

2023 Accommodations Tax Funds Request Application

Organization Name: The Boys & Girls Club of Hilton Head Island

Project/Event Name: Pedal Hilton Head

Executive Summary

An ATAX Effectiveness Measurement form has been attached to this application.

2023 Accommodations Tax Funds Request Application

Date Received: 08/08/2022	Time Received: 12:15 PM	By: Online Submittal
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Applications will not be accepted if submitted after 4 pm on September 2, 2022

A. SUMMARY OF GRANT REQUEST:

ORGANIZATION NAME: The Boys & Girls Club of Hilton Head Island

Project/Event Name: Pedal Hilton Head

Contact Name: Russ Whiteford Title: Board of Directors Member, Pedal
Hilton Head Island Event Co-chair

Address: 151 Gumtree Road, Hilton Head Island, SC 29926

Email Address: Contact Phone: 413-531-9204
rewwhiteford@gmail.com

Event Date: May 7, 2023 Event Location: Lowcountry Celebration
Park

Total Budget: \$145,000.00 **Grant Requested:** \$35,000.00

Provide a brief summary on the intended use of the grant and how the money would be used. (100 words or less)

Grant funds will allow the expansion of Pedal Hilton Head Island regional marketing targeted to grow tourist participation. The May 7, 2023 event to be held at Lowcountry Celebration Park will be the fifteenth year of this premier-cycling event, which celebrates Hilton Head Island's music, culture and two-wheeled lifestyle.

Our rides offer cyclists of all ages and abilities a chance to enjoy a

fantastic trek through Hilton Head, a Gold Level Bike Friendly Community, and our pre- and post-ride events held at Lowcountry Celebration park revel in the culture, the music and the beauty of Hilton Head Island's love of cycling.

How does the organization/event either drive tourism to Hilton Head Island or enhance the visitor experience on Hilton Head Island? How is this impact being measured? (100 words or less)

2022 Pedal Hilton Head continued to grow as a tourism **driver** with **608** participants a **10% increase** over the previous event. The permanent event move from November to the first Sunday in May makes Pedal the perfect kick-off to National Bike Month and the vacation season on the Island. It offers both a unique biking event and a weekend filled with nature, culture and history.

In 2023, Pedal will continue to partner with CAAM Events a marketing and cycling company that will extend our marketing reach to upwards of **15,000 new contacts and potential participants**. Also, post event we will survey riders about their experience.

A. Total Number of Physical Tourists Served: 229

A Tourist is considered a non-resident, traveling more than 50 miles to the Town of Hilton Head Island.

B. Total Number of Physical Visitors Served: 125

A Visitor is considered a non-resident, who travels 50 miles or less to visit the Town of Hilton Head Island.

C. Total Number of Physical Residents Served: 254

A Resident is considered any person who claims their property address within the limits of the Town of Hilton Head Island as their primary residence.

D. Total Number of Physical Patrons Served (A+B+C=D): 608

How was the Number of Visitors/Tourists Documented? (250 words or less)

On-line registration process which includes gathering participants zip code.

B. DESCRIPTION OF OPERATIONS:

1. For state reporting purposes, give a brief description of the organization.
(250 words or less)

The Boys & Girls Club of Hilton Head Island was established in 1990 at Sandalwood, a local low-income housing project located on the Island. In 1999, our 29,000sq. ft. facility was built near the Hilton Head School complex off Gumtree Road. For 32 years, we have served local children ages 6-18 by providing outstanding after-school and full-day summer education and enrichment programs. Over 200 youth attend the Club daily, and for many of them, it serves as a point of stability and safety in their uncertain worlds.

The Boys & Girls Club serves children from at-risk families: 64% of Club members are from families living in poverty, and 51% live in single-parent households. We have over 350 members, which encompasses a diverse membership comprised of 47% Hispanic, 24% African American, 20% Caucasian and 9% identifying as mixed-race.

Our annual budget is raised through three community fund-raisers (Pedal Hilton Head Island, Candy Cane Classic Golf and Tennis Tournament, and BGC Spring Gala), a board-driven private appeal, donations from long-time supporters and local grants. We receive no governmental funding. Our mission remains that of the national Boys & Girls Clubs of America: "To enable all young people, especially those who need us most, to reach their full potential as productive, responsible, caring citizens."

Making an impact on local kids pays community dividends in a big way. All proceeds from Pedal Hilton Head Island benefit the Boys & Girls Club so riders are giving back with every push of the pedal!

2. Describe in detail how the requested grant funding would be used? (250 words or less)

The Town of Hilton Head Island ATAX grant funds will be used solely for tourist marketing. The marketing will have a targeted focus on a regional audience and while not exclusively, there will be significant emphasis placed on reaching participants from Georgia, North and South Carolina and Florida. **Our new partnership with cyclist industry leader CAAM marketing has provided an impactful reach to over 15,000 dedicated and loyal CAMM riders.**

The marketing plan includes extensive social media, print, radio and public relations outreach. The Pedal Hilton Head Island website is designed to support **driving** tourist to the event. The goal is to continue to increase the number of heads-in-beds cyclists participating in the event, specifically those interested in riding in the 62 mile-metric century ride. These cyclists are traditionally high net worth individuals who travel the entire weekend when participating in a ride. They often bring their families who take advantage of destination tourists' amenities in the towns they visit.

Marketing plan provided.

3. What impact would partial funding have on the activities, if full funding were not received? What would the organization change to account for partial funding? (100 words or less)

Partial funding would potentially reduce the magnitude of tourist participation in the 2023 Pedal Hilton Head Island event, which would lower the economic impact to the Island. Any reduction would most

likely have an impact on the depth and breathe of our regional marketing which could affect our ability to increase the tourist's numbers, ultimately impacting the return on investment projected by the Hilton Head Island Visitor and Convention Bureau (HHIVCB). We remain optimistic that the potential growth of this event will continue to be viewed as an exciting tourism opportunity and that full funding will be provided

4. What is expected economic impact and benefit to the Island's tourism?
(100 words or less)

Pedal Hilton Head Island broadens who we are as a tourist destination and directly puts head-in-beds. The Island has already experienced the tourism benefits of being honored as a Gold Level Bike Friendly Community. Events like Pedal Hilton Head Island build on this reputation. We also highlight our Hilton Head lifestyle with rides through our iconic neighborhoods providing cyclists the opportunity to experience what it is like to live on our Island! Along with providing a direct tourism investment by selling out all our "guest hotel" reserved rooms Pedal Hilton Head also marketed our Island lifestyle to future residents.

5. In order to comply with the State's Tourism Expenditure Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

- 1 - Destination Advertising/Promotion 100 %
Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.

- 2 - Tourism-Related Events 0 %
Promotion of the arts and cultural events.

3 - Tourism-Related Facilities

Construction, maintenance and operation of facilities for civic and cultural activities including construction and maintenance of access and other nearby roads and utilities for the facilities. 0 %

4 - Tourism-Related Public Services

The criminal justice system, law enforcement, fire protection, solid waste collection and health facilities when required to serve tourists and tourist facilities. This is based on the estimated percentage of costs directly attributed to tourist. Also includes public facilities such as restrooms, dressing rooms, parks and parking lots. 0 %

5 - Tourist Public Transportation

Tourist shuttle transportation. 0 %

6 - Waterfront Erosion/Control/Repair

Control and repair of waterfront erosion. 0 %

7 - Operation of Visitor Information Centers

Operating visitor information centers. 0 %

Total: 100 %

6. If not covered elsewhere in the application, please describe (a) how the organization will collaborate with other organizations to enhance tourism efforts, and (b) provide a venue or service not otherwise available to visitors to the Town of Hilton Head Island. (250 words or less)

Pedal Hilton Head Island has a long-standing history of collaborating with local non-profit, business and government agencies to market and stage the Lowcountry’s largest biking event. We appreciate that to produce such a high-quality tourist-cycling and community event it takes strong and supportive partnerships. For Pedal 2022, we formed a new partnership with Kiwanis of Hilton Head Island. On the evening prior to our cycling event **Pedal and Kiwanis offered an Open House and Free BBQ** at the Boys & Girls Club. **250 Pedal participants attended** this wonderful evening which allowed us to showcase our beautiful facilities. In addition below is a list of the organizations we are honored to call our partners.

- Beaufort County Sheriff’s Department

- Town of Hilton Head Island
- Hilton Head Island-Bluffton Chamber of Commerce
- Bike Walk Hilton Head Island
- Palmetto Dunes Oceanfront Resort
- Port Royal Plantation & Spanish Wells
- North Florida Bicycle Club
- Kickin' Asphalt Bicycle Club
- Palmetto Cycling Coalition
- Hilton Head Cycle Company
- Palmetto Cycling Coalition
- Macon Georgia Bicycle Club
- Mitchelville Preservation Project
- Ohio Alumni Club of Hilton Head Island
- Beach House Hote

7. Additional comments. (250 words or less)

A McGill University study of over 2000 cyclists of various demographics and locations was recently published in Forbes Magazine. The cyclists profile defined by the study is below.

24% - Dedicated cyclists

36% - Path riders

23% - Fair weather users

17% - Leisure cyclists

60% were male and 40% were female

Average age - **37.3**

Ethnic background – 79% Caucasian, 10% African American, 8% Hispanic, 3% Asian

25% of cyclists have a household income greater than **\$100K**

The profile suggests that a cycling event draws a young, active audience of both men and women who have the household income of the tourists' sought after by Hilton Head Island. This is probably a reflection of why over 3,000 people have rated Hilton Head Island bike trails as one of the top activities on Trip Advisor.

C. FUNDING:

1. Please describe how the organization is currently funded. *(100 words or less)*

2022 Pedal Hilton Head Island Funding Sources -

Rider Participation \$51,182

Event Sponsors \$41,600

Individual Donations \$22,247

ATAX Grant Funds \$30,000

2. Please also estimate, as a percentage, the source of the organization's total annual funding.

<u>19</u>	Government Sources	<u>27</u>	Private Contributions, Donations and Grants
28	Corporate Support, Sponsors		Membership, Dues, Subscriptions
<u>26</u>	Ticket Sales, or Sales and Services		Other

3. Has the organization requested other ATAX or any other funding from other public sources or organizations?

Yes No

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

Fiscal Year Disclosure: Start Month: October End Month: September

Financial Statement Requirements:

1. The upcoming year's **operating budget** for the organization.

Budget Years Provided:

2022 - 2023

2. The previous two years and current year **profit and loss reports** for the organization.

Profit and Loss Years Provided:

2019 - 2020 P&L

2020 - 2021 P&L

3. The previous two years and current year **balance sheets**.

Balance Sheet Years Provided:

2019 - 2020 Balance Sheet

2020 - 2021 Balance Sheet

4. The previous two years and current year **IRS Form 990 or 990T**.

IRS Form 990 or 990T Years Provided:

990 2020

990 2019

990 2021

E. FINANCIAL GUARANTEES AND PROCEDURES:

1. Provide a copy of the **official minutes** wherein the organization approves the submission of this application.

An official set of minutes have been attached to this application.

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.
 - Follow Town procurement guidelines
 - Utilize and follow organization's own procurement guidelines
 - Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2021 or 2022 HHI ATAX funds

1. List any ATAX award amounts received in 2021 and/or 2022.

2019	\$20,000.00	Pedal Hilton Head Island
2020	\$22,000.00	Pedal Hilton Head Island
2021	\$22,000.00	Pedal Hilton Head Island
2022	\$30,000.00	Pedal Hilton Head Island

2. How were the ATAX funds used? To what extent were the objectives achieved? The ATAX Effectiveness Measurement spreadsheet available in the application portal will show the numerics. Use the space below for verbal comments. *(200 words or less)*

2021 - \$30,000 - Funds were used solely for marketing Pedal Hilton Head Island - 2021 as outlined in the marketing plan. Marketing goals were achieved by increasing our visitor and tourist participation, including increasing our footprint as a tourism driver, all documented by registrations.

3. What impact did this have on the success of the organization/event and how did it benefit the community? (200 words or less)

ATAX funds were critical to the growth in participation from 500 riders in 2021 to 608 riders in 2022. This includes a 30% increase in participants from outside the Hilton Head Island residential area.

With increased participation rates, Pedal Hilton Head Island was able to exceed its total fundraising target in support of the Boys & Girls Club of Hilton Head Island. This funding supported the programs and activities at the Boys & Girls Club with a targeted focus on academic success, healthy lifestyles and being productive citizens.

4. How does the organization measure the effectiveness of both the overall activity and of individual programs? (200 words or less)

- Pedal Hilton Head Island uses year-to-year participant surveys to assess the effectiveness of the event execution and marketing.
- The effectiveness of the 2022 Pedal Hilton Head Island's marketing program was assessed through a comparative analysis of the visitor and tourists' participation and spectator numbers obtained through the event survey, which is attached.

Signature: Russ Whiteford

Title/Position: Board of Directors

Mailing Address: 151 Gumtree Road, Hilton Head Island, SC 29926

Email Address: rewwhiteford@gmail.com

Office Phone Number: 843-689-3646

Home Phone Number: 413-531-9204

ATAX Effectiveness Measurement - 2021 Application/2022 Event

TOPIC	PLAN	BUDGET	ACTUAL	RESULTS
Digital				
Facebook Advertising/Google Ad Words	Keyword advertising specific to cyclists	\$6,000	\$7,500	Expansion of target to FL and Southeast through new partnership with CAAM events: cycling clubs and riders traveling with friends/families/teammates created a culture of sports travel. Focus areas: Jacksonville, Tampa, Atlanta, Savannah, Charleston, Charlotte and Athens, GA.
Blip Billboards	Target CAAM Event areas with digital billboards	\$1,750	\$-	Transferred to online advertising
Photography & Video	Drone footage of cyclists on the bridge	\$750	\$750	Fresh photos/footage for digital marketing, website
Influencer Websites	Advertise on cycling- specific websites	\$2,000	\$3,000	Links from cycling-specific websites to our CAAM Facebook event, website and new RaceRoster registration site with advanced demographic metrics.
Texting	"Return Home" Texting campaign to past riders	\$3,000	\$1,000	Lead-up to event with USCB-HHI parking info and ride updates reached over 600 riders.
Email Marketing	Email marketing campaign	\$3,500	\$5,500	New partnership with CAAM Events increased outreach by 15,000 riders in the Southeast.
Print/Outreach				
Collateral+Storytelling	Posters, post cards, pre-written articles	\$4,000	\$8,100	Pre-event cookout at Boys & Girls Club brought riders from all geographic areas to see club and its programs/amenities first-hand. Partnerships with CAAM and other rides throughout the Southeast emphasized Pedal FUN and the beauty/destination of HHI.
Print Advertising	Target cycle influencers with a large reach	\$2,000	\$3,500	Focused on print features to 45+ CAAM related and other cycle events
Influencer "Welcome Kits"	Pitch cycling magazines for an advertorial in conjunction	\$1,500	\$-	Transferred to Collateral + Storytelling
Radio & TV				
Radio & TV Promotions	PR only, no paid placement			
Other				
Regional Affinity Events	Go on-locations to events in the region to market Pedal.	\$2,000	\$650	Added marketing materials into event swag/giveaway bags. This took place at rides in Florida, Savannah, North Georgia, Walterboro, Charleston and St. Augustine. Total reach - over 8000 riders.
Website	Branding & Template updates	\$3,500	\$3,000	New website and updated logos/graphics for 2022
		\$ 30,000	\$ 33,000	

2023 Pedal Marketing Plan & Strategy

Two-pronged approach:

- 1: For returning riders: show the value of participating year after year in Pedal-- the fellowship, the experience, the fun, and most importantly the cause!
2. For new participants: promote an "active" vacation. A "route for every rider." Different bicycling abilities + families can come together to enjoy Hilton Head Island and all it has to offer.

METHODOLOGY	AMOUNT	STRATEGY/COMMENTS
<u>Social Media/Digital</u>		
Facebook-IG Advertising/Google Ad Words/Retargeting	\$ 8,000.00	Advertise in specific cycling groups and in areas using keywords
Photography & Video	\$ 1,000.00	Drone footage, photography for advertising, website
Influencer Websites	\$ 2,000.00	Advertise on cycling-specific websites
Website	\$ 750.00	Branding & Template Updates
<u>Print/Outreach</u>		
Colleateral+Storytelling	\$ 8,000.00	Pre-written placed articles; posters; print materials
Print Advertising/Out of Market	\$ 4,500.00	Target cycle clubs, out-of-market events with a large reach.
Travel Articles	\$ 2,000.00	Pitch cycling/travel magazines for an advertorial for cycling vacations
Texting	\$ 1,000.00	Texting campaign to past riders
Email Marketing	\$ 4,000.00	Email marketing campaign
Real Estate/Hospitality Outreach	\$ 2,000.00	Connect with local realtors, hotels, STR managers for visitor participation
<u>Radio & TV</u>	\$ -	Relying on PR time for this effort - TV and Radio appearances comped
<u>Special Projects</u>	\$ 1,750.00	Bicycling "celebrity" participation
TOTAL:	\$ 35,000.00	

**Boys & Girls Club of Hilton Head Island
Board Meeting Minutes**

The following motion was presented to the 28 members of Boys & Girls Club of Hilton Head Board of Directors on July 14, 2022.

