GREALIS	0.00									
CO-CHAIRMAN	0.00	X		X			0	0	0	
(2) ROBERT BAUCHMAN	0.00									
CO-CHAIRMAN	0.00	X		X			0	0	0	
(3) PAUL HANSON	0.00									
TREASURER	0.00	X		X			0	0	0	
(4) SANDRA JOHNSON	0.00									
SECRETARY	0.00	X		X			0	0	0	
(5) WILLIAM ANTLE	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) JOHN CAMPIONE	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) TOM CAPUTO	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) GEORGE DAVALA	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) TAUNA DONALDSON	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) TRENT LEYDA	0.00									
DIRECTOR	0.00	X					0	0	0	
(11) WILSON MCKANE	0.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(12) <b>MICHAEL MCMAHUS</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(13) <b>JENNY PETTINGA</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(14) <b>JOHN PHILLIPS</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(15) <b>BONNIE SANDMAN</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(16) <b>BILL ALLARD</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(17) <b>CHRIS TALBOT</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(18) <b>ROBERT THIBODEAU, JR</b>	0.00									
DIRECTOR	0.00	X						0	0	0
(19) <b>LESLIE HODGES</b>	0.00									
DIRECTOR	0.00	X						0	0	0
<b>1b Subtotal</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>	300,000				
	<b>e</b> Government grants (contributions)	<b>1e</b>	392,017				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,020,566				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f			1,712,583			
<b>Program Service Revenue</b>	<b>2a</b> PROGRAM SERVICE FEES	Business Code	224,829	224,829			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f			224,829			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		30,405	30,405			
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
		<b>6a</b>					
		<b>b</b> Less: rental expenses	<b>6b</b>				
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		<b>7a</b>					
		<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>				
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18						
		<b>8a</b>		505,666			
<b>b</b> Less: direct expenses	<b>8b</b>		106,813				
<b>c</b> Net income or (loss) from fundraising events			398,853		398,853		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19							
	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances							
	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d						
<b>12 Total revenue.</b> See instructions			2,366,670	255,234	0	398,853	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	<b>1,465,673</b>	<b>1,363,234</b>	<b>55,158</b>	<b>47,281</b>
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	<b>248,509</b>	<b>214,926</b>	<b>23,776</b>	<b>9,807</b>
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	<b>14,200</b>	<b>5,850</b>	<b>8,350</b>	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	<b>10,622</b>	<b>467</b>	<b>4,434</b>	<b>5,721</b>
<b>13</b> Office expenses	<b>6,565</b>	<b>2,382</b>	<b>3,796</b>	<b>387</b>
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	<b>15,691</b>	<b>15,691</b>		
<b>17</b> Travel	<b>66,341</b>	<b>65,332</b>	<b>760</b>	<b>249</b>
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	<b>304,251</b>	<b>304,008</b>	<b>243</b>	
<b>23</b> Insurance	<b>98,320</b>	<b>91,690</b>	<b>6,630</b>	
<b>24</b> 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.)				
<b>a</b> <b>REPAIRS AND MAINTENANCE</b>	<b>158,733</b>	<b>154,624</b>	<b>4,109</b>	
<b>b</b> <b>TELEPHONE AND UTILITIES</b>	<b>110,300</b>	<b>109,353</b>	<b>779</b>	<b>168</b>
<b>c</b> <b>PROGRAM ACTIVITIES</b>	<b>109,896</b>	<b>108,840</b>	<b>1,056</b>	
<b>d</b> <b>MISCELLANEOUS</b>	<b>67,602</b>	<b>54,125</b>	<b>10,247</b>	<b>3,230</b>
<b>e</b> All other expenses	<b>76,856</b>	<b>50,835</b>	<b>25,373</b>	<b>648</b>
<b>25</b> Total functional expenses. Add lines 1 through 24e	<b>2,753,559</b>	<b>2,541,357</b>	<b>144,711</b>	<b>67,491</b>



<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) .....				
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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	<b>1,477,384</b>	<b>1</b>	<b>1,381,052</b>
	<b>2</b> Savings and temporary cash investments		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net	<b>138,543</b>	<b>3</b>	<b>92,747</b>
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> 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		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	<b>39,868</b>	<b>9</b>	<b>57,925</b>
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> <b>9,580,441</b>		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> <b>2,553,232</b>	<b>7,248,709</b>	<b>10c</b> <b>7,027,209</b>
	<b>11</b> Investments—publicly traded securities		<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	<b>612,486</b>	<b>15</b>	<b>600,982</b>
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	<b>9,516,990</b>	<b>16</b>	<b>9,159,915</b>	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	<b>128,424</b>	<b>17</b>	<b>144,860</b>
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	<b>11,400</b>	<b>19</b>	<b>24,778</b>
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25	<b>139,824</b>	<b>26</b>	<b>169,638</b>
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions	<b>8,702,438</b>	<b>27</b>	<b>8,338,003</b>
	<b>28</b> Net assets with donor restrictions	<b>674,728</b>	<b>28</b>	<b>652,274</b>
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
	<b>32</b> Total net assets or fund balances	<b>9,377,166</b>	<b>32</b>	<b>8,990,277</b>
<b>33</b> Total liabilities and net assets/fund balances	<b>9,516,990</b>	<b>33</b>	<b>9,159,915</b>	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>2,366,670</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>2,753,559</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-386,889</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>9,377,166</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>8,990,277</b>

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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		<b>X</b>
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b> 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.	<b>X</b>	
<b>3a</b> 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?		<b>X</b>
<b>b</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		