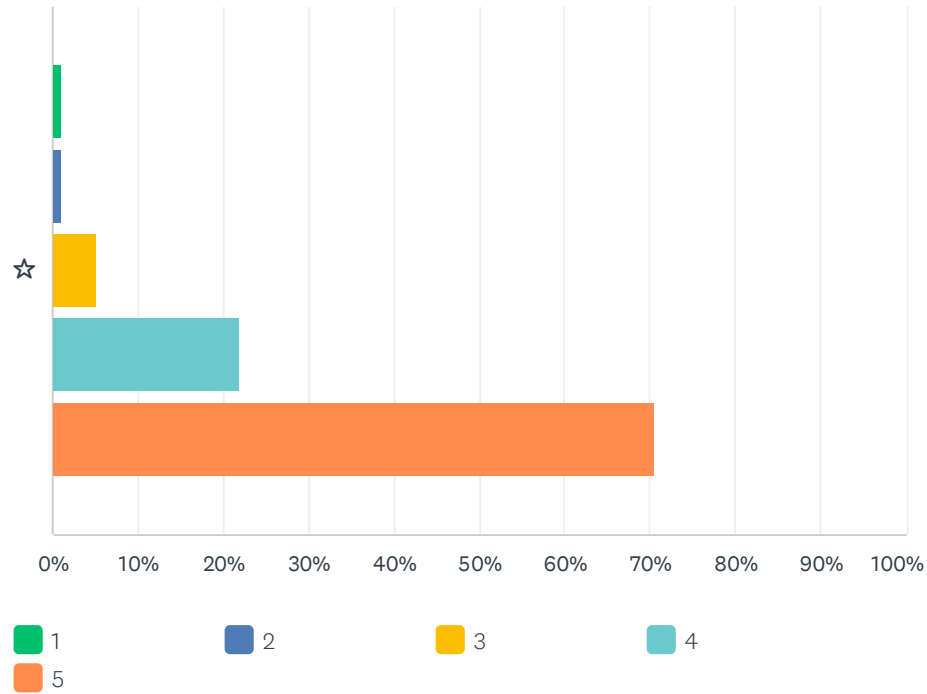
IMPORTANT: In order to file a 2023 ATAX application we must have a board vote which reflects your support to apply for an ATAX grant. This grant is solely used to support our 2023 Pedal HHI marketing efforts which attracts visitors to Hilton Head. **THE MOTION: TO APPROVE SUBMITTING THE 2023 ATAX APPLICATION TO SUPPORT OUR PEDAL EVENT.**

The results of the vote were 26 (yes), 2 (no response). The motion was passed.

Respectfully submitted,
Rosanne Ball, Board Executive Secretary

Q1 Please rate your overall satisfaction with the Pedal Hilton Head Island Event

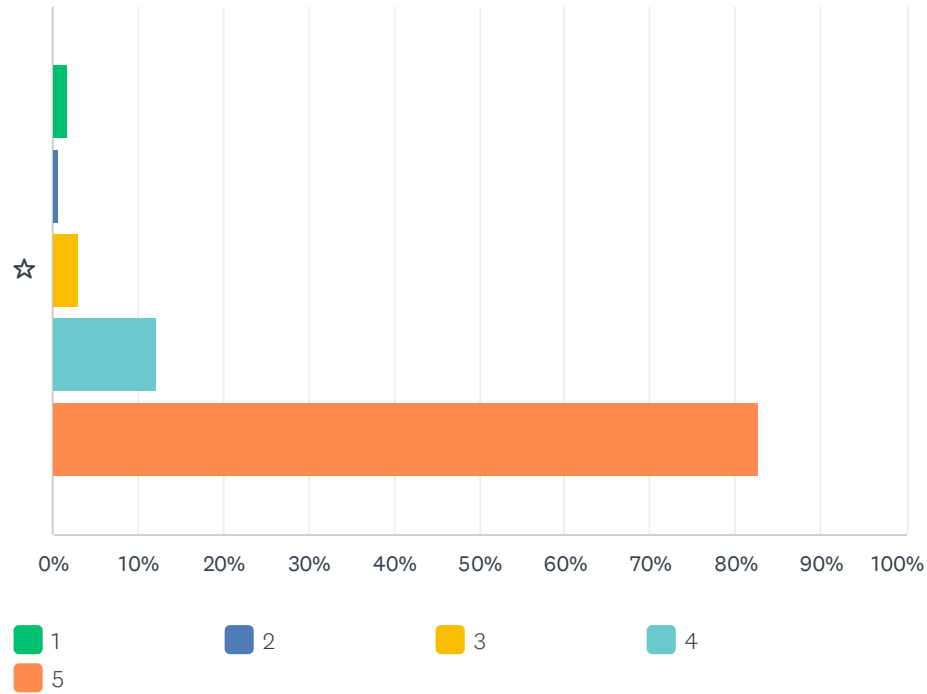
Answered: 173 Skipped: 2



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	1.16% 2	1.16% 2	5.20% 9	21.97% 38	70.52% 122	173	4.60

Q2 How would you rate the registration process for Pedal Hilton Head Island?

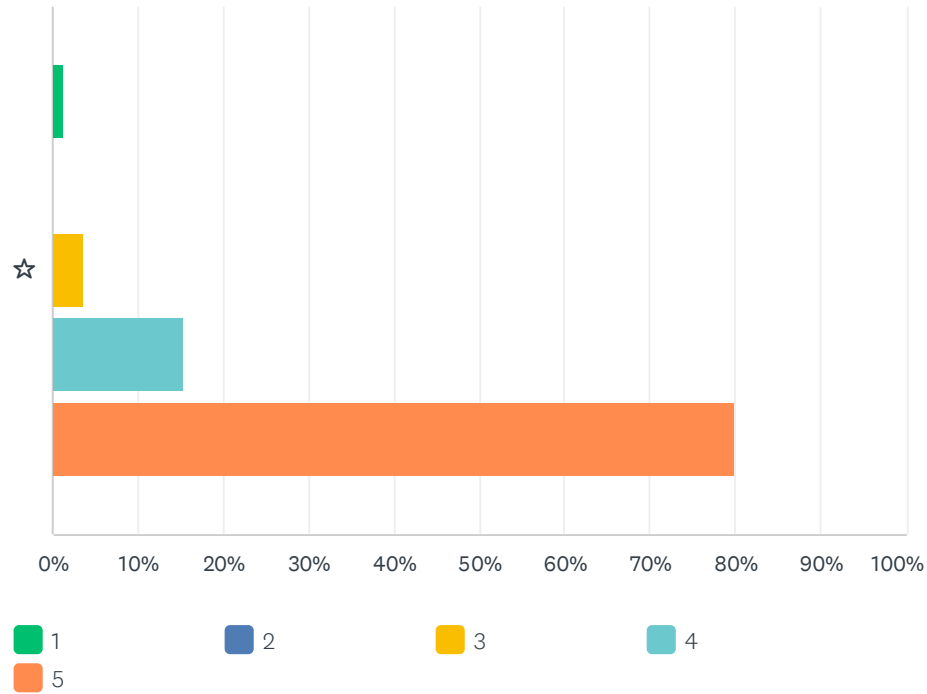
Answered: 173 Skipped: 2



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	1.73% 3	0.58% 1	2.89% 5	12.14% 21	82.66% 143	173	4.73

Q3 How satisfied were you with the communications efforts for Pedal Hilton Head Island?

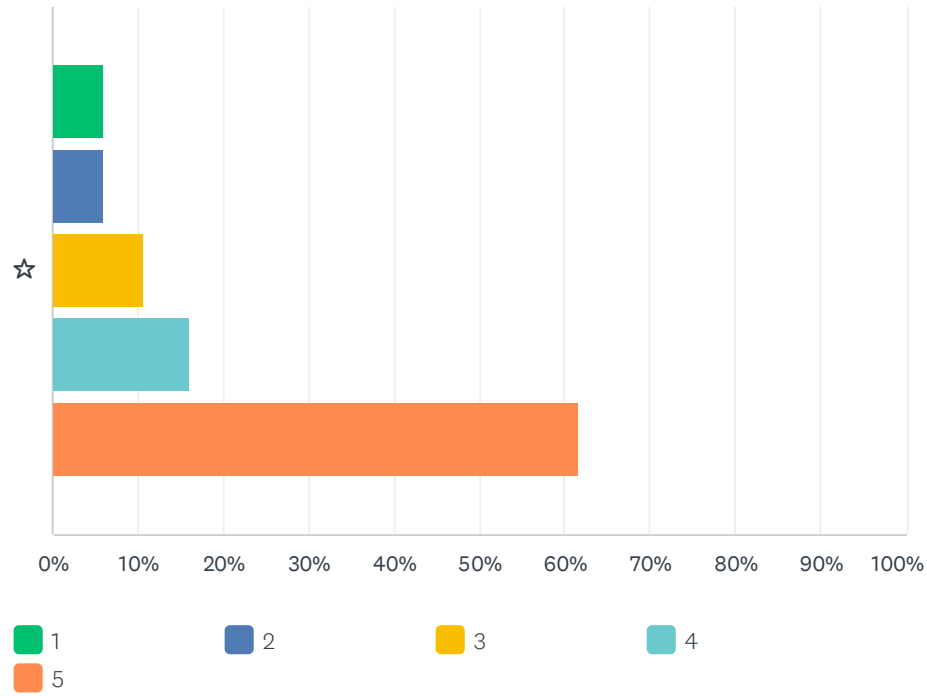
Answered: 170 Skipped: 5



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	1.18% 2	0.00% 0	3.53% 6	15.29% 26	80.00% 136	170	4.73

Q4 How satisfied are you with the t-shirt offered with your registration?

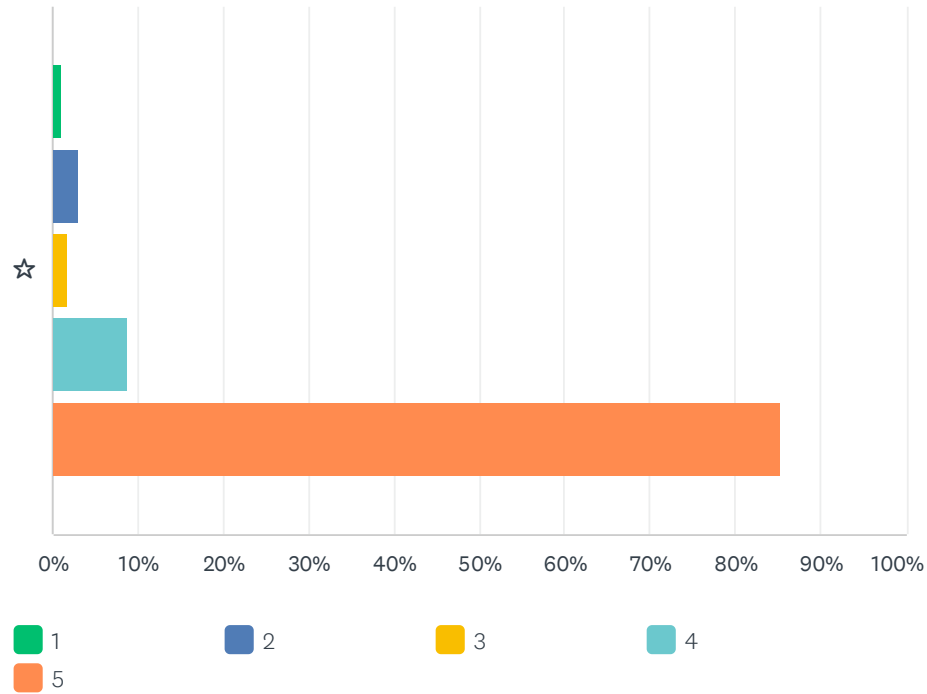
Answered: 169 Skipped: 6



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	5.92% 10	5.92% 10	10.65% 18	15.98% 27	61.54% 104	169	4.21

Q5 How satisfied were you with the event packet being shipped to you prior to Pedal?

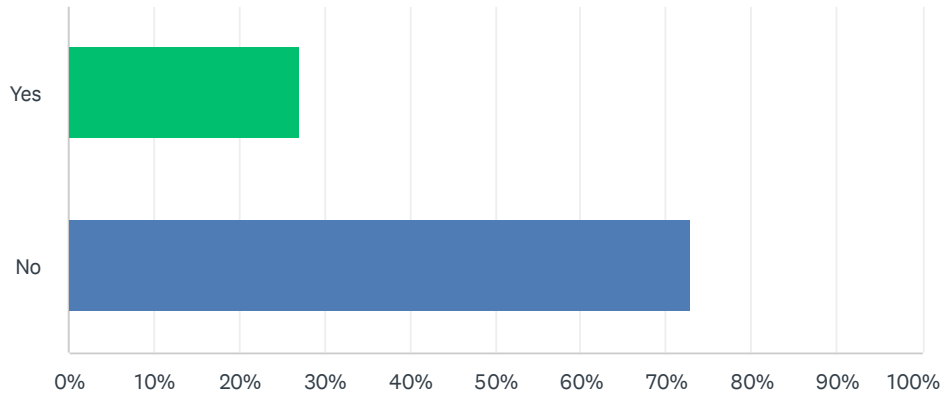
Answered: 171 Skipped: 4



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE
☆	1.17% 2	2.92% 5	1.75% 3	8.77% 15	85.38% 146	171	4.74

Q6 Did you purchase additional merchandise?

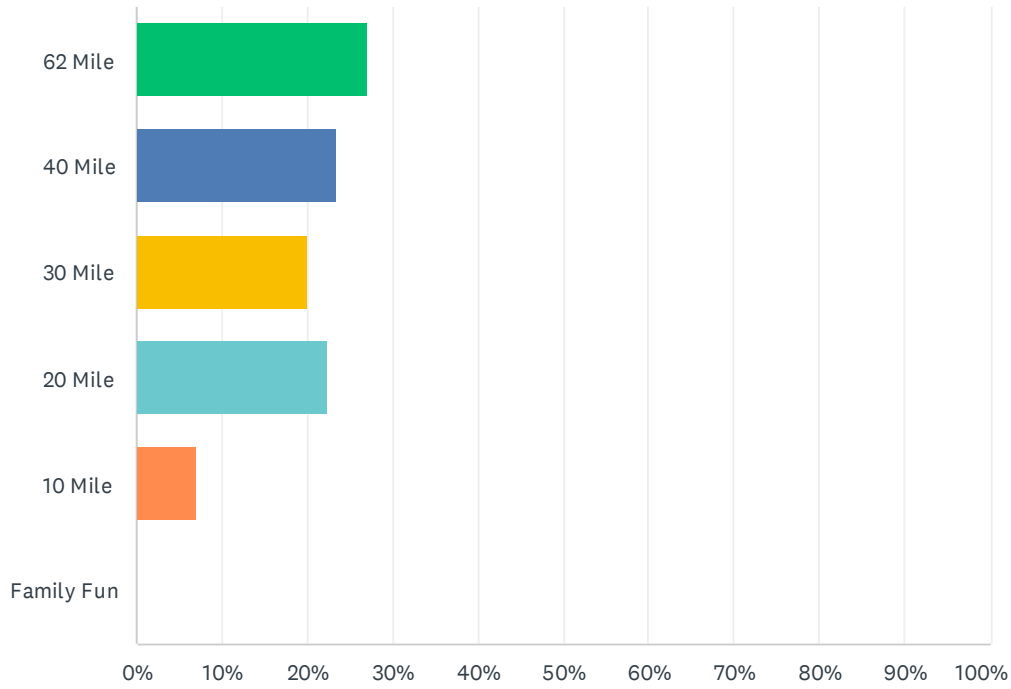
Answered: 173 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	27.17%	47
No	72.83%	126
Total Respondents: 173		

Q7 Which Route Did You Ride?

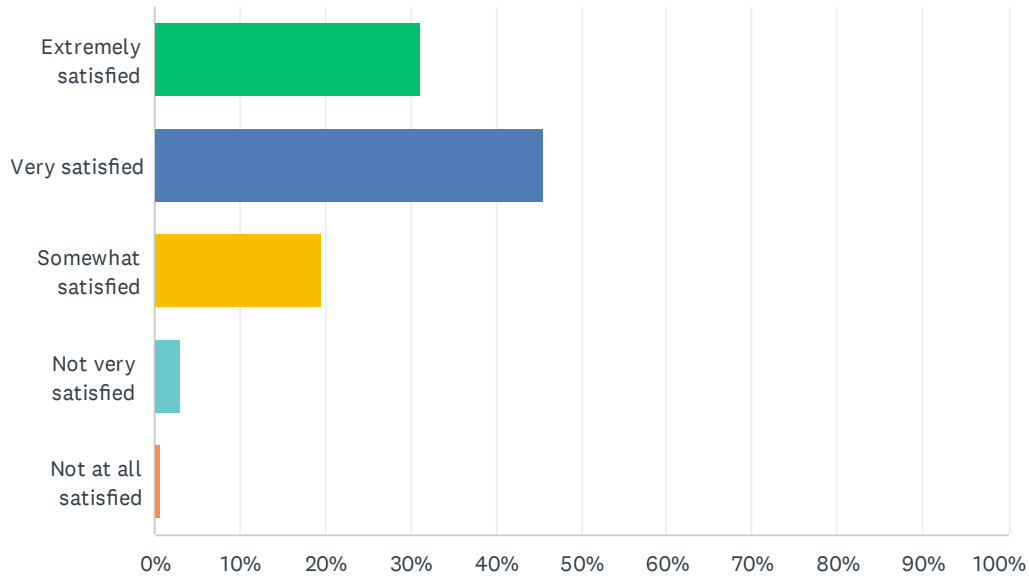
Answered: 170 Skipped: 5



ANSWER CHOICES	RESPONSES	
62 Mile	27.06%	46
40 Mile	23.53%	40
30 Mile	20.00%	34
20 Mile	22.35%	38
10 Mile	7.06%	12
Family Fun	0.00%	0
TOTAL		170

Q8 How satisfied were you with your route?

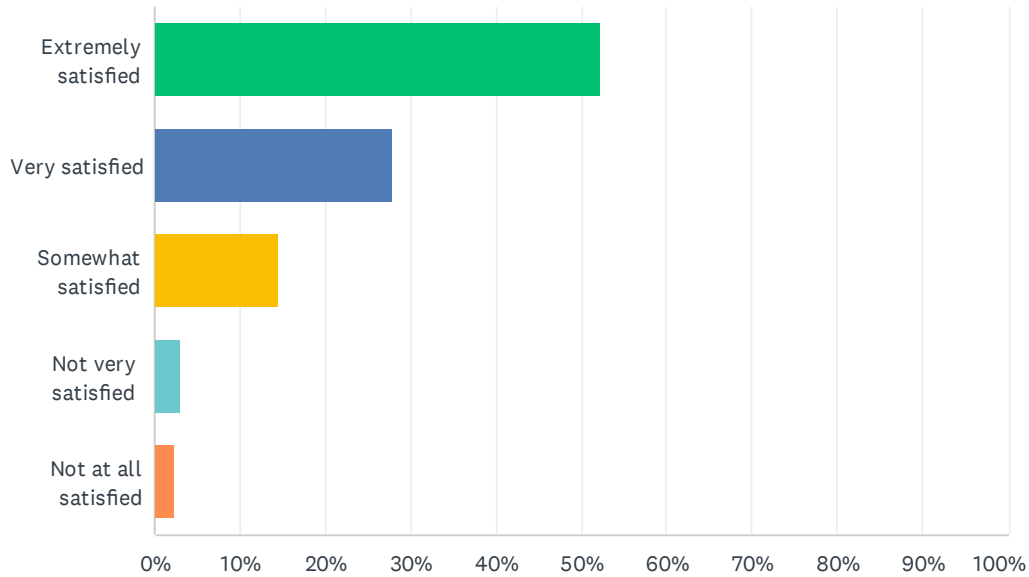
Answered: 173 Skipped: 2



ANSWER CHOICES	RESPONSES	
Extremely satisfied	31.21%	54
Very satisfied	45.66%	79
Somewhat satisfied	19.65%	34
Not very satisfied	2.89%	5
Not at all satisfied	0.58%	1
TOTAL		173

Q9 How satisfied were you with the quality of your ride leaders and volunteers on the route?

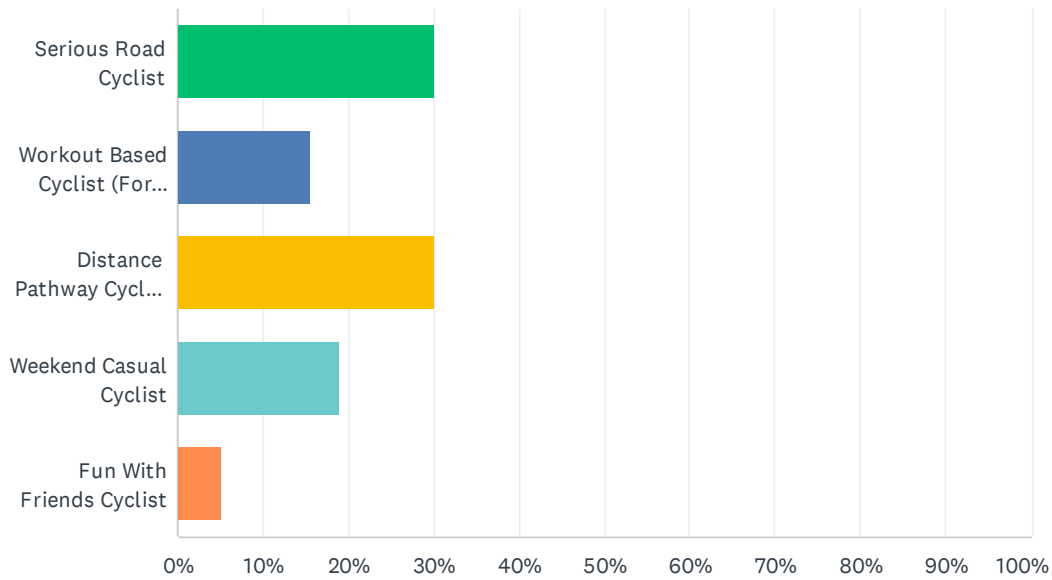
Answered: 172 Skipped: 3



ANSWER CHOICES	RESPONSES	
Extremely satisfied	52.33%	90
Very satisfied	27.91%	48
Somewhat satisfied	14.53%	25
Not very satisfied	2.91%	5
Not at all satisfied	2.33%	4
TOTAL		172

Q10 How would you define your riding style?

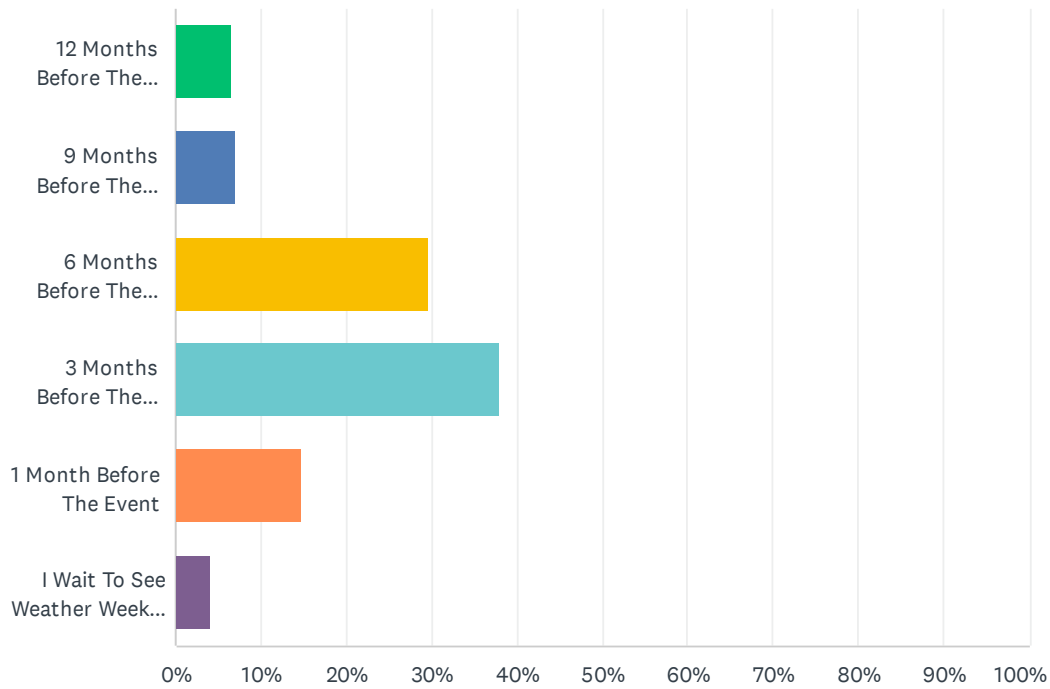
Answered: 173 Skipped: 2



ANSWER CHOICES	RESPONSES	
Serious Road Cyclist	30.06%	52
Workout Based Cyclist (For Example, Triathlete)	15.61%	27
Distance Pathway Cyclist	30.06%	52
Weekend Casual Cyclist	19.08%	33
Fun With Friends Cyclist	5.20%	9
TOTAL		173

Q11 How Far In Advance Do You Book Your Cycling Events?

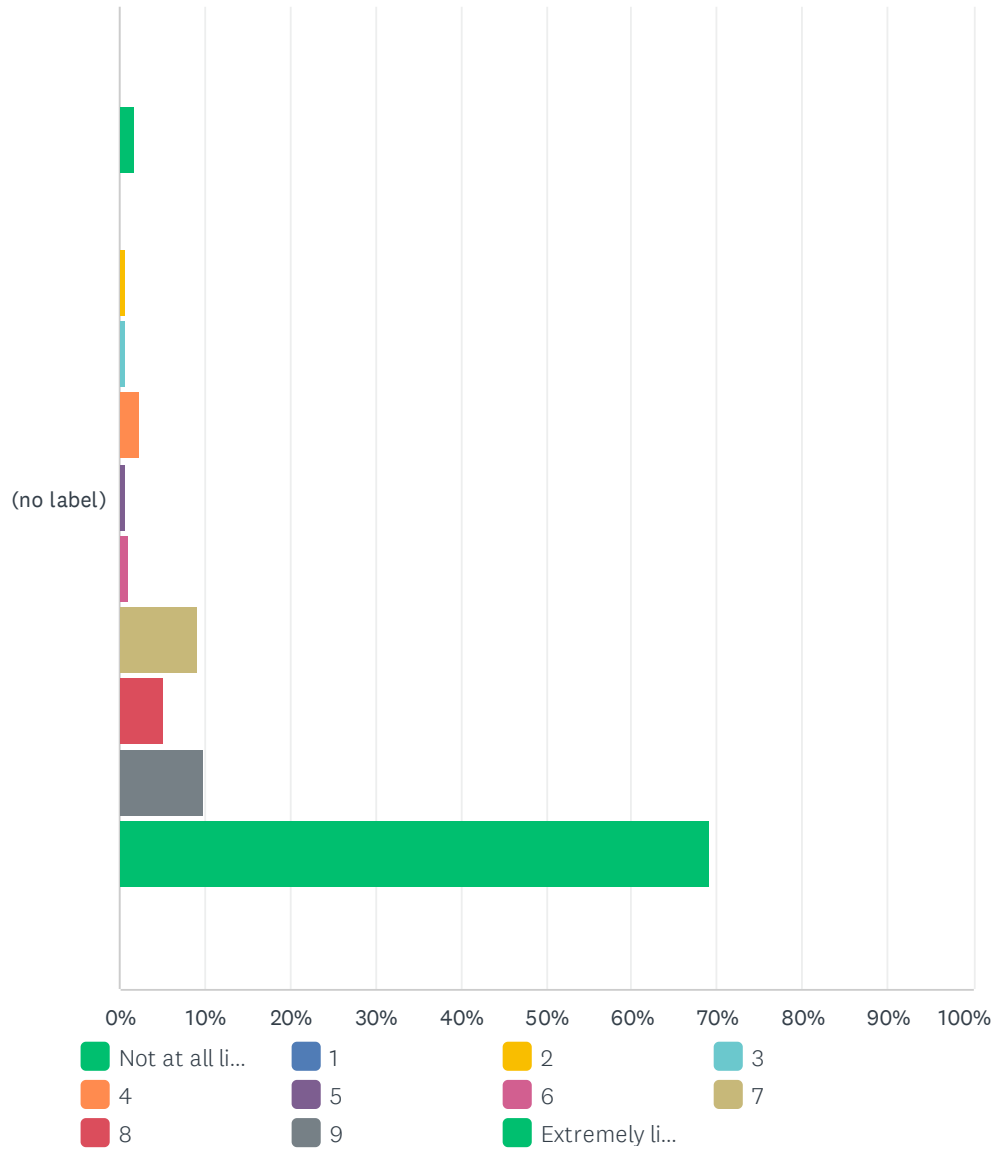
Answered: 169 Skipped: 6



ANSWER CHOICES	RESPONSES	
12 Months Before The Event	6.51%	11
9 Months Before The Event	7.10%	12
6 Months Before The Event	29.59%	50
3 Months Before The Event	37.87%	64
1 Month Before The Event	14.79%	25
I Wait To See Weather Week Of Event	4.14%	7
TOTAL		169

Q12 How likely is it that you would recommend Pedal Hilton Head Island to a friend or family member?

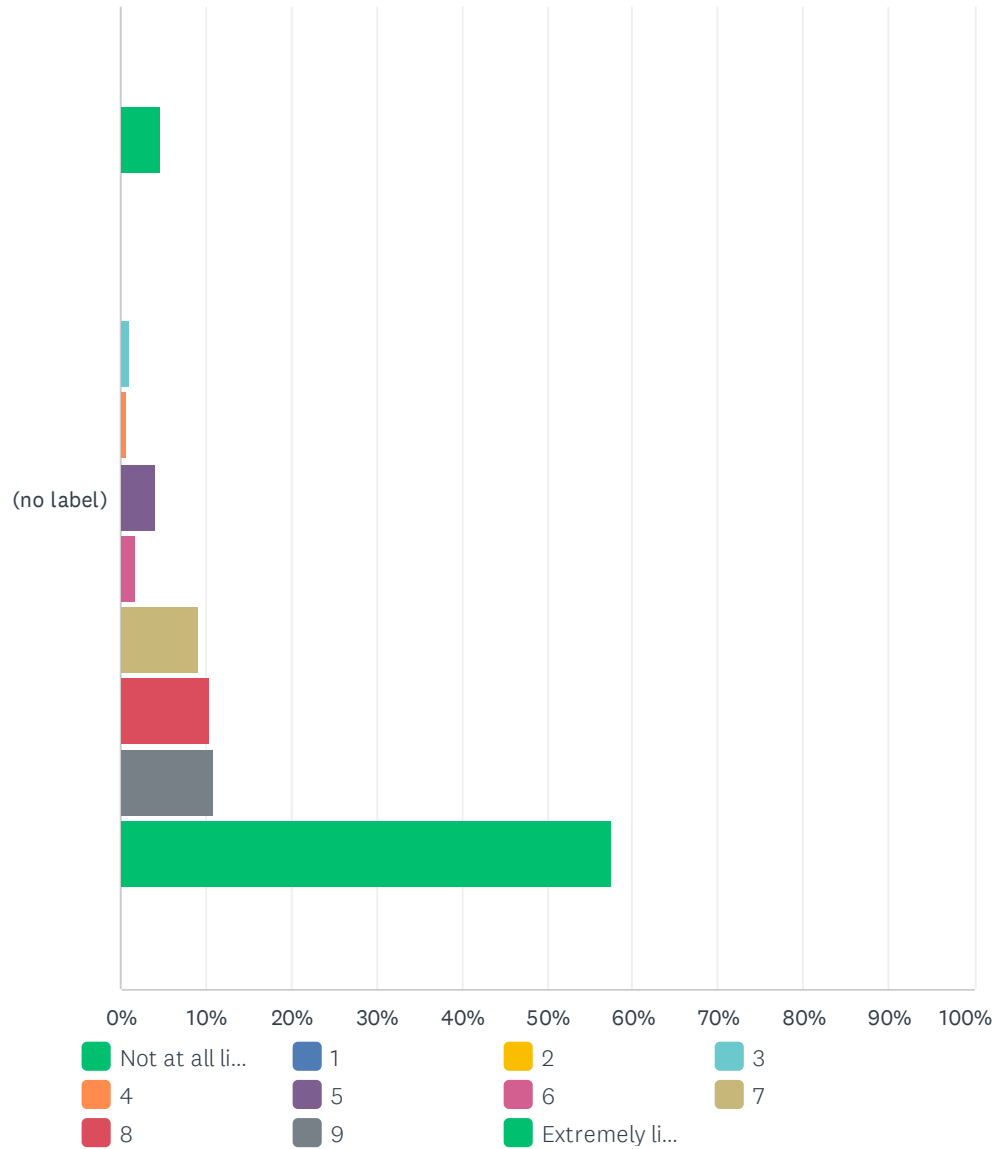
Answered: 175 Skipped: 0



	NOT AT ALL LIKELY - 0	1	2	3	4	5	6	7	8	9	EXTREMELY LIKELY - 10	TOTAL
(no label)	1.71% 3	0.00% 0	0.57% 1	0.57% 1	2.29% 4	0.57% 1	1.14% 2	9.14% 16	5.14% 9	9.71% 17	69.14% 121	175

Q13 How likely are you to ride in Pedal Hilton Head Island in 2023 - on Sunday, May 7th during National Bike Month?