**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			
(20) <b>ELIZABETH THOMAS MASON</b>	<b>0.00</b>									
<b>CHIEF EXECUTIVE OFFICER</b>	<b>0.00</b>			<b>X</b>			<b>0</b>	<b>0</b>	<b>0</b>	
.....	.....									
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.....	.....									
.....	.....									
<b>1b Subtotal</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization		
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....	<b>Yes</b>	<b>No</b>
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....		
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		

**Section B. Independent Contractors**

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

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

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



**SCHEDULE A**  
**(Form 990)**

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY, INC.** Employer identification number **59-3623298**

**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)						
<b>Total</b>						

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,932,465	1,616,847	1,690,800	1,679,938	1,712,583	9,632,633
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2,932,465	1,616,847	1,690,800	1,679,938	1,712,583	9,632,633
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,237
<b>6 Public support.</b> Subtract line 5 from line 4						9,606,396

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4	2,932,465	1,616,847	1,690,800	1,679,938	1,712,583	9,632,633
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,199					23,199
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		492,625	283,600	438,036	505,666	1,719,927
<b>11 Total support.</b> Add lines 7 through 10						11,375,759
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	967,520

**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**

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

<b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	84.45 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14	<b>15</b>	84.29 %

**16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests—2022.** 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—2021.** 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 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

**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.

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		
<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C – Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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).			

<b>Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b> <i>(continued)</i>				<b>Current Year</b>
<b>Section D – Distributions</b>				
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		<b>1</b>	
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		<b>2</b>	
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		<b>3</b>	
<b>4</b>	Amounts paid to acquire exempt-use assets		<b>4</b>	
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )		<b>5</b>	
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.		<b>6</b>	
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		<b>7</b>	
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.		<b>8</b>	
<b>9</b>	Distributable amount for 2022 from Section C, line 6		<b>9</b>	
<b>10</b>	Line 8 amount divided by line 9 amount		<b>10</b>	
<b>Section E – Distribution Allocations</b> (see instructions)		<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b>	Distributable amount for 2022 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2022 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2022			
	<b>a</b> From 2017 .....			
	<b>b</b> From 2018 .....			
	<b>c</b> From 2019 .....			
	<b>d</b> From 2020 .....			
	<b>e</b> From 2021 .....			
	<b>f</b> Total of lines 3a through 3e			
	<b>g</b> Applied to underdistributions of prior years			
	<b>h</b> Applied to 2022 distributable amount			
	<b>i</b> Carryover from 2017 not applied (see instructions)			
	<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b>	Distributions for 2022 from Section D, line 7: \$			
	<b>a</b> Applied to underdistributions of prior years			
	<b>b</b> Applied to 2022 distributable amount			
	<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b>	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b>	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
	<b>a</b> Excess from 2018 .....			
	<b>b</b> Excess from 2019 .....			
	<b>c</b> Excess from 2020 .....			
	<b>d</b> Excess from 2021 .....			
	<b>e</b> Excess from 2022 .....			

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

**Part II, Line 10 - Other Income Detail**

**Other income** **\$ 1,214,261**



**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization <b>BOYS &amp; GIRLS CLUB OF INDIAN RIVER COUNTY, INC.</b>	Employer identification number <b>59-3623298</b>
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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<sup>1</sup>/<sub>3</sub>% 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 <b>BOYS &amp; GIRLS CLUB OF INDIAN</b>	Employer identification number <b>59-3623298</b>
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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	UNITED WAY OF INDIAN RIVER COUNTY, INC. ADDRESS ON FILE VERO VEACH FL 32960	\$ 84,732	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	INDIAN RIVER COUNTY BOARD OF COMMIS ADDRESS ON FILE VERO BEACH FL 32960	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	PAUL HANSON ADDRESS ON FILE VERO BEACH FL 32963	\$ 70,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHARLES CAREY ADDRESS ON FILE VERO BEACH FL 32963	\$ 35,000	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.)
		\$ .....	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

2022

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY, INC.

Employer identification number

59-3623298

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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, 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 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.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 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. 1b 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
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

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

**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
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment.....%
  - b** Permanent endowment.....%
  - c** Term endowment.....%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations ..... | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....  | <b>3a(ii)</b> |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  **3b**

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....				
<b>b</b> Buildings .....		<b>9,048,682</b>	<b>2,202,896</b>	<b>6,845,786</b>
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		<b>215,686</b>	<b>192,368</b>	<b>23,318</b>
<b>e</b> Other .....		<b>306,073</b>	<b>157,968</b>	<b>148,105</b>
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				<b>7,017,209</b>

**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) .....		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) .....		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

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

(1)	(a) Description	(b) Book value
	<b>LEASEHOLD INTERESTS</b>	<b>591,875</b>
	<b>INTERFUND BORROWINGS</b>	<b>9,107</b>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) .....		<b>600,982</b>

**Part X Other Liabilities.**

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

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) .....		

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	<b>2,473,483</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>106,813</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>106,813</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,366,670</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	<b>2,366,670</b>

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	<b>2,860,372</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	<b>106,813</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	<b>106,813</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	<b>2,753,559</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	<b>2,753,559</b>

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XI, Line 2d - Revenue Amounts Included in Financials - Other**

**DIRECT COST OF FUNDRAISING EVENTS** \$ **106,813**

**Part XII, Line 2d - Expense Amounts Included in Financials - Other**

**DIRECT COST OF FUNDRAISING EVENTS** \$ **106,813**

**Part XIII Supplemental Information** *(continued)*

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Area with horizontal dotted lines for supplemental information.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization

**BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY, INC.**

Employer identification number  
**59-3623298**

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

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

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

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

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

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

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

.....

.....

.....

.....



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ANGELS DINNER</u> (event type)	<u>GOLF TOURNAMENT</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts .....	327,176	165,355	13,135	505,666
	2 Less: Contributions .....				
	3 Gross income (line 1 minus line 2) .....	327,176	165,355	13,135	505,666
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....				
	6 Rent/facility costs .....				
	7 Food and beverages .....				
	8 Entertainment .....				
	9 Other direct expenses	67,366	34,428	3,661	105,455
	10 Direct expense summary. Add lines 4 through 9 in column (d)				105,455
11 Net income summary. Subtract line 10 from line 3, column (d)				400,211	

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

OMB No. 1545-0047

**2022****Open to Public  
Inspection**Name of the organization **BOYS & GIRLS CLUB OF INDIAN  
RIVER COUNTY, INC.**Employer identification number  
**59-3623298****Form 990, Part III, Line 4a - First Accomplishment**

**BOYS & GIRLS CLUBS OF INDIAN RIVER COUNTY MAINTAIN THREE CLUB SITES IN INDIAN RIVER COUNTY: VERO BEACH, SEBASTIAN AND FELLSMERE. WE NURTURE YOUNG PEOPLE'S SELF-ESTEEM BY INSTILLING IN THEM A SENSE OF BELONGING, USEFULNESS, INFLUENCE AND COMPETENCE. CLUBS DO THIS AFTER SCHOOL AND IN THE SUMMER BY PROVIDING YOUNG PEOPLE WITH ONE-ON-ONE RELATIONSHIPS WITH CARING ADULT PROFESSIONALS AND FUN, AGE-APPROPRIATE, WELL-ROUNDED PROGRAMMING. THE PROGRAMS ARE FOR MEMBERS AGES 6-18 AND FALL INTO THE SIX CORE AREAS OF CHARACTER & LEADERSHIP; EDUCATION & CAREER DEVELOPMENT; HEALTH & LIFE SKILLS; THE ARTS; SPORTS, FITNESS & RECREATION; AND VOLUNTEERISM. THESE NATIONALLY VETTED PROGRAMS ARE RUN AT ALL THREE SITES. THE MOST POPULAR PROGRAMS ARE PROJECT LEARN (WHICH REINFORCES AND ENHANCES THE SKILLS AND KNOWLEDGE LEARNED AT SCHOOL); POWER HOUR (WHICH GIVES MEMBERS TIME TO START, IF NOT FINISH, THEIR HOMEWORK WHILE AT THE CLUBS); THE FAMILY OF SMART PROGRAMS (WHICH FOCUS ON REDUCING EXPERIMENTATION WITH DRUGS, ALCOHOL, TOBACCO, PREMATURE SEXUAL ACTIVITY AND GANG RESISTANCE); HEALTHY HABITS (WHICH PROMOTES GOOD NUTRITION, REGULAR PHYSICAL ACTIVITY AND OVERALL WELL-BEING); AND NETSMARTZ (WHICH TEACHES YOUTH HOW TO SAFELY USE THE INTERNET). DURING THE SCHOOL YEAR WE ARE OPEN FROM WHEN SCHOOL ADJOURNS TO 6:00 P.M. DURING THE SUMMER WE ARE OPEN FROM 7:30 A.M. TO 6:00 P.M.**

**Form 990, Part VI, Line 11b - Organization's Process to Review Form 990**

**A DRAFT OF THE FORM 990 IS FIRST PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW, THEN TO THE FULL BOARD FOR REVIEW WITH ALL SCHEDULES BEFORE BEING**

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

Schedule O (Form 990) 2022

Name of the organization	Employer identification number
BOYS & GIRLS CLUB OF INDIAN	59-3623298

FILED WITH THE IRS. AFTER APPROVAL BY THE BOARD, FORM 990 IS FILED WITH THE IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ALL BOARD MEMBERS ARE REQUIRED TO ANNUALLY REVIEW AND COMPLETE THE CONFLICT OF INTEREST QUESTIONNAIRE TO DISCLOSE ANY PREVIOUSLY UNDISCLOSED CONFLICTS OF INTEREST. ONCE IDENTIFIED, CONFLICTS OF INTERESTS ARE ADDRESSED AS SET FORTH IN THE ORGANIZATION'S CONFLICT OF INTEREST POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

THE BOARD OF DIRECTORS OF THE ORGANIZATION RELY UPON COMPARABILITY DATA TO DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS UTILIZES RESOURCES SUCH AS SIMILARLY SITUATED EXEMPT ORGANIZATIONS IN THEIR AREA TO BENCHMARK PAY ALONG WITH MARKET INFORMATION FROM OTHER EXEMPT ORGANIZATIONS AND FOR-PROFIT ORGANIZATIONS TO ASSESS THE COMPETITIVENESS AND REASONABLENESS OF THE COMPENSATION. ONCE A DECISION HAS BEEN MADE BY THE BOARD OF DIRECTORS, IT IS THEN VOTED UPON FOR APPROVAL. RECUSAL OF THE INDIVIDUALS WHOSE COMPENSATION IS BEING DETERMINED IS MANDATORY. A SIMILAR PROCESS IS USED FOR DETERMINING THE COMPENSATION OF ALL KEY EMPLOYEES.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE BOARD OF DIRECTORS OF THE ORGANIZATION RELY UPON COMPARABILITY DATA TO DETERMINE AND APPROVE THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE BOARD OF DIRECTORS UTILIZES RESOURCES SUCH AS SIMILARLY SITUATED EXEMPT ORGANIZATIONS IN THEIR AREA TO BENCHMARK PAY ALONG WITH MARKET INFORMATION FROM OTHER EXEMPT ORGANIZATIONS AND FOR-PROFIT ORGANIZATIONS TO ASSESS THE