Answered: 174 Skipped: 1



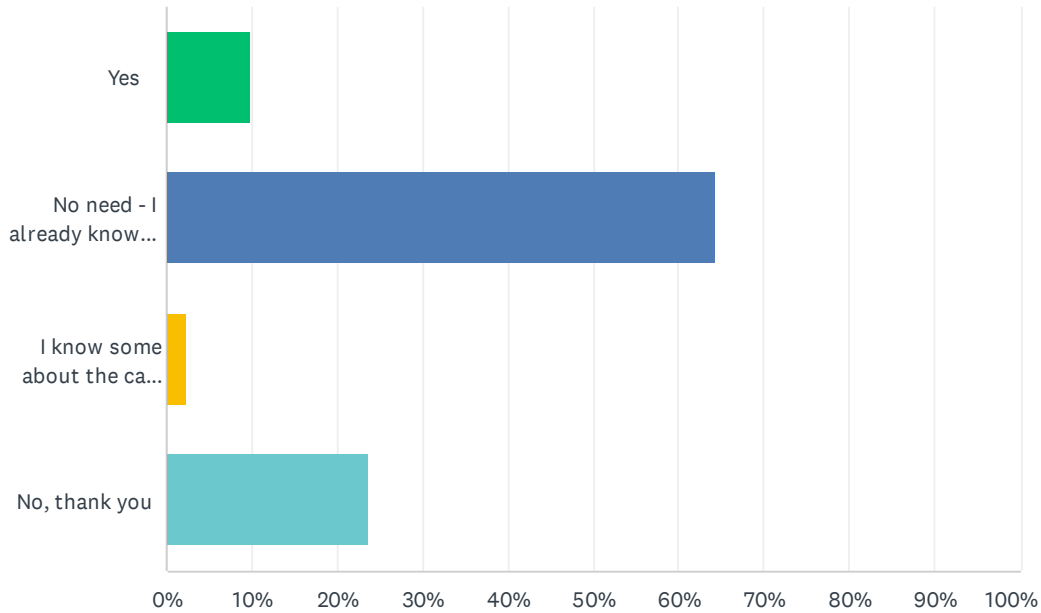
	NOT AT ALL LIKELY - 0	1	2	3	4	5	6	7	8	9	EXTREMELY LIKELY - 10	TOTAL
(no label)	4.60% 8	0.00% 0	0.00% 0	1.15% 2	0.57% 1	4.02% 7	1.72% 3	9.20% 16	10.34% 18	10.92% 19	57.47% 100	174

Q14 How can we improve the overall event?

Answered: 130 Skipped: 45

Q15 Would you like to learn more about how this event benefits children in our community?

Answered: 174 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	9.77%	17
No need - I already know the impact	64.37%	112
I know some about the cause but would like to know more	2.30%	4
No, thank you	23.56%	41
Total Respondents: 174		

Q16 Have a testimonial about the event? Share it here so we may use for marketing!

Answered: 47 Skipped: 128

Q17 Your Email associated with the testimonial

Answered: 45 Skipped: 130

Q18 Your Name associated with the testimonial

Answered: 45 Skipped: 130

Q19 Additional Comments

Answered: 31 Skipped: 144

	A	B	C	D	E	F	G	H	I
1							Ordinary Income/Expense		Oct '22- Sep '23 Budget
2							Income		
3							4000 · Raised Revenues from Donations		
4							4001 · Donations		
5							4005 · Donations - General	\$	115,000
6							4065 · Memorials & Bequests	\$	25,000
7							Total 4001 · Donations	\$	140,000
8							Total 4000 · Raised Revenues from Donations	\$	140,000
9							4030 · Special Events Revenue		
10							4030.1 · Special Event Revenue - Golf		
11							4032 · Special Event Income - Golf	\$	50,000
12							4032.1 · Special Event Raffle - Golf	\$	7,500
13							Total 4030.1 · Special Event Revenue - Golf	\$	57,500
14							4034 · Special Events - Sporting	\$	145,000
15							4035 · Special Events - Unrestricted	\$	-
16							4036.1 · Special Event Revenue - Spring		
17							4036 · Special Events-Spring Fundraise	\$	215,000
18							4036.2 · Special Event -Gala Fund a Need	\$	115,000
19							Total 4036.1 · Special Event Revenue - Spring	\$	330,000
20							Total 4030 · Special Events Revenue	\$	532,500
21							4045 · General Appeals	\$	200,000
22							4050 · Trusts, Foundations &Government	\$	157,000
23							4055 · Endowment Fund Income	\$	120,000
24							4099 · Program & Membership Revenue		
25							4100 · Membership Dues & Fees		
26							4110 · Membership Dues		
27							Total 4100 · Membership Dues & Fees		
28							4120 · Program Fees	\$	215,000
29							4122 · Scholarships	\$	(15,000)
30							Total 4099 · Program & Membership Revenue	\$	200,000
31							4500 · Miscellaneous Income		
32							4210 · Rental of Facility	\$	20,000
33							4600 · Other Grants	\$	15,000
34							4500 · Miscellaneous Income - Other	\$	-
35							Total 4500 · Miscellaneous Income	\$	35,000
36							4995 · Income from United Way	\$	-
37							Total Income	\$	1,384,500
38							Cost of Goods Sold		
39							5359 · Expenses - Special Events		
40							5460 · Event Expense - Golf	\$	8,000
41							5461 · Event Expense - Spring Event	\$	50,000
42							5464 · Event Expense - Hunt Fish Shoot		
43							5465 · Event Expense - Sporting Events	\$	45,000
44							Total 5359 · Expenses - Special Events	\$	103,000
45							Total COGS	\$	103,000
46							Gross Profit	\$	1,281,500
47							Expense		
48							5000 · Payroll Expenses		
49							5005 · Compensation - Full Time	\$	422,227
50							5010 · Compensation - Part Time	\$	245,446
51							5015 · Salary Increases/Bonus Pool	\$	-
52							5019 · Employee Costs		
53							5020 · Health Benefits	\$	88,405
54							5025 · Workers Comp Exp	\$	6,639
55							5030 · Retirement/Pension	\$	12,667
56							5040 · Other Benefits & Costs		
57							5050 · Payroll Taxes	\$	51,077
58							5055 · SUTA Taxes	\$	3,187
59							Total 5019 · Employee Costs	\$	161,975
60							5112 · Payroll Service Fees	\$	-

BGC 2022-23 Budget

	A	B	C	D	E	F	G	H	I
61							5000 · Payroll Expenses - Other		\$ -
62							Total 5000 · Payroll Expenses		\$ 829,648
63							5113 · Advertising, Marketing & Promo		\$ 7,000
64							5115 · Operating Supplies		
65							5120 · Office supplies		\$ 4,000
66							5130 · Housekeeping Supplies		\$ 12,000
67							5140 · Medical Supplies		\$ 1,000
68							5150 · Program Supplies		
69							5150.1 · Art		\$ -
70							5150.2 · Food		\$ -
71							5150.4 · Sports		\$ -
72							5150.5 · Summer		\$ -
73							5150.6 · Technology		\$ -
74							5150 · Program Supplies - Other		\$ 15,000
75							Total 5150 · Program Supplies		\$ 15,000
76							5155 · Program Activites		
77							5155.2 · Food		\$ -
78							5155.4 Sports		\$ -
79							5155.5 Summer		\$ -
80							5155 · Program Activites - Other		\$ 10,000
81							Total 5155 · Program Activites		\$ 10,000
82									
83							5160 · Food Supplies		\$ 240
84							5170 · Meeting Refreshments		\$ 2,400
85							5175 · Snack Expense		\$ 240
86							5180 · Printing		\$ 10,000
87							5185 · Postage		\$ 2,500
88							5115 · Operating Supplies - Other		\$ 120
89							Total 5115 · Operating Supplies		\$ 57,500
90							5200 · Utilities		
91							5210 · Telephone		\$ 16,000
92							5230 · Electric & Gas		\$ 43,000
93							5232 · Security		\$ 11,000
94							5235 · Water & Sewer		\$ 8,000
95							Total 5200 · Utilities		\$ 78,000
96							5239 · Building & Ground Maintenance		
97							5240 · Grounds Maintenance		\$ 14,000
98							5241 · Outside Cleaning&Other Services		\$ 40,000
99							5250 · Equipment Repairs		\$ 8,000
100							5260 · Building Repairs		\$ 5,000
101							5239 · Building & Ground Maintenance - Other		
102							Total 5239 · Building & Ground Maintenance		\$ 67,000
103							5300 · Insurance		
104							5309 · Insurance - Commercial Property		\$ 27,052
105							5310 · Insurance - General & Liability		\$ 2,035
106							5311 · Insurance - Auto		\$ 9,528
107							5314 · Insurance - Umbrella		\$ 15,105
108							5315 · Insurance - Flood		\$ 11,125
109							Total 5300 · Insurance		\$ 64,845
110							5420 · Travel Expense		
111							5048 · Conferences & Training		\$ 4,000
112							5421 · Mileage		\$ 1,000
113							5430 · Gas & Oil - Vehicles		\$ 1,000
114							5420 Travel Expenses - Other		
115							Total 5420 · Travel Expense		\$ 6,000
116							5600 · Other Operating Expenses		
117							5049 · Staff Apparel		\$ 1,200
118							5110 · Professional Fees		\$ 27,000
119							5340 · Property Tax		\$ 6,000
120							5425 · Recruiting Expenses		\$ 2,000
121							5440 · Licenses		\$ 1,500

	A	B	C	D	E	F	G	H	I
122							5450 · Vehicle Repairs	\$	1,500
123							5500 · Dues & Licenses		
124							5510 · National Dues - Programs	\$	4,000
125							5531 · Membership & Subscription Fees	\$	1,500
126							Total 5500 · Dues & Licenses	\$	5,500
127							5622 · Out of Zone Busing Expenses	\$	1,000
128							5625 · Bank Service Charges	\$	120
129							5627 · Credit Card Fees	\$	6,000
130							5630 · Loan Interest Expense	\$	120
131							5660 · Miscellaneous Expense	\$	5,000
132							5720 · New Equipment	\$	2,400
133							Total 5600 · Other Operating Expenses	\$	57,840
134							5900 · Allocation to Shared Services		203,000
135							Total Expense	\$	1,370,833
136							Net Ordinary Income	\$	(89,333)
137							Other Income/Expense		
138							Other Income		
139							4300 · Investment Income		
140							4320 · Interest - Restricted		
141							4330 · Dividend Income		
142							4341 · Realized Gain/Loss-Inv-Restrict		
143							4342 · Realized Gain/Loss - Unrestrict		
144							4345 · Unreal Gain/Loss-Inv-Unrestrict		
145							4346 · Unrealized Gain/Loss-Inv-Restri		
146							4996 · Interest Income		
147							Total 4300 · Investment Income		
148							4321 · Interest - Capital Campaign		
149							4862 · HH Capital Campaign Restricted		
150							4990 · Income Released From Restricted		
151							4991 · Restricted Income		
152							4808 Breedlove		
153							4505 · Art Enrichment		
154							4510 · Other Income - Restricted		
155							4809 · Scholarship - Restricted	\$	15,000
156							4818 · Keystone Club		
157							4837 · Tennis Program - Restricted		
158							4863 HH Reading Center Income		
159							4866 · Restricted for Holiday		
160							4878 · Restricted for Teen Programs		
161							4901 · Reading Program - Restricted	\$	47,549
162							4902 · Technology		
163							Total 4991 · Restricted Income	\$	62,549
164							4990 · Income Released From Restricted - Other		
165							Total 4990 · Income Released From Restricted	\$	62,549
166							Total Other Income	\$	62,549
167							Other Expense		
168							5700 · Depreciation Expense		
169							5800 · Restricted Fund Expenses		
170							5839 · Build Out Expenses		
171							5011 · Payroll Wages - Restricted	\$	43,748
172							5051 · Payroll Taxes - Restricted	\$	3,801
173							5801 · Direct Costs - Restricted		
174							5818 · Keystone Club Expenses		
175							5823 · Teen Program		
176							5834 · Violin Restricted Expenses		
177							5863 · HH Reading Center		
178							5866 · Restricted for Holiday		
179							5868 · Restricted for Technology		
180							5871 · Restricted for Art Programs		
181							5880 · Reading Program - Restricted		
182							Total 5801 · Direct Costs - Restricted	\$	-

BGC 2022-23 Budget

	A	B	C	D	E	F	G	H	I
183							5837 · Sports Program / Gym Expenses		
184							5894 · STEM Restricted Expenses		
185							5800 · Restricted Fund Expenses - Other		
186							Total 5800 · Restricted Fund Expenses	\$	47,549
187							5881 · Restricted Capital Campaign Exp		
188							7600 · Investment Expenses		
189							7605 · Investment Fees		
190							7610 · Foreign Taxes Withheld		
191							7600 · Investment Expenses - Other		
192							Total 7600 · Investment Expenses	\$	-
193							9900 · Suspense		
194							Total Other Expense	\$	47,549
195							Net Other Income	\$	15,000
196							Net Income	\$	(74,333)
197							"Real" Net Income	\$	(74,333)
198							Planned Usage of the Operating Reserve	\$	74,333
199							Net Balanced Budget	\$	-

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head - Statement of Assets, Liabilities & Net Assets
As of July 31, 2021 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric...	20R HH Restricted	TOTAL
ASSETS				
Current Assets				
Checking/Savings				
1000 · Cash Accounts				
1025 · HH Operating Reserve	400,366.10	0.00	0.00	400,366.10
1027 · HH Capital Campaing MoneyMar...	200,047.00	0.00	539,844.11	739,891.11
1050 · Petty Cash	250.00	0.00	0.00	250.00
1090 · SSB Operating-Deposit Account	659,823.97	0.00	0.00	659,823.97
1091 · SSB Operating - Payable Acct	-29,843.74	0.00	0.00	-29,843.74
1093 · SSB Restricted Funds	0.00	0.00	177,772.25	177,772.25
Total 1000 · Cash Accounts	1,230,643.33	0.00	717,616.36	1,948,259.69
1100 · Endowment Accounts				
1060 · Wells Fargo 2200-3195	1,137,265.21	75,000.00	0.00	1,212,265.21
1062 · Wells Fargo 1167-7761	34,238.17	0.00	0.00	34,238.17
1069 · Fidelity HH Endowment	1,285,882.94	0.00	0.00	1,285,882.94
Total 1100 · Endowment Accounts	2,457,386.32	75,000.00	0.00	2,532,386.32
Total Checking/Savings	3,688,029.65	75,000.00	717,616.36	4,480,646.01
Other Current Assets				
1211 · United Way Promise to Give	0.00	0.00	3,761.55	3,761.55
1250 · Accts Receivable	0.00	0.00	153,260.30	153,260.30
1300 · Prepaid Expenses	9,381.90	0.00	0.00	9,381.90
1370 · Construction in Progress	246,939.73	0.00	0.00	246,939.73
Total Other Current Assets	256,321.63	0.00	157,021.85	413,343.48
Total Current Assets	3,944,351.28	75,000.00	874,638.21	4,893,989.49
Fixed Assets				
1500 · Building	4,280,352.83	0.00	0.00	4,280,352.83
1501 · Leasehold Improvements	29,400.00	0.00	0.00	29,400.00
1505 · Ballfield	1,977.00	0.00	0.00	1,977.00
1510 · Equipment	572,214.40	0.00	0.00	572,214.40
1520 · Furnishings	28,665.72	0.00	0.00	28,665.72
1530 · Transportation Equipment	89,971.00	0.00	0.00	89,971.00
1550 · Accumulated Depreciation	-3,271,374.90	0.00	0.00	-3,271,374.90

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head - Statement of Assets, Liabilities & Net Assets
As of July 31, 2021 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric...	20R HH Restricted	TOTAL
1560 · Land	240,000.00	0.00	0.00	240,000.00
Total Fixed Assets	1,971,206.05	0.00	0.00	1,971,206.05
TOTAL ASSETS	5,915,557.33	75,000.00	874,638.21	6,865,195.54
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2000 · Accounts Payable	8,065.81	0.00	0.00	8,065.81
Total Accounts Payable	8,065.81	0.00	0.00	8,065.81
Credit Cards				
2200 · Bank of America Cards Payable				
2200.13 · BOA Card - Sheldon 5994	18.22	0.00	0.00	18.22
Total 2200 · Bank of America Cards Pa...	18.22	0.00	0.00	18.22
Total Credit Cards	18.22	0.00	0.00	18.22
Other Current Liabilities				
2340 · Deferred Revenue-Special Events	50,000.00	0.00	0.00	50,000.00
2345 · Deferred Revenue	300.00	0.00	0.00	300.00
2400 · Payroll Liabilities				
2010 · WH - United Way	85.00	0.00	0.00	85.00
2045 · Health Insurance Deferral	-2,212.39	0.00	0.00	-2,212.39
2050 · Other Payroll Deductions	2,623.53	0.00	0.00	2,623.53
2090 · Accrued Vacation	12,999.42	0.00	0.00	12,999.42
2095 · Wages Payable	17,051.33	0.00	0.00	17,051.33
Total 2400 · Payroll Liabilities	30,546.89	0.00	0.00	30,546.89
2701 · Accrued Expenses - Other	3,399.53	0.00	0.00	3,399.53
Total Other Current Liabilities	84,246.42	0.00	0.00	84,246.42
Total Current Liabilities	92,330.45	0.00	0.00	92,330.45
Total Liabilities	92,330.45	0.00	0.00	92,330.45

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head - Statement of Assets, Liabilities & Net Assets
As of July 31, 2021 - Modified Cash Basis

	<u>20 HH Operating</u>	<u>20PR HH Perm Restrict...</u>	<u>20R HH Restricted</u>	<u>TOTAL</u>
Equity				
3000 · Net Unrestricted Assets	37,789.18	0.00	0.00	37,789.18
3020 · Net Assets - Permanently Restr	0.00	75,000.00	0.00	75,000.00
3030 · Net Board Designated Assets	2,076,758.14	0.00	0.00	2,076,758.14
3035 · Release fr. Board Desig Endow	60,000.00	0.00	0.00	60,000.00
3040 · Transfer of Net Assets	1,059.00	0.00	-1,059.00	0.00
3050 · Net Property & Equipment Assets	2,171,516.06	0.00	0.00	2,171,516.06
3200 · Temp. Restricted Net Assets	0.00	0.00	900,801.41	900,801.41
3900 · Unrestricted Fund Balance	368,083.42	0.00	-202,881.88	165,201.54
Net Income	1,108,021.08	0.00	177,777.68	1,285,798.76
Total Equity	<u>5,823,226.88</u>	<u>75,000.00</u>	<u>874,638.21</u>	<u>6,772,865.09</u>
TOTAL LIABILITIES & EQUITY	<u>5,915,557.33</u>	<u>75,000.00</u>	<u>874,638.21</u>	<u>6,865,195.54</u>

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head - Statement of Assets, Liabilities & Net Assets
September 2020 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restricted	20R HH Restricted	TOTAL
ASSETS				
Current Assets				
Checking/Savings				
1000 · Cash Accounts				
1025 · HH Operating Reserve	238,343.61	0.00	0.00	238,343.61
1027 · HH Capital Campaign MoneyMarket	54,547.00	0.00	415,875.87	470,422.87
1050 · Petty Cash	250.00	0.00	0.00	250.00
1090 · SSB Operating-Deposit Account	378,292.99	0.00	0.00	378,292.99
1091 · SSB Operating - Payable Acct	-74,640.92	0.00	0.00	-74,640.92
1093 · SSB Restricted Funds	0.00	0.00	115,770.36	115,770.36
Total 1000 · Cash Accounts	596,792.68	0.00	531,646.23	1,128,438.91
1100 · Endowment Accounts				
1060 · Wells Fargo 2200-3195	978,006.67	75,000.00	0.00	1,053,006.67
1062 · Wells Fargo 1167-7761	20,541.77	0.00	0.00	20,541.77
1069 · Fidelity HH Endowment	1,078,209.70	0.00	0.00	1,078,209.70
Total 1100 · Endowment Accounts	2,076,758.14	75,000.00	0.00	2,151,758.14
Total Checking/Savings	2,673,550.82	75,000.00	531,646.23	3,280,197.05
Other Current Assets				
1211 · United Way Promise to Give	0.00	0.00	11,954.00	11,954.00
1250 · Accts Receivable	0.00	0.00	153,260.30	153,260.30
1300 · Prepaid Expenses	42,057.00	0.00	0.00	42,057.00
1350 · Prepaid Special Event Expenses	2,265.00	0.00	0.00	2,265.00
1370 · Construction in Progress	93,851.42	0.00	0.00	93,851.42
Total Other Current Assets	138,173.42	0.00	165,214.30	303,387.72
Total Current Assets	2,811,724.24	75,000.00	696,860.53	3,583,584.77
Fixed Assets				
1500 · Building	4,280,352.83	0.00	0.00	4,280,352.83
1505 · Ballfield	1,977.00	0.00	0.00	1,977.00
1510 · Equipment	539,633.93	0.00	0.00	539,633.93
1520 · Furnishings	28,665.72	0.00	0.00	28,665.72
1530 · Transportation Equipment	89,971.00	0.00	0.00	89,971.00
1550 · Accumulated Depreciation	-3,102,936.42	0.00	0.00	-3,102,936.42
1560 · Land	240,000.00	0.00	0.00	240,000.00
Total Fixed Assets	2,077,664.06	0.00	0.00	2,077,664.06
TOTAL ASSETS	4,889,388.30	75,000.00	696,860.53	5,661,248.83
LIABILITIES & EQUITY				
Liabilities				
Current Liabilities				
Accounts Payable				
2000 · Accounts Payable	18,974.49	0.00	0.00	18,974.49
Total Accounts Payable	18,974.49	0.00	0.00	18,974.49
Credit Cards				
2200 · Bank of America Cards Payable				
2200.20 · BOA MC - Hilton Head 5176	756.02	0.00	0.00	756.02
Total 2200 · Bank of America Cards Payable	756.02	0.00	0.00	756.02
Total Credit Cards	756.02	0.00	0.00	756.02
Other Current Liabilities				
2340 · Deferred Revenue-Special Events	91,750.00	0.00	0.00	91,750.00
2345 · Deferred Revenue	7,768.00	0.00	0.00	7,768.00
2400 · Payroll Liabilities				
2030 · State tax Withheld	738.20	0.00	0.00	738.20
2031 · SUTA Payable	277.41	0.00	0.00	277.41
2045 · Health Insurance Deferral	1,019.92	0.00	0.00	1,019.92
2050 · Other Payroll Deductions	327.90	0.00	0.00	327.90
2090 · Accrued Vacation	5,119.70	0.00	0.00	5,119.70
2095 · Wages Payable	44,051.33	0.00	0.00	44,051.33
Total 2400 · Payroll Liabilities	51,534.46	0.00	0.00	51,534.46
2701 · Accrued Expenses - Other	3,399.53	0.00	0.00	3,399.53
Total Other Current Liabilities	154,451.99	0.00	0.00	154,451.99
Total Current Liabilities	174,182.50	0.00	0.00	174,182.50

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head - Statement of Assets, Liabilities & Net Assets
September 2020 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restricted	20R HH Restricted	TOTAL
Total Liabilities	174,182.50	0.00	0.00	174,182.50
Equity				
3000 · Net Unrestricted Assets	131,641.18	0.00	0.00	131,641.18
3020 · Net Assets - Permanently Restr	0.00	75,000.00	0.00	75,000.00
3030 · Net Board Designated Assets	2,076,758.14	0.00	0.00	2,076,758.14
3035 · Release fr. Board Desig Endow	60,000.00	0.00	0.00	60,000.00
3040 · Transfer of Net Assets	1,059.00	0.00	-1,059.00	0.00
3050 · Net Property & Equipment Assets	2,077,664.06	0.00	0.00	2,077,664.06
3200 · Temp. Restricted Net Assets	0.00	0.00	900,800.41	900,800.41
Net Income	368,083.42	0.00	-202,880.88	165,202.54
Total Equity	4,715,205.80	75,000.00	696,860.53	5,487,066.33
TOTAL LIABILITIES & EQUITY	4,889,388.30	75,000.00	696,860.53	5,661,248.83