Name of the organization <b>BOYS &amp; GIRLS CLUB OF INDIAN</b>	Employer identification number <b>59-3623298</b>
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COMPETITIVENESS AND REASONABLENESS OF THE COMPENSATION. ONCE A DECISION HAS BEEN MADE BY THE BOARD OF DIRECTORS, IT IS THEN VOTED UPON FOR APPROVAL. RECUSAL OF THE INDIVIDUALS WHOSE COMPENSATION IS BEING DETERMINED IS MANDATORY. A SIMILAR PROCESS IS USED FOR DETERMINING THE COMPENSATION OF ALL KEY EMPLOYEES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
THE ORGANIZATION'S FORM 990, ANNUAL REPORT AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND AVAILABLE UPON REQUEST IN THE ADMINISTRATION OFFICE. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE FOR INSPECTION IN THE ADMINISTRATION OFFICE.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

DIRECT COST OF FUNDRAISING EVENTS	\$ 106,813
DIRECT COST OF FUNDRAISING EVENTS	\$ -106,813

Form **4562**

Department of the Treasury  
Internal Revenue Service

**Depreciation and Amortization**  
(Including Information on Listed Property)  
Attach to your tax return.

Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2022**

Attachment  
Sequence No. **179**

Name(s) shown on return **BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY, INC.** Identifying number **59-3623298**

Business or activity to which this form relates

**Indirect Depreciation**

**Part I Election To Expense Certain Property Under Section 179**

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

<b>1</b>	Maximum amount (see instructions)	<b>1</b>	<b>1,080,000</b>
<b>2</b>	Total cost of section 179 property placed in service (see instructions)	<b>2</b>	
<b>3</b>	Threshold cost of section 179 property before reduction in limitation (see instructions)	<b>3</b>	<b>2,700,000</b>
<b>4</b>	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	<b>4</b>	
<b>5</b>	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	<b>5</b>	
<b>6</b>	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
<b>7</b>	Listed property. Enter the amount from line 29	<b>7</b>	
<b>8</b>	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	<b>8</b>	
<b>9</b>	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	<b>9</b>	
<b>10</b>	Carryover of disallowed deduction from line 13 of your 2021 Form 4562	<b>10</b>	
<b>11</b>	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	<b>11</b>	
<b>12</b>	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	<b>12</b>	
<b>13</b>	Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12	<b>13</b>	

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

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

<b>14</b>	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	<b>14</b>	
<b>15</b>	Property subject to section 168(t)(1) election	<b>15</b>	
<b>16</b>	Other depreciation (including ACRS)	<b>16</b>	<b>304,248</b>

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

**Section A**

<b>17</b>	MACRS deductions for assets placed in service in tax years beginning before 2022	<b>17</b>	<b>0</b>
<b>18</b>	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2022 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

<b>21</b>	Listed property. Enter amount from line 28	<b>21</b>	
<b>22</b>	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	<b>22</b>	<b>304,248</b>
<b>23</b>	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	<b>23</b>	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2022)