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense							
Income							
4000 · Raised Revenues from Donations							
4001 · Donations							
4005 · Donations - General	200.00	1,000.00	-800.00	38,065.50	25,000.00	13,065.50	25,000.00
4065 · Memorials & Bequests	1,150.00			157,982.01	0.00	157,982.01	0.00
Total 4001 · Donations	<u>1,350.00</u>	<u>1,000.00</u>	<u>350.00</u>	<u>196,047.51</u>	<u>25,000.00</u>	<u>171,047.51</u>	<u>25,000.00</u>
Total 4000 · Raised Revenues from Donations	1,350.00	1,000.00	350.00	196,047.51	25,000.00	171,047.51	25,000.00
4030 · Special Events Revenue							
4030.1 · Special Event Revenue - Golf							
4032 · Special Event Income - Golf	0.00	0.00	0.00	42,786.00	30,850.00	11,936.00	30,850.00
4032.1 · Special Event Raffle - Golf	0.00	0.00	0.00	7,000.00	6,000.00	1,000.00	6,000.00
Total 4030.1 · Special Event Revenue - Golf	0.00	0.00	0.00	49,786.00	36,850.00	12,936.00	36,850.00
4034 · Special Events - Sporting	0.00	0.00	0.00	130,397.61	85,000.00	45,397.61	85,000.00
4035 · Special Events - Unrestricted	0.00	500.00	-500.00	1,318.15	6,000.00	-4,681.85	6,000.00
4036.1 · Special Event Revenue - Spring							
4036 · Special Events-Spring Fundraise	0.00	0.00	0.00	150,355.54	150,000.00	355.54	150,000.00
4036.2 · Special Event -Gala Fund a Need	0.00	0.00	0.00	279,109.30	100,000.00	179,109.30	100,000.00
Total 4036.1 · Special Event Revenue - Spr...	0.00	0.00	0.00	429,464.84	250,000.00	179,464.84	250,000.00
Total 4030 · Special Events Revenue	0.00	500.00	-500.00	610,966.60	377,850.00	233,116.60	377,850.00
4045 · General Appeals	9,200.00	1,500.00	7,700.00	377,551.50	160,000.00	217,551.50	160,000.00
4050 · Trusts, Foundations & Government	170,000.00	140,000.00	30,000.00	205,505.10	140,000.00	65,505.10	140,000.00
4055 · Endowment Fund Income	0.00	22,500.00	-22,500.00	0.00	90,000.00	-90,000.00	90,000.00
4099 · Program & Membership Revenue							
4100 · Membership Dues & Fees							
4110 · Membership Dues	0.00			50.00			
Total 4100 · Membership Dues & Fees	0.00			50.00			
4120 · Program Fees	11,122.50	17,000.00	-5,877.50	225,322.47	155,975.00	69,347.47	155,975.00
4122 · Scholarships	-859.00	-3,000.00	2,141.00	-75,251.00	-25,800.00	-49,451.00	-25,800.00
Total 4099 · Program & Membership Revenue	10,263.50	14,000.00	-3,736.50	150,121.47	130,175.00	19,946.47	130,175.00
4500 · Miscellaneous Income							
4210 · Rental of Facility	2,000.00	2,000.00	0.00	29,580.00	24,000.00	5,580.00	24,000.00
4600 · Other Grants	70,699.21	1,250.00	69,449.21	233,399.67	15,000.00	218,399.67	15,000.00
4500 · Miscellaneous Income - Other	0.00			164,034.83	0.00	164,034.83	0.00
Total 4500 · Miscellaneous Income	72,699.21	3,250.00	69,449.21	427,014.50	39,000.00	388,014.50	39,000.00
4995 · Income from United Way	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	<u>263,512.71</u>	<u>182,750.00</u>	<u>80,762.71</u>	<u>1,967,206.68</u>	<u>962,025.00</u>	<u>1,005,181.68</u>	<u>962,025.00</u>
Cost of Goods Sold							
5359 · Expenses - Special Events							
5460 · Event Expense - Golf	2,500.00	0.00	2,500.00	6,615.66	5,360.00	1,255.66	5,360.00
5461 · Event Expense - Spring Event	0.00	0.00	0.00	34,885.04	50,000.00	-15,114.96	50,000.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
5465 · Event Expense - Sporting Events	0.00	0.00	0.00	35,188.86	27,000.00	8,188.86	27,000.00
Total 5359 · Expenses - Special Events	2,500.00	0.00	2,500.00	76,689.56	82,360.00	-5,670.44	82,360.00
Total COGS	2,500.00	0.00	2,500.00	76,689.56	82,360.00	-5,670.44	82,360.00
Gross Profit	261,012.71	182,750.00	78,262.71	1,890,517.12	879,665.00	1,010,852.12	879,665.00
Expense							
5000 · Payroll Expenses							
5005 · Compensation - Full Time	30,258.31	22,840.00	7,418.31	288,700.99	296,920.00	-8,219.01	296,920.00
5010 · Compensation - Part Time	11,386.98	16,995.50	-5,608.52	206,022.08	267,580.00	-61,557.92	267,580.00
5015 · Salary Increases/Bonus Pool	11,000.00			14,000.00			
5019 · Employee Costs							
5020 · Health Benefits	5,292.53	4,261.83	1,030.70	58,207.20	51,141.96	7,065.24	51,141.96
5025 · Workers Comp Exp	0.00	595.64	-595.64	4,999.47	7,147.68	-2,148.21	7,147.68
5030 · Retirement/Pension	0.00	0.00	0.00	4,187.02	10,664.40	-6,477.38	10,664.40
5040 · Other Benefits & Costs	0.00			-189.29			
5050 · Payroll Taxes	2,743.20	3,047.42	-304.22	38,102.28	43,184.24	-5,081.96	43,184.24
5055 · SUTA Taxes	59.70	57.47	2.23	907.62	1,475.20	-567.58	1,475.20
Total 5019 · Employee Costs	8,095.43	7,962.36	133.07	106,214.30	113,613.48	-7,399.18	113,613.48
5112 · Payroll Service Fees	0.00	77.00	-77.00	63.00	1,009.75	-946.75	1,009.75
5000 · Payroll Expenses - Other	0.00			-161.29	0.00	-161.29	0.00
Total 5000 · Payroll Expenses	60,740.72	47,874.86	12,865.86	614,839.08	679,123.23	-64,284.15	679,123.23
5113 · Advertising, Marketing & Promo	1,901.68	500.00	1,401.68	5,998.73	6,000.00	-1.27	6,000.00
5115 · Operating Supplies							
5120 · Office supplies	3,311.23	150.00	3,161.23	7,575.69	1,800.00	5,775.69	1,800.00
5130 · Housekeeping Supplies	3,319.91	1,100.00	2,219.91	14,983.46	15,000.00	-16.54	15,000.00
5140 · Medical Supplies	265.66	0.00	265.66	406.43	0.00	406.43	0.00
5150 · Program Supplies							
5150.1 · Art	353.38			439.69			
5150.2 · Food	1,383.58			5,919.76	0.00	5,919.76	0.00
5150.4 · Sports	208.05			252.89	0.00	252.89	0.00
5150.5 · Summer	0.00			4,348.98	0.00	4,348.98	0.00
5150.6 · Technology	0.00			841.54	0.00	841.54	0.00
5150 · Program Supplies - Other	937.77	1,000.00	-62.23	2,608.64	14,000.00	-11,391.36	14,000.00
Total 5150 · Program Supplies	2,882.78	1,000.00	1,882.78	14,411.50	14,000.00	411.50	14,000.00
5155 · Program Activites							
5155.2 · Food	0.00			21.41	0.00	21.41	0.00
5155.4 · Sports	73.67			223.62			
5155.5 · Summer	0.00			1,956.83	0.00	1,956.83	0.00
5155.6 · Technology	0.00			381.28			
5155 · Program Activites - Other	690.00	0.00	690.00	930.42	10,000.00	-9,069.58	10,000.00
Total 5155 · Program Activites	763.67	0.00	763.67	3,513.56	10,000.00	-6,486.44	10,000.00
5160 · Food Supplies	0.00	100.00	-100.00	36.35	1,200.00	-1,163.65	1,200.00
5170 · Meeting Refreshments	0.00	100.00	-100.00	133.02	1,200.00	-1,066.98	1,200.00
5175 · Snack Expense	0.00	0.00	0.00	469.66	0.00	469.66	0.00
5180 · Printing	283.55	550.00	-266.45	7,976.37	6,600.00	1,376.37	6,600.00
5185 · Postage	59.75	200.00	-140.25	1,520.30	3,900.00	-2,379.70	3,900.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
5115 · Operating Supplies - Other	5.31	0.00	5.31	38.60	0.00	38.60	0.00
Total 5115 · Operating Supplies	10,891.86	3,200.00	7,691.86	51,064.94	53,700.00	-2,635.06	53,700.00
5200 · Utilities							
5210 · Telephone	1,481.08	2,000.00	-518.92	17,962.05	24,000.00	-6,037.95	24,000.00
5230 · Electric & Gas	3,445.80	4,000.00	-554.20	39,533.24	42,000.00	-2,466.76	42,000.00
5232 · Security	0.00	0.00	0.00	7,913.00	10,400.00	-2,487.00	10,400.00
5235 · Water & Sewer	566.93	400.00	166.93	6,655.80	4,900.00	1,755.80	4,900.00
Total 5200 · Utilities	5,493.81	6,400.00	-906.19	72,064.09	81,300.00	-9,235.91	81,300.00
5239 · Building & Ground Maintenance							
5240 · Grounds Maintenance	1,400.00	850.00	550.00	12,816.08	10,200.00	2,616.08	10,200.00
5241 · Outside Cleaning&Other Services	8,130.00	3,000.00	5,130.00	44,921.94	36,000.00	8,921.94	36,000.00
5250 · Equipment Repairs	1,278.20	600.00	678.20	6,486.68	7,200.00	-713.32	7,200.00
5260 · Building Repairs	1,138.34	600.00	538.34	3,877.50	7,200.00	-3,322.50	7,200.00
5239 · Building & Ground Maintenance - O...	0.00			338.81			
Total 5239 · Building & Ground Maintenance	11,946.54	5,050.00	6,896.54	68,441.01	60,600.00	7,841.01	60,600.00
5300 · Insurance							
5309 · Insurance - Commercial Property	0.00	2,609.47	-2,609.47	22,854.52	26,094.70	-3,240.18	26,094.70
5310 · Insurance - General & Liability	0.00	192.19	-192.19	2,708.83	2,592.32	116.51	2,592.32
5311 · Insurance - Auto	0.00	793.59	-793.59	7,052.66	8,371.77	-1,319.11	8,371.77
5314 · Insurance - Umbrella	0.00	1,123.97	-1,123.97	10,882.17	11,239.70	-357.53	11,239.70
5315 · Insurance - Flood	4,089.37	1,578.43	2,510.94	15,053.07	19,945.46	-4,892.39	19,945.46
Total 5300 · Insurance	4,089.37	6,297.65	-2,208.28	58,551.25	68,243.95	-9,692.70	68,243.95
5420 · Travel Expense							
5048 · Conferences & Training	0.00	100.00	-100.00	225.00	1,200.00	-975.00	1,200.00
5421 · Mileage	16.20	50.00	-33.80	241.44	600.00	-358.56	600.00
5430 · Gas & Oil - Vehicles	73.34	100.00	-26.66	631.25	1,200.00	-568.75	1,200.00
Total 5420 · Travel Expense	89.54	250.00	-160.46	1,097.69	3,000.00	-1,902.31	3,000.00
5600 · Other Operating Expenses							
5049 · Staff Apparel	961.54	40.00	921.54	2,058.07	480.00	1,578.07	480.00
5110 · Professional Fees	617.73	150.00	467.73	3,046.33	1,800.00	1,246.33	1,800.00
5340 · Property Tax	0.00	0.00	0.00	5,430.75	3,000.00	2,430.75	3,000.00
5425 · Recruiting Expenses	165.40	100.00	65.40	2,132.13	1,200.00	932.13	1,200.00
5440 · Licenses	0.00	25.00	-25.00	1,316.70	1,275.00	41.70	1,275.00
5450 · Vehicle Repairs	0.00	125.00	-125.00	373.04	1,500.00	-1,126.96	1,500.00
5500 · Dues & Licenses							
5510 · National Dues - Programs	646.17	0.00	646.17	3,877.02	3,750.00	127.02	3,750.00
5531 · Membership & Subscription Fees	0.00	100.00	-100.00	1,200.93	1,200.00	0.93	1,200.00
Total 5500 · Dues & Licenses	646.17	100.00	546.17	5,077.95	4,950.00	127.95	4,950.00
5622 · Out of Zone Busing Expenses	0.00	0.00	0.00	0.00	1,000.00	-1,000.00	1,000.00
5625 · Bank Service Charges	0.00	10.00	-10.00	0.00	120.00	-120.00	120.00
5627 · Credit Card Fees	1,170.06	500.00	670.06	6,973.66	6,000.00	973.66	6,000.00
5630 · Loan Interest Expense	0.00	35.00	-35.00	46.43	420.00	-373.57	420.00
5660 · Miscellaneous Expense	374.58	100.00	274.58	4,914.36	1,200.00	3,714.36	1,200.00
5720 · New Equipment	0.00	175.00	-175.00	2,265.62	2,100.00	165.62	2,100.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
5600 · Other Operating Expenses - Other	750.00			750.00			
Total 5600 · Other Operating Expenses	4,685.48	1,360.00	3,325.48	34,385.04	25,045.00	9,340.04	25,045.00
5900 · Allocation to Shared Services	10,827.00	10,827.00	0.00	129,924.00	129,924.00	0.00	129,924.00
Total Expense	110,666.00	81,759.51	28,906.49	1,036,365.83	1,106,936.18	-70,570.35	1,106,936.18
Net Ordinary Income	150,346.71	100,990.49	49,356.22	854,151.29	-227,271.18	1,081,422.47	-227,271.18
Other Income/Expense							
Other Income							
4300 · Investment Income							
4320 · Interest - Restricted	7.67			193.29	0.00	193.29	0.00
4330 · Dividend Income	13,154.70			52,068.04	0.00	52,068.04	0.00
4341 · Realized Gain/Loss-Inv-Restrict	0.00			6,264.82	0.00	6,264.82	0.00
4342 · Realized Gain/Loss - Unrestrict	0.00			18,101.37	0.00	18,101.37	0.00
4345 · Unreal Gain/Loss-Inv-Unrestrict	81,523.93			451,943.78	0.00	451,943.78	0.00
4346 · Unrealized Gain/Loss-Inv-Restri	0.00			0.00	0.00	0.00	0.00
4996 · Interest Income	268.15			3,912.72	0.00	3,912.72	0.00
Total 4300 · Investment Income	94,954.45			532,484.02	0.00	532,484.02	0.00
4321 · Interest - Capital Campaign	30.15			585.08	0.00	585.08	0.00
4862 · HH Capital Campaign Restricted	5,000.00			234,020.41	0.00	234,020.41	0.00
4990 · Income Released From Restricted							
4991 · Restricted Income							
4808 · Breedlove Fund - Restricted	500,000.00			500,000.00			
4510 · Other Income - Restricted	0.00			209,880.00	0.00	209,880.00	0.00
4809 · Scholarship - Restricted	3,000.00	0.00	3,000.00	52,200.00	0.00	52,200.00	0.00
4818 · Keystone Club	0.00			0.00	0.00	0.00	0.00
4837 · Tennis Program - Restricted	0.00			0.00	0.00	0.00	0.00
4839 · Sports Programs - Restricted	0.00			500.00	0.00	500.00	0.00
4866 · Restricted for Holiday	0.00			4,405.00	0.00	4,405.00	0.00
4878 · Restricted for Teen Programs	0.00			0.00	0.00	0.00	0.00
4901 · Reading Program - Restricted	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4902 · Technology	0.00			12,000.00	0.00	12,000.00	0.00
Total 4991 · Restricted Income	503,000.00	0.00	503,000.00	778,985.00	0.00	778,985.00	0.00
4990 · Income Released From Restricted - Ot...	0.00			0.00	0.00	0.00	0.00
Total 4990 · Income Released From Restricted	503,000.00	0.00	503,000.00	778,985.00	0.00	778,985.00	0.00
Total Other Income	602,984.60	0.00	602,984.60	1,546,074.51	0.00	1,546,074.51	0.00
Other Expense							
5700 · Depreciation Expense	16,843.85			202,126.18	0.00	202,126.18	0.00
5800 · Restricted Fund Expenses							
5839 · Build Out Expenses	-13,825.54			0.00			
5011 · Payroll Wages - Restricted	0.00	0.00	0.00	1,831.25	0.00	1,831.25	0.00
5051 · Payroll Taxes - Restricted	0.00	0.00	0.00	140.10	0.00	140.10	0.00
5801 · Direct Costs - Restricted							
5818 · Keystone Club Expenses	0.00			0.00	0.00	0.00	0.00
5823 · Teen Program	78.87			623.27	0.00	623.27	0.00
5834 · Violin Restricted Expenses	0.00			0.00	0.00	0.00	0.00
5863 · HH Reading Center	87.21			3,343.08	0.00	3,343.08	0.00
5866 · Restricted for Holiday	0.00			3,377.02	0.00	3,377.02	0.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
5868 · Restricted for Technology	567.67			3,277.36	0.00	3,277.36	0.00
5871 · Restricted for Art Programs	537.53			5,397.93	0.00	5,397.93	0.00
5874 · Gulf Stream (USCB)-Healthy Eat	0.00			76.76			
5880 · Reading Program - Restricted	0.00			2,932.50	0.00	2,932.50	0.00
Total 5801 · Direct Costs - Restricted	1,271.28			19,027.92	0.00	19,027.92	0.00
5837 · Sports Program / Gym Expenses	0.00			0.00	0.00	0.00	0.00
5894 · STEM Restricted Expenses	45.17			4,692.14	0.00	4,692.14	0.00
5800 · Restricted Fund Expenses - Other	45,000.00			47,735.95	0.00	47,735.95	0.00
Total 5800 · Restricted Fund Expenses	32,490.91	0.00	32,490.91	73,427.36	0.00	73,427.36	0.00
5881 · Restricted Capital Campaign Exp	-51,613.93			28,213.23	0.00	28,213.23	0.00
7600 · Investment Expenses							
7605 · Investment Fees	0.00			21,969.86	0.00	21,969.86	0.00
7610 · Foreign Taxes Withheld	0.00			34.71	0.00	34.71	0.00
7600 · Investment Expenses - Other	0.00			0.00	0.00	0.00	0.00
Total 7600 · Investment Expenses	0.00			22,004.57	0.00	22,004.57	0.00
9900 · Suspense	0.00			0.00	0.00	0.00	0.00
Total Other Expense	-2,279.17	0.00	-2,279.17	325,771.34	0.00	325,771.34	0.00
Net Other Income	605,263.77	0.00	605,263.77	1,220,303.17	0.00	1,220,303.17	0.00
Net Income	755,610.48	100,990.49	654,619.99	2,074,454.46	-227,271.18	2,301,725.64	-227,271.18

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

Ordinary Income/Expense	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
Income							
4000 · Raised Revenues from Donations							
4001 · Donations							
4005 · Donations - General	1,258.95	1,500.00	-241.05	32,304.40	55,000.00	-22,695.60	55,000.00
4065 · Memorials & Bequests	321.50	0.00	321.50	6,811.50	0.00	6,811.50	0.00
Total 4001 · Donations	<u>1,580.45</u>	<u>1,500.00</u>	<u>80.45</u>	<u>39,115.90</u>	<u>55,000.00</u>	<u>-15,884.10</u>	<u>55,000.00</u>
Total 4000 · Raised Revenues from Donations	<u>1,580.45</u>	<u>1,500.00</u>	<u>80.45</u>	<u>39,115.90</u>	<u>55,000.00</u>	<u>-15,884.10</u>	<u>55,000.00</u>
4030 · Special Events Revenue							
4030.1 · Special Event Revenue - Golf							
4032 · Special Event Income - Golf	0.00	0.00	0.00	43,625.00	44,250.00	-625.00	44,250.00
4032.1 · Special Event Raffle - Golf	0.00	0.00	0.00	8,500.00	10,000.00	-1,500.00	10,000.00
Total 4030.1 · Special Event Revenue - Golf	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>52,125.00</u>	<u>54,250.00</u>	<u>-2,125.00</u>	<u>54,250.00</u>
4034 · Special Events - Sporting	0.00	0.00	0.00	101,124.92	100,000.00	1,124.92	100,000.00
4035 · Special Events - Unrestricted	0.00	750.00	-750.00	1,400.00	9,000.00	-7,600.00	9,000.00
4036.1 · Special Event Revenue - Spring							
4036 · Special Events-Spring Fundraise	0.00	0.00	0.00	46,886.78	285,000.00	-238,113.22	285,000.00
4036.2 · Special Event -Gala Fund a Need	0.00	0.00	0.00	312,740.39	95,000.00	217,740.39	95,000.00
4036.1 · Special Event Revenue - Spring - ...	0.00			550.00			
Total 4036.1 · Special Event Revenue - Spring	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>360,177.17</u>	<u>380,000.00</u>	<u>-19,822.83</u>	<u>380,000.00</u>
4037.2 · Special Event Rev-Walk Run Spin	0.00			0.00	0.00	0.00	0.00
Total 4030 · Special Events Revenue	<u>0.00</u>	<u>750.00</u>	<u>-750.00</u>	<u>514,827.09</u>	<u>543,250.00</u>	<u>-28,422.91</u>	<u>543,250.00</u>
4045 · General Appeals	5,096.63	1,000.00	4,096.63	226,958.57	175,000.00	51,958.57	175,000.00
4050 · Trusts, Foundations & Government	0.00	135,000.00	-135,000.00	310,000.00	140,500.00	169,500.00	140,500.00
4055 · Endowment Fund Income	0.00	22,500.00	-22,500.00	0.00	90,000.00	-90,000.00	90,000.00
4099 · Program & Membership Revenue							
4100 · Membership Dues & Fees							
4110 · Membership Dues	0.00			0.00	0.00	0.00	0.00
Total 4100 · Membership Dues & Fees	<u>0.00</u>			<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
4120 · Program Fees	22,989.00	14,000.00	8,989.00	169,383.75	230,000.00	-60,616.25	230,000.00
4122 · Scholarships	-11,101.00	-2,500.00	-8,601.00	-25,590.50	-35,000.00	9,409.50	-35,000.00
Total 4099 · Program & Membership Revenue	<u>11,888.00</u>	<u>11,500.00</u>	<u>388.00</u>	<u>143,793.25</u>	<u>195,000.00</u>	<u>-51,206.75</u>	<u>195,000.00</u>
4500 · Miscellaneous Income							
4210 · Rental of Facility	1,645.00	3,000.00	-1,355.00	28,005.00	36,000.00	-7,995.00	36,000.00
4600 · Other Grants	0.00	1,250.00	-1,250.00	53,439.33	25,000.00	28,439.33	25,000.00
4500 · Miscellaneous Income - Other	0.00	0.00	0.00	57.00	0.00	57.00	0.00
Total 4500 · Miscellaneous Income	<u>1,645.00</u>	<u>4,250.00</u>	<u>-2,605.00</u>	<u>81,501.33</u>	<u>61,000.00</u>	<u>20,501.33</u>	<u>61,000.00</u>
4995 · Income from United Way	0.00	10,000.00	-10,000.00	0.00	10,000.00	-10,000.00	10,000.00
Total Income	<u>20,210.08</u>	<u>186,500.00</u>	<u>-166,289.92</u>	<u>1,316,196.14</u>	<u>1,269,750.00</u>	<u>46,446.14</u>	<u>1,269,750.00</u>
Cost of Goods Sold							
5359 · Expenses - Special Events							

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
5460 · Event Expense - Golf	0.00	0.00	0.00	6,240.79	8,750.00	-2,509.21	8,750.00
5461 · Event Expense - Spring Event	360.00	0.00	360.00	19,996.46	95,000.00	-75,003.54	95,000.00
5463 · Event Expense - Holiday & other	0.00			0.00	0.00	0.00	0.00
5465 · Event Expense - Sporting Events	0.00	0.00	0.00	27,831.13	30,000.00	-2,168.87	30,000.00
5467 · Event Expense - Walk Run Spin	0.00			0.00	0.00	0.00	0.00
5665 · Event Expense-Misc Unrestricted	0.00			79.89	0.00	79.89	0.00
Total 5359 · Expenses - Special Events	360.00	0.00	360.00	54,148.27	133,750.00	-79,601.73	133,750.00
Total COGS	360.00	0.00	360.00	54,148.27	133,750.00	-79,601.73	133,750.00
Gross Profit	19,850.08	186,500.00	-166,649.92	1,262,047.87	1,136,000.00	126,047.87	1,136,000.00
Expense							
5000 · Payroll Expenses							
5005 · Compensation - Full Time	24,120.13	23,145.52	974.61	312,178.33	342,201.76	-30,023.43	342,201.76
5010 · Compensation - Part Time	11,111.63	16,259.50	-5,147.87	167,902.74	238,457.00	-70,554.26	238,457.00
5015 · Salary Increases/Bonus Pool	27,000.00			27,000.00			
5019 · Employee Costs							
5020 · Health Benefits	752.66	3,483.20	-2,730.54	52,825.21	41,798.40	11,026.81	41,798.40
5025 · Workers Comp Exp	583.66	419.61	164.05	6,791.05	5,454.93	1,336.12	5,454.93
5030 · Retirement/Pension	-1,284.97	0.00	-1,284.97	10,515.73	9,066.11	1,449.62	9,066.11
5050 · Payroll Taxes	3,876.19	3,014.48	861.71	39,489.60	44,420.48	-4,930.88	44,420.48
5055 · SUTA Taxes	-237.75	41.55	-279.30	1,070.46	1,325.93	-255.47	1,325.93
Total 5019 · Employee Costs	3,689.79	6,958.84	-3,269.05	110,692.05	102,065.85	8,626.20	102,065.85
5112 · Payroll Service Fees	57.75	70.00	-12.25	938.00	983.50	-45.50	983.50
5000 · Payroll Expenses - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 5000 · Payroll Expenses	65,979.30	46,433.86	19,545.44	618,711.12	683,708.11	-64,996.99	683,708.11
5113 · Advertising, Marketing & Promo	5,359.20	750.00	4,609.20	8,778.09	9,000.00	-221.91	9,000.00
5115 · Operating Supplies							
5120 · Office supplies	235.15	125.00	110.15	4,134.38	1,500.00	2,634.38	1,500.00
5130 · Housekeeping Supplies	884.11	425.00	459.11	23,832.23	5,100.00	18,732.23	5,100.00
5140 · Medical Supplies	0.00	0.00	0.00	861.26	0.00	861.26	0.00
5150 · Program Supplies							
5150.1 · Art	112.15			648.74	0.00	648.74	0.00
5150.2 · Food	44.34	0.00	44.34	700.37	0.00	700.37	0.00
5150.4 · Sports	0.00	0.00	0.00	3,000.16	0.00	3,000.16	0.00
5150.5 · Summer	0.00	0.00	0.00	2,309.98	0.00	2,309.98	0.00
5150.6 · Technology	125.70	0.00	125.70	1,075.88	0.00	1,075.88	0.00
5150 · Program Supplies - Other	47.56	1,000.00	-952.44	956.97	14,000.00	-13,043.03	14,000.00
Total 5150 · Program Supplies	329.75	1,000.00	-670.25	8,692.10	14,000.00	-5,307.90	14,000.00
5155 · Program Activites							
5155.2 · Food	0.00	0.00	0.00	198.63	0.00	198.63	0.00
5155.4 · Sports	0.00			94.67	0.00	94.67	0.00
5155.5 · Summer	0.00	0.00	0.00	327.82	0.00	327.82	0.00
5155.6 · Technology	31.01			93.03			
5155 · Program Activites - Other	0.00	0.00	0.00	0.00	19,000.00	-19,000.00	19,000.00
Total 5155 · Program Activites	31.01	0.00	31.01	714.15	19,000.00	-18,285.85	19,000.00
5160 · Food Supplies	0.00	40.00	-40.00	0.00	500.00	-500.00	500.00
5170 · Meeting Refreshments	0.00	100.00	-100.00	4,467.77	4,000.00	467.77	4,000.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
5175 · Snack Expense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
5180 · Printing	830.64	550.00	280.64	8,528.27	6,600.00	1,928.27	6,600.00
5185 · Postage	181.04	75.00	106.04	2,204.86	3,325.00	-1,120.14	3,325.00
5115 · Operating Supplies - Other	0.00	0.00	0.00	206.17	0.00	206.17	0.00
Total 5115 · Operating Supplies	2,491.70	2,315.00	176.70	53,641.19	54,025.00	-383.81	54,025.00
5200 · Utilities							
5210 · Telephone	2,108.27	1,400.00	708.27	19,025.31	16,800.00	2,225.31	16,800.00
5230 · Electric & Gas	3,803.77	4,000.00	-196.23	35,133.21	42,950.00	-7,816.79	42,950.00
5232 · Security	2,561.00	1,075.00	1,486.00	8,477.93	12,900.00	-4,422.07	12,900.00
5235 · Water & Sewer	413.20	450.00	-36.80	4,681.48	4,375.00	306.48	4,375.00
Total 5200 · Utilities	8,886.24	6,925.00	1,961.24	67,317.93	77,025.00	-9,707.07	77,025.00
5239 · Building & Ground Maintenance							
5240 · Grounds Maintenance	1,560.00	1,250.00	310.00	13,819.39	15,000.00	-1,180.61	15,000.00
5241 · Outside Cleaning & Other Services	4,050.00	2,350.00	1,700.00	26,876.76	28,200.00	-1,323.24	28,200.00
5250 · Equipment Repairs	5,573.94	625.00	4,948.94	12,152.44	7,500.00	4,652.44	7,500.00
5260 · Building Repairs	306.97	600.00	-293.03	17,865.70	7,200.00	10,665.70	7,200.00
5239 · Building & Ground Maintenance - Other	0.00			134.76			
Total 5239 · Building & Ground Maintenance	11,490.91	4,825.00	6,665.91	70,849.05	57,900.00	12,949.05	57,900.00
5300 · Insurance							
5309 · Insurance - Commercial Property	2,373.92	2,480.59	-106.67	24,362.04	27,179.67	-2,817.63	27,179.67
5310 · Insurance - General & Liability	183.91	226.33	-42.42	2,521.23	3,007.98	-486.75	3,007.98
5311 · Insurance - Auto	759.41	943.86	-184.45	7,937.39	9,438.60	-1,501.21	9,438.60
5314 · Insurance - Umbrella	1,075.57	1,141.23	-65.66	10,712.44	12,504.39	-1,791.95	12,504.39
5315 · Insurance - Flood	1,260.46	1,627.95	-367.49	19,354.36	19,535.40	-181.04	19,535.40
Total 5300 · Insurance	5,653.27	6,419.96	-766.69	64,887.46	71,666.04	-6,778.58	71,666.04
5420 · Travel Expense							
5048 · Conferences & Training	1,347.00	200.00	1,147.00	124.26	13,100.00	-12,975.74	13,100.00
5421 · Mileage	0.00	75.00	-75.00	186.39	900.00	-713.61	900.00
5430 · Gas & Oil - Vehicles	0.00	150.00	-150.00	677.92	1,800.00	-1,122.08	1,800.00
Total 5420 · Travel Expense	1,347.00	425.00	922.00	988.57	15,800.00	-14,811.43	15,800.00
5600 · Other Operating Expenses							
5049 · Staff Apparel	250.36	40.00	210.36	775.41	480.00	295.41	480.00
5110 · Professional Fees	45.20	150.00	-104.80	501.00	1,800.00	-1,299.00	1,800.00
5340 · Property Tax	0.00	0.00	0.00	2,906.73	3,000.00	-93.27	3,000.00
5425 · Recruiting Expenses	138.92	450.00	-311.08	3,654.68	5,400.00	-1,745.32	5,400.00
5440 · Licenses	0.00	25.00	-25.00	900.85	1,275.00	-374.15	1,275.00
5450 · Vehicle Repairs	700.00	125.00	575.00	858.20	1,500.00	-641.80	1,500.00
5500 · Dues & Licenses							
5510 · National Dues - Programs	0.00	0.00	0.00	3,744.00	3,750.00	-6.00	3,750.00
5531 · Membership & Subscription Fees	135.20	25.00	110.20	713.72	300.00	413.72	300.00
Total 5500 · Dues & Licenses	135.20	25.00	110.20	4,457.72	4,050.00	407.72	4,050.00
5622 · Out of Zone Busing Expenses	0.00	0.00	0.00	0.00	1,000.00	-1,000.00	1,000.00
5625 · Bank Service Charges	0.00	10.00	-10.00	30.00	120.00	-90.00	120.00
5627 · Credit Card Fees	68.54	400.00	-331.46	7,451.53	4,800.00	2,651.53	4,800.00
5630 · Loan Interest Expense	46.43	35.00	11.43	454.05	420.00	34.05	420.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
5660 · Miscellaneous Expense	3,519.18	100.00	3,419.18	16,569.21	1,200.00	15,369.21	1,200.00
5720 · New Equipment	3,684.94	175.00	3,509.94	4,022.94	2,100.00	1,922.94	2,100.00
Total 5600 · Other Operating Expenses	8,588.77	1,535.00	7,053.77	42,582.32	27,145.00	15,437.32	27,145.00
5900 · Allocation to Shared Services	10,827.00	10,827.00	0.00	129,924.00	129,924.00	0.00	129,924.00
Total Expense	120,623.39	80,455.82	40,167.57	1,057,679.73	1,126,193.15	-68,513.42	1,126,193.15
Net Ordinary Income	-100,773.31	106,044.18	-206,817.49	204,368.14	9,806.85	194,561.29	9,806.85
Other Income/Expense							
Other Income							
4300 · Investment Income							
4320 · Interest - Restricted	32.22	0.00	32.22	829.15	0.00	829.15	0.00
4330 · Dividend Income	7,468.75	0.00	7,468.75	51,927.81	0.00	51,927.81	0.00
4341 · Realized Gain/Loss-Inv-Restrict	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4342 · Realized Gain/Loss - Unrestrict	-15,136.17	0.00	-15,136.17	-10,222.61	0.00	-10,222.61	0.00
4345 · Unreal Gain/Loss-Inv-Unrestrict	-29,367.00	0.00	-29,367.00	86,921.17	0.00	86,921.17	0.00
4346 · Unrealized Gain/Loss-Inv-Restri	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4996 · Interest Income	367.65	0.00	367.65	4,811.67	0.00	4,811.67	0.00
Total 4300 · Investment Income	-36,634.55	0.00	-36,634.55	134,267.19	0.00	134,267.19	0.00
4321 · Interest - Capital Campaign	83.69	0.00	83.69	1,874.95	0.00	1,874.95	0.00
4862 · HH Capital Campaign Restricted	-250,986.87	0.00	-250,986.87	1,713.10	0.00	1,713.10	0.00
4990 · Income Released From Restricted							
4991 · Restricted Income							
4200 · Restricted Event Income	0.00			5,000.00			
4510 · Other Income - Restricted	0.00	0.00	0.00	185,260.00	0.00	185,260.00	0.00
4809 · Scholarship - Restricted	4,500.00			15,620.00			
4810 · Playground - Restricted	0.00			0.00	0.00	0.00	0.00
4818 · Keystone Club	0.00	0.00	0.00	1,956.00	0.00	1,956.00	0.00
4837 · Tennis Program - Restricted	0.00	0.00	0.00	500.00	0.00	500.00	0.00
4839 · Sports Programs - Restricted	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4863 · HH Reading Center Income	0.00			343.75			
4866 · Restricted for Holiday	0.00	0.00	0.00	500.00	0.00	500.00	0.00
4878 · Restricted for Teen Programs	0.00	0.00	0.00	0.00	0.00	0.00	0.00
4901 · Reading Program - Restricted	0.00	1,950.27	-1,950.27	40,850.00	39,723.79	1,126.21	39,723.79
4902 · Technology	0.00	0.00	0.00	4,000.00	0.00	4,000.00	0.00
Total 4991 · Restricted Income	4,500.00	1,950.27	2,549.73	254,029.75	39,723.79	214,305.96	39,723.79
4990 · Income Released From Restricted - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 4990 · Income Released From Restricted	4,500.00	1,950.27	2,549.73	254,029.75	39,723.79	214,305.96	39,723.79
Total Other Income	-283,037.73	1,950.27	-284,988.00	391,884.99	39,723.79	352,161.20	39,723.79
Other Expense							
5700 · Depreciation Expense	29,858.31	0.00	29,858.31	203,498.92	0.00	203,498.92	0.00
5800 · Restricted Fund Expenses							
5011 · Payroll Wages - Restricted	0.00	1,804.00	-1,804.00	8,633.25	36,760.00	-28,126.75	36,760.00
5051 · Payroll Taxes - Restricted	0.00	146.27	-146.27	681.61	2,963.79	-2,282.18	2,963.79
5801 · Direct Costs - Restricted							
5818 · Keystone Club Expenses	0.00	0.00	0.00	1,164.93	0.00	1,164.93	0.00
5823 · Teen Program	73.95	0.00	73.95	4,730.01	0.00	4,730.01	0.00
5834 · Violin Restricted Expenses	0.00	0.00	0.00	0.00	0.00	0.00	0.00

See accompanying Note 1 to these financial statements.

Boys & Girls Clubs of the Lowcountry, Inc.
Hilton Head-Consolidated Stmt of Support, Revenue & Expenses

Modified Cash Basis

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
5863 · HH Reading Center	0.00	0.00	0.00	5,605.69	0.00	5,605.69	0.00
5866 · Restricted for Holiday	0.00	0.00	0.00	1,023.22	0.00	1,023.22	0.00
5868 · Restricted for Technology	-5,399.49	0.00	-5,399.49	7,413.20	0.00	7,413.20	0.00
5871 · Restricted for Art Programs	0.00	0.00	0.00	1,484.12	0.00	1,484.12	0.00
5880 · Reading Program - Restricted	0.00	0.00	0.00	57.03	0.00	57.03	0.00
Total 5801 · Direct Costs - Restricted	-5,325.54	0.00	-5,325.54	21,478.20	0.00	21,478.20	0.00
5837 · Sports Program / Gym Expenses	0.00	0.00	0.00	300.00	0.00	300.00	0.00
5894 · STEM Restricted Expenses	409.49	0.00	409.49	4,669.44	0.00	4,669.44	0.00
5800 · Restricted Fund Expenses - Other	0.00	0.00	0.00	167,310.17	0.00	167,310.17	0.00
Total 5800 · Restricted Fund Expenses	-4,916.05	1,950.27	-6,866.32	203,072.67	39,723.79	163,348.88	39,723.79
5881 · Restricted Capital Campaign Exp	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7600 · Investment Expenses							
7605 · Investment Fees	-2,618.07	0.00	-2,618.07	18,557.54	0.00	18,557.54	0.00
7610 · Foreign Taxes Withheld	-14.93	0.00	-14.93	20.01	0.00	20.01	0.00
7600 · Investment Expenses - Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total 7600 · Investment Expenses	-2,633.00	0.00	-2,633.00	18,577.55	0.00	18,577.55	0.00
8100 · Loss on Asset Disposition	5,901.45			5,901.45			
9900 · Suspense	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Other Expense	28,210.71	1,950.27	26,260.44	431,050.59	39,723.79	391,326.80	39,723.79
Net Other Income	-311,248.44	0.00	-311,248.44	-39,165.60	0.00	-39,165.60	0.00
Net Income	-412,021.75	106,044.18	-518,065.93	165,202.54	9,806.85	155,395.69	9,806.85

See accompanying Note 1 to these financial statements.

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21

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

C Name of organization **BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.**
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
10 PINCKNEY COLONY RD, SUITE 103
 City or town, state or province, country, and ZIP or foreign postal code
BLUFFTON SC 29909

D Employer identification number
57-0811876

E Telephone number
843-689-2618

G Gross receipts\$ **4,569,663**

F Name and address of principal officer:
JAMES WENTWORTH
10 PINCKNEY COLONY RD
BLUFFTON SC 29909

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: **WWW.BGCLOWCOUNTRY.ORG** **H(c)** Group exemption number **u**

K Form of organization: Corporation Trust Association Other **u** **L** Year of formation: **1985** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide guidance to youth.		
	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	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	173
	6 Total number of volunteers (estimate if necessary)	6	210
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,303,331	3,164,211
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	529,400	500,663
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	73,161	97,170
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	952,217	705,467
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,858,109	4,467,511
	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)	2,165,168	1,980,422
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 269,100		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,382,963	1,180,490
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,548,131	3,160,912
19 Revenue less expenses. Subtract line 18 from line 12	309,978	1,306,599	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	10,292,161	11,628,313
	22 Net assets or fund balances. Subtract line 21 from line 20	713,321	196,334
		9,578,840	11,431,979

Part II Signature Block

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

Sign Here

Signature of officer: **JAMES WENTWORTH** Date: _____
 Type or print name and title: **EXECUTIVE DIRECTOR**

Paid Preparer Use Only

Print/Type preparer's name: **Richard D Crowley, CPA** Preparer's signature: **Richard D Crowley, CPA** Date: **03/02/22** Check if self-employed PTIN: **P00640699**

Firm's name: **Crowley Wechsler & Associates LLC** Firm's EIN: **26-1860008**

Firm's address: **1411 Queen Street** Phone no.: **843-379-1065**
Beaufort, SC 29902

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 provide guidance to youth.

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 \$ **2,333,716** including grants of \$) (Revenue \$)

The purpose of contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance.