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date	Cost	Bus Sec	Basis	Per Conv Meth	Prior	Current
		In Service		% 179 Bonus				
<b>Other Depreciation:</b>								
79	SEBASTIAN BUILDING	3/02/06	1,165,717		1,165,717	39 MO S/L	488,206	29,891
80	DONOR PERFECT SOFTWARE	5/24/06	2,836		2,836	3 MO S/L	2,836	0
89	DONOR PERFECT SOFTWARE	8/17/06	6,466		6,466	3 MO S/L	6,466	0
93	FIRE ALARM SYSTEM	4/29/09	3,721		3,721	7 MO S/L	3,721	0
95	VERO BUILDING	6/30/09	173,044		173,044	39 MO S/L	53,244	4,437
97	SEBASTIAN BASKETBALL COURT	6/14/10	250		250	15 MO S/L	200	17
98	VERO BUILDING	6/30/10	1,365,562		1,365,562	39 MO S/L	420,173	35,014
100	VERO BUILDING	11/15/10	466,006		466,006	39 MO S/L	139,404	11,948
101	SEBASTIAN BASKETBALL COURT	3/16/11	156,243		156,243	15 MO S/L	117,182	10,416
104	AV SYSTEM	8/16/10	3,913		3,913	7 MO S/L	3,913	0
105	AV SYSTEM	8/16/10	3,913		3,913	7 MO S/L	3,913	0
106	AV SYSTEM	8/16/10	28,223		28,223	7 MO S/L	28,223	0
108	FURNITURE	9/16/10	1,892		1,892	7 MO S/L	1,892	0
111	AIR HOCKEY TABLE	8/30/10	1,595		1,595	7 MO S/L	1,595	0
112	POOL TABLE	8/30/10	2,430		2,430	7 MO S/L	2,430	0
113	POOL TABLE	8/30/10	2,430		2,430	7 MO S/L	2,430	0
116	AV SYSTEM	4/03/12	9,450		9,450	7 MO S/L	9,450	0
117	FLOORING	1/12/12	10,579		10,579	15 MO S/L	7,405	706
118	DEFIBRILLATOR	4/17/13	1,750		1,750	7 MO S/L	1,750	0
119	DEFIBRILLATOR	4/17/13	1,750		1,750	7 MO S/L	1,750	0
120	DEFIBRILLATOR	4/26/13	1,750		1,750	7 MO S/L	1,750	0
121	2 BASKETBALL HOOPS	6/16/13	3,681		3,681	7 MO S/L	3,681	0
122	FLOORING	8/14/13	4,411		4,411	15 MO S/L	2,622	294
123	BASKETBALL COURT LIGHTING	1/16/14	8,726		8,726	7 MO S/L	8,726	0
124	PHONE SYSTEM	6/02/14	6,247		6,247	7 MO S/L	6,247	0
125	BUILDING IMPROVEMENTS	2/19/15	87,446		87,446	39 MO S/L	16,443	2,242
126	AV PROJECTOR	6/12/15	1,897		1,897	7 MO S/L	1,897	0
127	FORD ECONOLINE VAN	5/12/15	21,652		21,652	5 MO S/L	21,652	0
128	FORD ECONOLINE VAN	5/12/15	27,323		27,323	5 MO S/L	27,323	0
129	PARTITIONS	2/23/15	2,070		2,070	7 MO S/L	2,070	0
130	VERO BUILDING	5/03/16	311,491		311,491	39 MO S/L	49,253	7,987
132	SECURITY SYSTEM	7/29/15	3,430		3,430	7 MO S/L	3,389	41
133	FENCING	9/18/15	6,071		6,071	15 MO S/L	2,732	405
134	2 SOCCER GOALS	4/21/16	3,676		3,676	7 MO S/L	3,238	438
135	SECURITY SYSTEM	8/18/15	8,310		8,310	7 MO S/L	8,112	198
136	SOUND SYSTEM	1/01/16	9,385		9,385	7 MO S/L	8,715	670
137	PHONE SYSTEM	1/29/16	15,670		15,670	7 MO S/L	14,364	1,306
138	AUTOSCRUBBER	3/21/16	13,000		13,000	7 MO S/L	11,607	1,393
139	SECURITY SYSTEM	7/01/15	13,860		13,860	7 MO S/L	13,860	0
140	VERO BUILDING	5/03/16	2,906,679		2,906,679	39 MO S/L	459,603	74,530
141	CHEVROLET VAN	9/22/15	30,830		30,830	5 MO S/L	30,830	0
142	STORAGE RACK	6/28/17	2,029		2,029	7 MO S/L	1,449	290
143	SCREEN	7/01/17	2,104		2,104	7 MO S/L	1,503	300
144	CAMERA	7/28/17	1,515		1,515	7 MO S/L	1,064	217
145	PHONE SYSTEM	8/03/17	5,296		5,296	7 MO S/L	3,720	756
147	A/C HANDLER	12/07/17	7,500		7,500	7 MO S/L	4,911	1,071
149	SECURITY CAMERAS	8/28/18	5,937		5,937	7 MO S/L	3,251	849
150	2-SOCCER GOALS	3/29/19	5,100		5,100	7 MO S/L	2,368	728
151	5 TON AC SYSTEM	11/29/18	6,100		6,100	7 MO S/L	3,123	871
152	VIDEO INTERCOM ENTRY SYSTEM	5/21/20	6,675		6,675	7 MO S/L	1,987	953
153	VIDEO INTERCOM ENTRY SYSTEM	4/29/20	6,450		6,450	7 MO S/L	1,996	922
154	VIDEO INTERCOM ENTRY SYSTEM	5/07/20	5,650		5,650	7 MO S/L	1,749	807
155	VIDEO INTERCOM ENTRY SYSTEM	5/07/20	5,150		5,150	7 MO S/L	1,594	736
156	SUM160 ICE MACHINE	6/10/20	1,700		1,700	7 MO S/L	506	243
157	2019 FORD TRANSIT VAN VIN#21945	6/29/20	25,174		25,174	5 MO S/L	10,070	5,034
158	FELLSMERE BUILDING	11/01/19	2,155,908		2,155,908	39 MO S/L	147,413	55,279
159	OUTSIDE RETAINING WALL FOR LAND	5/01/20	5,293		5,293	15 MO S/L	765	352
160	OUTSIDE SIGNAGE	1/09/20	4,575		4,575	20 MO S/L	572	229
161	SHADE STRUCTURE ON PATIO	3/31/20	17,216		17,216	10 MO S/L	3,874	1,721
162	METAL PICNIC TABLE	5/05/20	3,700		3,700	20 MO S/L	401	185
163	8-TELEVISIONS	12/08/19	9,390		9,390	5 MO S/L	4,852	1,878
164	APPLIANCES	1/03/20	2,208		2,208	5 MO S/L	1,104	441
165	AV EQUIPMENT	11/20/19	4,552		4,552	5 MO S/L	2,352	910
166	FURNITURE	12/31/19	16,436		16,436	7 MO S/L	5,870	2,348
167	OUTSIDE PAVER PATIO	9/30/20	8,295		8,295	15 MO S/L	968	553
168	GUTTERS	9/09/20	2,300		2,300	39 MO S/L	108	59
169	NEW ROOF REPLACEMENT	2/24/21	57,021		57,021	20 MO S/L	3,801	2,851
170	7.5 TON A/C PACKAGE	6/10/21	10,700		10,700	7 MO S/L	1,656	1,529

## Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179 Bonus	Basis		Prior	Current
					for Depr	Per Conv Meth		
171	WINDOW BLINDS	6/29/21	3,818		3,818	5 MO S/L	764	763
172	BUS- 2 2016	4/29/21	124,610		124,610	8 MO S/L	18,172	15,577
173	2019 FORD TRANSIT E350 #23400	7/23/20	21,744		21,744	5 MO S/L	8,335	4,349
174	2019 FORD TRANSIT E350 #43825	8/28/20	29,339		29,339	5 MO S/L	10,758	5,867
175	WATER PURIFICATION SYSTEM	5/11/22	6,855		6,855	7 MO S/L	163	980
176	ACCOUSTIC CEILING	10/25/21	11,800		11,800	10 MO S/L	787	1,180
177	2 TON AC SYSTEM	7/12/21	4,800		4,800	7 MO S/L	686	685
178	AC SYSTEM (#9)	7/29/21	6,500		6,500	7 MO S/L	851	929
179	AC SYSTEM (GYM #1)	8/24/21	2,800		2,800	7 MO S/L	333	400
180	FURNITURE - CHAIRS @ SEBASTIAN (8	10/19/21	6,076		6,076	5 MO S/L	810	1,215
181	AC ROOFTOP UNIT (RTU #1) 3 TON	3/07/23	7,100		7,100	7 MO S/L	0	338
182	AC ROOFTOP UNIT (RTU #2) 3 TON	3/07/23	7,100		7,100	7 MO S/L	0	338
183	AC ROOFTOP UNIT (RTU #3) 4 TON	3/07/23	7,900		7,900	7 MO S/L	0	376
184	AC ROOFTOP UNIT (RTU #4) 5 TON	3/07/23	8,300		8,300	7 MO S/L	0	395
185	AC SYSTEM (#8 TECH LAB)	10/14/22	9,750		9,750	7 MO S/L	0	1,045
186	AC SYSTEM (#7 CLUB LOBBY)	11/11/22	7,200		7,200	7 MO S/L	0	686
187	2017 FORD F150 PICKUP	7/13/22	25,400		25,400	5 MO S/L	0	5,080
	<b>Total Other Depreciation</b>		<u>9,570,441</u>		<u>9,570,441</u>		<u>2,248,983</u>	<u>304,248</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,570,441</u>		<u>9,570,441</u>		<u>2,248,983</u>	<u>304,248</u>
	<b>Grand Totals</b>		9,570,441		9,570,441		2,248,983	304,248
	<b>Less: Dispositions and Transfers</b>		0		0		0	0
	<b>Less: Start-up/Org Expense</b>		0		0		0	0
	<b>Net Grand Totals</b>		<u>9,570,441</u>		<u>9,570,441</u>		<u>2,248,983</u>	<u>304,248</u>



# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
79	SEBASTIAN BUILDING	3/02/06	1,165,717	29,890	0
80	DONOR PERFECT SOFTWARE	5/24/06	2,836	0	0
89	DONOR PERFECT SOFTWARE	8/17/06	6,466	0	0
93	FIRE ALARM SYSTEM	4/29/09	3,721	0	0
95	VERO BUILDING	6/30/09	173,044	4,437	0
97	SEBASTIAN BASKETBALL COURT	6/14/10	250	16	0
98	VERO BUILDING	6/30/10	1,365,562	35,015	0
100	VERO BUILDING	11/15/10	466,006	11,949	0
101	SEBASTIAN BASKETBALL COURT	3/16/11	156,243	10,416	0
104	AV SYSTEM	8/16/10	3,913	0	0
105	AV SYSTEM	8/16/10	3,913	0	0
106	AV SYSTEM	8/16/10	28,223	0	0
108	FURNITURE	9/16/10	1,892	0	0
111	AIR HOCKEY TABLE	8/30/10	1,595	0	0
112	POOL TABLE	8/30/10	2,430	0	0
113	POOL TABLE	8/30/10	2,430	0	0
116	AV SYSTEM	4/03/12	9,450	0	0
117	FLOORING	1/12/12	10,579	705	0
118	DEFIBRILLATOR	4/17/13	1,750	0	0
119	DEFIBRILLATOR	4/17/13	1,750	0	0
120	DEFIBRILLATOR	4/26/13	1,750	0	0
121	2 BASKETBALL HOOPS	6/16/13	3,681	0	0
122	FLOORING	8/14/13	4,411	294	0
123	BASKETBALL COURT LIGHTING	1/16/14	8,726	0	0
124	PHONE SYSTEM	6/02/14	6,247	0	0
125	BUILDING IMPROVEMENTS	2/19/15	87,446	2,242	0
126	AV PROJECTOR	6/12/15	1,897	0	0
127	FORD ECONOLINE VAN	5/12/15	21,652	0	0
128	FORD ECONOLINE VAN	5/12/15	27,323	0	0
129	PARTITIONS	2/23/15	2,070	0	0
130	VERO BUILDING	5/03/16	311,491	7,987	0
132	SECURITY SYSTEM	7/29/15	3,430	0	0
133	FENCING	9/18/15	6,071	404	0
134	2 SOCCER GOALS	4/21/16	3,676	0	0
135	SECURITY SYSTEM	8/18/15	8,310	0	0
136	SOUND SYSTEM	1/01/16	9,385	0	0
137	PHONE SYSTEM	1/29/16	15,670	0	0
138	AUTOSCRUBBER	3/21/16	13,000	0	0
139	SECURITY SYSTEM	7/01/15	13,860	0	0
140	VERO BUILDING	5/03/16	2,906,679	74,531	0
141	CHEVROLET VAN	9/22/15	30,830	0	0
142	STORAGE RACK	6/28/17	2,029	290	0
143	SCREEN	7/01/17	2,104	301	0
144	CAMERA	7/28/17	1,515	216	0
145	PHONE SYSTEM	8/03/17	5,296	757	0
147	A/C HANDLER	12/07/17	7,500	1,072	0
149	SECURITY CAMERAS	8/28/18	5,937	848	0
150	2-SOCCER GOALS	3/29/19	5,100	729	0
151	5 TON AC SYSTEM	11/29/18	6,100	871	0
152	VIDEO INTERCOM ENTRY SYSTEM	5/21/20	6,675	954	0
153	VIDEO INTERCOM ENTRY SYSTEM	4/29/20	6,450	921	0
154	VIDEO INTERCOM ENTRY SYSTEM	5/07/20	5,650	807	0
155	VIDEO INTERCOM ENTRY SYSTEM	5/07/20	5,150	735	0
156	SUM160 ICE MACHINE	6/10/20	1,700	243	0
157	2019 FORD TRANSIT VAN VIN#21945	6/29/20	25,174	5,035	0
158	FELLSMERE BUILDING	11/01/19	2,155,908	55,280	0
159	OUTSIDE RETAINING WALL FOR LANDSCA	5/01/20	5,293	353	0
160	OUTSIDE SIGNAGE	1/09/20	4,575	228	0
161	SHADE STRUCTURE ON PATIO	3/31/20	17,216	1,722	0
162	METAL PICNIC TABLE	5/05/20	3,700	185	0
163	8-TELEVISIONS	12/08/19	9,390	1,878	0
164	APPLIANCES	1/03/20	2,208	442	0
165	AV EQUIPMENT	11/20/19	4,552	910	0
166	FURNITURE	12/31/19	16,436	2,348	0
167	OUTSIDE PAVER PATIO	9/30/20	8,295	553	0
168	GUTTERS	9/09/20	2,300	59	0
169	NEW ROOF REPLACEMENT	2/24/21	57,021	2,851	0

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
170	7.5 TON A/C PACKAGE	6/10/21	10,700	1,528	0
171	WINDOW BLINDS	6/29/21	3,818	764	0
172	BUS- 2 2016	4/29/21	124,610	15,576	0
173	2019 FORD TRANSIT E350 #23400	7/23/20	21,744	4,349	0
174	2019 FORD TRANSIT E350 #43825	8/28/20	29,339	5,868	0
175	WATER PURIFICATION SYSTEM	5/11/22	6,855	979	0
176	ACCOUSTIC CEILING	10/25/21	11,800	1,180	0
177	2 TON AC SYSTEM	7/12/21	4,800	686	0
178	AC SYSTEM (#9)	7/29/21	6,500	928	0
179	AC SYSTEM (GYM #1)	8/24/21	2,800	400	0
180	FURNITURE - CHAIRS @ SEBASTIAN (87)	10/19/21	6,076	1,216	0
181	AC ROOFTOP UNIT (RTU #1) 3 TON	3/07/23	7,100	1,014	0
182	AC ROOFTOP UNIT (RTU #2) 3 TON	3/07/23	7,100	1,014	0
183	AC ROOFTOP UNIT (RTU #3) 4 TON	3/07/23	7,900	1,129	0
184	AC ROOFTOP UNIT (RTU #4) 5 TON	3/07/23	8,300	1,186	0
185	AC SYSTEM (#8 TECH LAB)	10/14/22	9,750	1,393	0
186	AC SYSTEM (#7 CLUB LOBBY)	11/11/22	7,200	1,028	0
187	2017 FORD F150 PICKUP	7/13/22	25,400	5,080	0
	<b>Total Other Depreciation</b>		<u>9,570,441</u>	<u>303,792</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>9,570,441</u>	<u>303,792</u>	<u>0</u>
	<b>Grand Totals</b>		<u>9,570,441</u>	<u>303,792</u>	<u>0</u>

<b>SCHEDULE G</b>	<b>Fundraising Other Events</b>		<b>2022</b>
<b>(Form 990 or 990-EZ)</b>	For calendar year 2022, or taxyear beginning	<b>07/01/22</b> , and ending	<b>06/30/23</b>

Name <b>BOYS &amp; GIRLS CLUB OF INDIAN RIVER COUNTY, INC.</b>	Employer Identification Number <b>59-3623298</b>
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		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u><b>BRIDGE</b></u> (event type)	_____ (event type)	_____ (event type)	
Revenue	<b>1</b> Gross receipts	<b>13,135</b>			<b>13,135</b>
	<b>2</b> Less: Charitable contributions				
	<b>3</b> Gross income (line 1 minus line 2)	<b>13,135</b>			<b>13,135</b>
Direct Expenses	<b>4</b> Cash prizes				
	<b>5</b> Noncash prizes				
	<b>6</b> Rent/facility costs				
	<b>7</b> Food/beverages				
	<b>8</b> Entertainment				
	<b>9</b> Other expenses	<b>3,661</b>			<b>3,661</b>

<b>990</b>	<b>Two Year Comparison Report</b>		<b>2021 &amp; 2022</b>
Form	For calendar year 2022, or taxyear beginning <b>07/01/22</b> , ending <b>06/30/23</b>		

Name **BOYS & GIRLS CLUB OF INDIAN RIVER COUNTY, INC.** Taxpayer Identification Number **59-3623298**

		2021	2022	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	1,300,683	1,320,566	19,883
	2. Membership dues and assessments			
	3. Government contributions and grants	379,255	392,017	12,762
	4. Program service revenue	172,220	224,829	52,609
	5. Investment income	1,126	30,405	29,279
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	346,246	398,853	52,607
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue			
	12. <b>Total revenue.</b> Add lines 1 through 11	<b>2,199,530</b>	<b>2,366,670</b>	<b>167,140</b>
<b>Expenses</b>	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	104,459		-104,459
	16. Salaries, other compensation, and employee benefits	1,266,109	1,714,182	448,073
	17. Professional fundraising fees			
	18. Other professional fees	12,185	14,200	2,015
	19. Occupancy, rent, utilities, and maintenance	15,691	15,691	
	20. Depreciation and Depletion	300,254	304,251	3,997
	21. Other expenses	665,019	705,235	40,216
	22. <b>Total expenses.</b> Add lines 13 through 21	<b>2,363,717</b>	<b>2,753,559</b>	<b>389,842</b>
	23. <b>Excess or (Deficit).</b> Subtract line 22 from line 12	<b>-164,187</b>	<b>-386,889</b>	<b>-222,702</b>
<b>Other Information</b>	24. Total exempt revenue	2,199,530	2,366,670	167,140
	25. Total unrelated revenue			
	26. Total excludable revenue	519,592	654,087	134,495
	27. Total assets	9,516,990	9,159,915	-357,075
	28. Total liabilities	139,824	169,638	29,814
	29. Retained earnings	9,377,166	8,990,277	-386,889
	30. Number of voting members of governing body	19	19	
	31. Number of independent voting members of governing body	19	19	
	32. Number of employees	83	91	
33. Number of volunteers	70	70		

Form <b>990</b>	<b>Tax Return History</b>	<b>2022</b>
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Name <b>BOYS &amp; GIRLS CLUB OF INDIAN RIVER COUNTY, INC.</b>	Employer Identification Number <b>59-3623298</b>
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants .....	2,932,465	1,616,847	1,690,800	1,679,938	1,712,583	
Membership dues .....						
Program service revenue .....	247,007	161,013	91,988	172,220	224,829	
Capital gain or loss .....			-90,191			
Investment income .....	23,199	15,644	89	1,126	30,405	
Fundraising revenue (income/loss) .....	373,093	384,953	275,135	346,246	398,853	
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>3,575,764</b>	<b>2,178,457</b>	<b>1,967,821</b>	<b>2,199,530</b>	<b>2,366,670</b>	
Grants and similar amounts paid .....						
Benefits paid to or for members .....						
Compensation of officers, etc. ....	97,296		103,384	104,459		
Other compensation .....	1,199,773	1,343,926	1,134,909	1,266,109	1,714,182	
Professional fees .....	14,050	15,300	12,301	12,185	14,200	
Occupancy costs .....	45,058	31,308	15,691	15,691	15,691	
Depreciation and depletion .....	223,484	262,788	285,897	300,254	304,251	
Other expenses .....	581,115	554,453	581,028	665,019	705,235	
<b>Total expenses</b> .....	<b>2,160,776</b>	<b>2,207,775</b>	<b>2,133,210</b>	<b>2,363,717</b>	<b>2,753,559</b>	
<b>Excess or (Deficit)</b> .....	<b>1,414,988</b>	<b>-29,318</b>	<b>-165,389</b>	<b>-164,187</b>	<b>-386,889</b>	
<b>Total exempt revenue</b> .....	<b>3,575,764</b>	<b>2,178,457</b>	<b>1,967,821</b>	<b>2,199,530</b>	<b>2,366,670</b>	
Total unrelated revenue .....						
Total excludable revenue .....	643,299	561,610	277,021	519,592	654,087	
Total Assets .....	9,921,777	10,045,497	9,906,486	9,516,990	9,159,915	
Total Liabilities .....	435,712	338,750	365,128	139,824	169,638	
Net Fund Balances .....	9,486,065	9,706,747	9,541,358	9,377,166	8,990,277	

### Federal Statements

#### Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$	<u>30,405</u>				
Total	\$	<u>30,405</u>				

### Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management &amp; General</u>	<u>Fund Raising</u>
RENTALS	\$ 50,101	\$ 34,105	\$ 15,708	\$ 288
LICENSES AND DUES	18,769	16,498	1,911	360
BOARD DEVELOPMENT/INSURAN	6,958	232	6,726	
SMALL EQUIP/FURNISHINGS	1,028		1,028	
Total	<u>\$ 76,856</u>	<u>\$ 50,835</u>	<u>\$ 25,373</u>	<u>\$ 648</u>



## Federal Statements

### Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
TRANSFER FROM RELATED ORGANIZATION	\$ 300,000
FL DEPT OF EDUCATION	78,986
DEPT OF JUVENILE JUSTICE	125,155
CSAC GRANTS	37,500
OTHER GRANTS	150,376
CONTRIBUTIONS	<u>1,020,566</u>
Total	\$ <u>1,712,583</u>

**Federal Statements****Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
UNITED WAY OF INDIAN RIVER	\$ 253,752	\$ 26,237
INDIAN RIVER COUNTY BOARD OF COMMISS	35,000	
PAUL HANSON	70,000	
CHARLES CAREY	35,000	
TOM CAPUTO	30,000	
BOYS & GIRLS CLUBS OF AMERICA	30,875	
WINDSOR CHARITIES	111,000	
CLARK CHARITABLE FOUNDATION, INC.	50,000	
ROANN COSTIN	25,000	
Total	<u>\$ 640,627</u>	<u>\$ 26,237</u>

## Federal Statements

### Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
ANGELS DINNER	\$ 327,176
GOLF TOURNAMENT	165,355
BRIDGE	13,135
OTHER	
Total	<u>\$ 505,666</u>

### Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE FEES	\$ 224,829
	<u>30,405</u>
Total	<u>\$ 255,234</u>