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 **u 2,333,716**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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 in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 173		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	17		
1b	Enter the number of voting members included on line 1a, above, who are independent		
	17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u SC**
- 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 **u**

JAMES WENTWORTH **10 PINCKNEY COLONY RD**
BLUFFTON **SC 29909** **843-689-2618**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS PROTZ	40.00									
EXECUTIVE DIRECTOR	0.00					X	106,941	0	0	
(2) BRUCE ANDREWS	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) DIANE BARTLETT	0.00									
VICE PRESIDENT	0.00	X		X			0	0	0	
(4) JACQUELYN BOWLER	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) RAMONA CHILDERS	2.00									
DIRECTOR	0.00	X					0	0	0	
(6) LEE GARGIS	2.00									
DIRECTOR	0.00	X					0	0	0	
(7) JEFFREY GRIME	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(8) SUSAN HENDERSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) JOSEPH E. HUDSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) CAROL HUMPHREY	0.00									
SECRETARY	0.00	X		X			0	0	0	
(11) HALL SUMNER, III	0.00									
PRESIDENT	0.00	X		X			0	0	0	

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMES H. BRENNAN, III	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) ROBIN PRICE	2.00									
DIRECTOR	0.00	X					0	0	0	
(14) MOLLIE SANDMAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) ROBERT SHIELDS	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) HAL SUTTON	0.00									
TREASURER	0.00	X		X			0	0	0	
(17) RUSSELL WHITEFORD	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							106,941			
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							106,941			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 1**

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

Section B. Independent Contractors

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

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

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 **u**

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	181,515				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,982,696				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f	u	3,164,211				
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	468,495	468,495			
	b BRIDGES RENTAL INCOME		29,580			29,580	
	c MEMBERSHIP DUES		2,588	2,588			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u	500,663				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	97,170			97,170	
	4 Income from investment of tax-exempt bond proceeds	u					
	5 Royalties	u					
	6a Gross rents	(i) Real	(ii) Personal				
		6a					
		6b					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)	u					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		7a					
		7b					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)	u						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	764,582					
	b Less: direct expenses	8b	102,152				
c Net income or (loss) from fundraising events	u	662,430			662,430		
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	43,037			43,037	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d	u	43,037				
12 Total revenue. See instructions	u	4,467,511	471,083	0	832,217		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,697,003	1,193,414	268,308	235,281
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	149,260	84,485	34,758	30,017
10 Payroll taxes	134,159	112,997	21,162	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	180,198	16,804	163,394	
12 Advertising and promotion	13,749	10,175	526	3,048
13 Office expenses	121,494	106,984	14,510	
14 Information technology				
15 Royalties				
16 Occupancy	172,732	144,940	27,792	
17 Travel	10,416	7,838	2,578	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	317,671	317,671		
23 Insurance	109,503	98,248	11,255	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER EXPENSES	88,258	73,691	13,813	754
b REPAIRS AND MAINTENANCE	84,338	84,338		
c OTHER PROGRAM EXPENSES	82,131	82,131		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,160,912	2,333,716	558,096	269,100
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	2,046,990	1	2,900,533
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	232,198	3	130,413
	4	Accounts receivable, net	42,697	4	48,023
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	45,056	9	36,565
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,867,521		
	b	Less: accumulated depreciation	10b 4,770,706	10c	4,096,815
	11	Investments—publicly traded securities	3,538,258	11	4,398,601
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	17,363
16	Total assets. Add lines 1 through 15 (must equal line 33)	10,292,161	16	11,628,313	
Liabilities	17	Accounts payable and accrued expenses	39,166	17	38,027
	18	Grants payable		18	
	19	Deferred revenue	130,518	19	53,500
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	543,637	25	104,807
	26	Total liabilities. Add lines 17 through 25	713,321	26	196,334
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	8,197,889	27	9,543,801
	28	Net assets with donor restrictions	1,380,951	28	1,888,178
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	9,578,840	32	11,431,979	
33	Total liabilities and net assets/fund balances	10,292,161	33	11,628,313	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,467,511
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,160,912
3	Revenue less expenses. Subtract line 2 from line 1	3	1,306,599
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,578,840
5	Net unrealized gains (losses) on investments	5	115,852
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	430,688
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	11,431,979

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization **BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.** Employer identification number **57-0811876**

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,705,683	2,132,459	1,768,972	2,100,190	2,883,871	11,591,175
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	57,600	57,600	68,600	65,600	66,600	316,000
4 Total. Add lines 1 through 3	2,763,283	2,190,059	1,837,572	2,165,790	2,950,471	11,907,175
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,020,732
6 Public support. Subtract line 5 from line 4.						10,886,443

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	2,763,283	2,190,059	1,837,572	2,165,790	2,950,471	11,907,175
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	172,549	214,797	290,340	101,496	94,826	874,008
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	968,295	1,189,608	1,372,216	1,061,722	1,238,307	5,830,148
11 Total support. Add lines 7 through 10						18,611,331
12 Gross receipts from related activities, etc. (see instructions)					12	2,644,241
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	58.49 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	60.13 %
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in line 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a governmental entity (see instructions).*

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

Part II, Line 10 - Other Income Detail

MISC \$ 3,693,878

FUNDRAISING \$ 2,136,270

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer identification number 57-0811876
---	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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	\$ 79,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 100,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 95,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 72,000	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

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

57-0811876

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: (a) Donor advised funds, (b) Funds and other accounts. 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: (a) Donor advised funds, (b) Funds and other accounts. 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, 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.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,538,258	3,249,674	2,623,916	2,804,801	1,598,568
b Contributions	300,000	200,028	502,000		1,142,978
c Net investment earnings, gains, and losses	594,940	161,542	205,133	231,767	142,295
d Grants or scholarships					
e Other expenditures for facilities and programs		43,000	60,000	395,682	69,648
f Administrative expenses	34,596	29,986	21,375	16,970	9,392
g End of year balance	4,398,602	3,538,258	3,249,674	2,623,916	2,804,801

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 71.50 %
 - b** Permanent endowment **u** 18.00 %
 - c** Term endowment **u** 10.50 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,977		275,977
b Buildings		7,372,876	3,971,708	3,401,168
c Leasehold improvements		78,634	5,635	72,999
d Equipment		844,972	635,247	209,725
e Other	50,000	245,062	158,116	136,946
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	4,096,815

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

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) Salaries Payable	70,049
(3) Accrued Expenses	34,758
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	104,807

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	5,080,651
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 115,852		
b	Donated services and use of facilities	2b 66,600		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d 430,688		
e	Add lines 2a through 2d		2e	613,140
3	Subtract line 2e from line 1		3	4,467,511
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	4,467,511

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

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

1	Total expenses and losses per audited financial statements		1	3,227,512
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 66,600		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	66,600
3	Subtract line 2e from line 1		3	3,160,912
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	3,160,912

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

PPP LOAN FORGIVENESS \$ 430,688

**SCHEDULE G
(Form 990 or 990-EZ)**

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.

OMB No. 1545-0047

2020

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

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

Open to Public
Inspection

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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							
Total							

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

.....
.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SPRING GALA</u>	<u>SPORTING EVENT</u>	<u>2</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	435,957	143,198	185,427	764,582
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	435,957	143,198	185,427	764,582
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	45,590	34,794	21,768	102,152
	10 Direct expense summary. Add lines 4 through 9 in column (d)				102,152
11 Net income summary. Subtract line 10 from line 3, column (d)				662,430	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number
57-0811876

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
CHRIS PROTZ 1 EXECUTIVE DIRECTOR	(i)	106,941	0	0	0	0	106,941	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization	BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer identification number 57-0811876
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Form 990, Part I, Line 6

**VOLUNTEERS INCLUDE INDIVIDUALS WORKING WITH CLUBS FOR PROGRAM ACTIVITIES,
CLUB ADMINISTRATION, AND FUNDRAISING EFFORTS.**

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

**A copy of 990 is given to the board treasurer for review before the 990 is
filed. The Treasurer presents the 990 to the governing board. The board
treasurer authorizes the filing of the 990.**

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

**The national chartering organization provides information relating to a
salary structure for all employees as well as benchmark position, salary,
and wage information. Governing board reviews information and makes
decisions accordingly. Annual evaluations are performed on all employees.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

**Verbal or written requests and the information is usually sent
electronically.**

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

PPP LOAN FORGIVENESS \$ 430,688

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST NE ATLANTA GA 30309-3506 13-5562976	YOUTH DEVE	DC	501C	10	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS & GIRLS CLUBS OF AMERICA	r	12,506	Percentage of dues
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form 990	Event Income and Deduction Worksheet	2020
Description SPRING GALA		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	435,957	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.	435,957	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	45,590	
15. Total expenses. Add lines 8 through 14	15.	45,590	
16. Net Income/Loss. Line 7 minus Line 15	16.	390,367	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	45,590
Total Fundraising Expense	45,590

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2020
Description HOLIDAY EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description GOLF EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>113,522</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>113,522</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. <u>21,768</u>
15. Total expenses. Add lines 8 through 14	15. <u>21,768</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>91,754</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>21,768</u>
Total Fundraising Expense	<u>21,768</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description TASTE OF JASPER		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description SPORTING EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	143,198
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	143,198
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	34,794
15. Total expenses. Add lines 8 through 14	15.	34,794
16. Net Income/Loss. Line 7 minus Line 15	16.	108,404

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Other expenses	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	34,794
Total Fundraising Expense	34,794

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2020
Description HOPE AND OPPORTUNITY		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description THRIFT SHOP		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description MAHJONG EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Name BOYS & GIRLS CLUBS OF THE		Taxpayer Identification Number 57-0811876
Description HABERSHAM PLANTATION PARTY		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Name BOYS & GIRLS CLUBS OF THE		Taxpayer Identification Number 57-0811876
Description BLUFFTON ARTFULLY PREPARED		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Name BOYS & GIRLS CLUBS OF THE		Taxpayer Identification Number 57-0811876
Description RAFFLE		

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs and Maintenance _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Other expenses _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2020
Description MISC EVENTS		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>71,905</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>71,905</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. _____
15. Total expenses. Add lines 8 through 14	15. _____
16. Net Income/Loss. Line 7 minus Line 15	16. <u>71,905</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T, Schedule A:

- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)
- Part VIII, Exploited Activities
- Part IX, Advertising Income

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs and Maintenance	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Other expenses	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2020
Name BOYS & GIRLS CLUBS OF THE		Taxpayer Identification Number 57-0811876
Description BRIDGES RENTAL INCOME		

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	29,580
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	29,580

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is indicated for use on Form 990-T, Schedule A:

- Part IV, Rent Income
- Part V, Debt Financing
- Part VI, Controlled Org Income
- Part VII, Investments for C(7)(9)(17)

Expense Allocation to Program Service Accomplishments for 990/990EZ:

First	
Second	
Third	
All other	

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2020
	For calendar year 2020, or tax year beginning 10/01/20 , and ending 09/30/21	

Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer Identification Number 57-0811876
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		(a) Other event <u>GOLF EVENT</u> <small>(event type)</small>	(b) Other event <u>MISC EVENTS</u> <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	113,522	71,905		185,427
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	113,522	71,905		185,427
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	21,768			21,768

Form 990	Two Year Comparison Report	2019 & 2020
For calendar year 2020, or tax year beginning 10/01/20 , ending 09/30/21		

Name **BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.** Taxpayer Identification Number **57-0811876**

		2019	2020	Differences
Revenue	1. Contributions, gifts, grants	2,100,190	2,982,696	882,506
	2. Membership dues and assessments			
	3. Government contributions and grants	203,141	181,515	-21,626
	4. Program service revenue	529,400	500,663	-28,737
	5. Investment income	73,161	97,170	24,009
	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	793,031	662,430	-130,601
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	159,186	43,037	-116,149
	12. Total revenue. Add lines 1 through 11	3,858,109	4,467,511	609,402
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	2,165,168	1,980,422	-184,746
	17. Professional fundraising fees			
	18. Other professional fees	136,642	180,198	43,556
	19. Occupancy, rent, utilities, and maintenance	167,632	172,732	5,100
	20. Depreciation and Depletion	316,400	317,671	1,271
	21. Other expenses	762,289	509,889	-252,400
	22. Total expenses. Add lines 13 through 21	3,548,131	3,160,912	-387,219
	23. Excess or (Deficit). Subtract line 22 from line 12	309,978	1,306,599	996,621
Other Information	24. Total exempt revenue	3,858,109	4,467,511	609,402
	25. Total unrelated revenue			
	26. Total excludable revenue	1,554,778	1,303,300	-251,478
	27. Total assets	10,292,161	11,628,313	1,336,152
	28. Total liabilities	713,321	196,334	-516,987
	29. Retained earnings	9,578,840	11,431,979	1,853,139
	30. Number of voting members of governing body	16	17	
	31. Number of independent voting members of governing body	16	17	
	32. Number of employees	243	173	
	33. Number of volunteers	300	210	

Form 990	Tax Return History	2020
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Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer Identification Number 57-0811876
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	2,705,683	2,293,522	1,768,972	2,303,331	3,164,211	
Membership dues						
Program service revenue	714,929	846,373	894,000	529,400	500,663	
Capital gain or loss						
Investment income	152,116	102,713	256,210	73,161	97,170	
Fundraising revenue (income/loss)	646,450	806,178	791,306	793,031	662,430	
Gaming revenue (income/loss)						
Other revenue	10,951	10,682	283,262	159,186	43,037	
Total revenue	4,230,129	4,059,468	3,993,750	3,858,109	4,467,511	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	1,843,539	1,951,136	2,214,473	2,165,168	1,980,422	
Professional fees	154,524	136,935	125,195	136,642	180,198	
Occupancy costs	175,477	184,867	188,787	167,632	172,732	
Depreciation and depletion	273,234	274,614	301,822	316,400	317,671	
Other expenses	755,963	720,080	772,432	762,289	509,889	
Total expenses	3,202,737	3,267,632	3,602,709	3,548,131	3,160,912	
Excess or (Deficit)	1,027,392	791,836	391,041	309,978	1,306,599	
Total exempt revenue	4,230,129	4,059,468	3,993,750	3,858,109	4,467,511	
Total unrelated revenue						
Total excludable revenue	1,524,446	1,765,946	2,224,778	1,554,778	1,303,300	
Total Assets	8,327,689	9,175,205	9,628,708	10,292,161	11,628,313	
Total Liabilities	359,973	303,569	424,272	713,321	196,334	
Net Fund Balances	7,967,716	8,871,636	9,204,436	9,578,840	11,431,979	

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>
INTEREST ON NR	\$		14			
OTHER INTEREST	5,974		14			
Total	<u>\$ 5,974</u>					

Taxable Dividends from Securities

<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>
DIVIDENDS	\$ 54,278		14			
Total	<u>\$ 54,278</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SERVICE AND PROFESSIONAL FEES	\$ <u>180,198</u>	\$ <u>16,804</u>	\$ <u>163,394</u>	\$ <u> </u>
Total	\$ <u><u>180,198</u></u>	\$ <u><u>16,804</u></u>	\$ <u><u>163,394</u></u>	\$ <u><u> 0</u></u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JASPER COUNTY	\$	\$
HERITAGE CLASSIC FOUNDATION		
UNITED WAY OF THE LOWCOUNTRY	341,089	
FIRST NON-PROFIT FOUNDATION	55,000	
COMMUNITY FOUNDATION	265,153	
COASTAL COMMUNITY FOUNDATION	58,500	
TURNER FOUNDATION		
ROBERT BURT	61,854	
NEW RIVER AUTO MALL		
PAUL J NORRIS	422,410	50,183
JM FOUNDATION		
MR. AND MRS. STEPHEN L. HICKMAN		
PALMETTO BLUFF REAL ESTATE CO.		
MR. AND MRS. MICHAEL V. GARCIA	407,558	35,331
JOSEPH A. MIX		
THE GEORGE T. LEWIS, JR. 2001 FOUND	285,000	
ADP FOUNDATION		
TAYLOR 2007 CHARITABLE REMAINDER UNI		
WARDLE FAMILY FOUNDATION	45,000	
MR & MRS MICHAEL BRIGGS		
MR AND MRS ROBERT BURT	166,468	
MR AND MRS LEO CUMMINS		
MR AND MRS MICHAEL GARCIA	132,768	
MR AND MRS ROBERT SHIELDS		
PEACOCK AUTOMOTIVE		
BREEDLOVE FOUNDATION	1,170,000	797,773
THE GEORGE T LEWIS, JR 2001 FOUNDATI		
MR. AND MRS. DANIEL C. BROWN	51,000	
MR. AND MRS. DAVID D. EKEDAHL	306,000	
MR. DAVID A PROCTOR	150,000	
MR. AND MRS. STANLEY R SMITH	134,160	
MR. AND MRS. DAVID C. WETMORE	49,777	
MR. AND MR.S FRES POSES	50,000	
MR. AND MRS. GEORGE DAVAGIAN	50,936	
BEVERLY J. LASHER IRREVOCABLE TRUST	447,415	75,188
KENNETH R. CAMPBELL	434,484	62,257
LOWCOUNTRY ANNIE OAKLEYS	68,000	
THE LEON LEVINE FOUNDATION	200,000	
MR. WELLES MURPHEY, JR.	256,515	
THE DIANA CHURCHILL TRUST	150,000	
MR & MRS RICHARD L. KEYSER	110,000	
MR & MRS FOSTER FRIESS	100,000	
CONGAREE FOUNDATION	72,000	
MS ANN E PERCIVAL	62,691	
GEORGE T LEWIS JR FOUNDATION	200,000	
Total	\$ <u>6,303,778</u>	\$ <u>1,020,732</u>

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 10/01, 2019, and ending 9/30, 20 20

▶ **Do not send to the IRS. Keep for your records.**
▶ Go to www.irs.gov/Form8879EO for the latest information.

2019

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

Name and title of officer

**CHRIS PROTZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,858,109
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize Crowley Wechsler & Associates LLC to enter my PIN 11876 as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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.

Officer's signature ▶

Date ▶ **02/08/21**

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.

57334560008

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization 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 ▶ Richard D Crowley, CPA

Date ▶ **02/08/21**

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 10/01/19, and ending 09/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 PINCKNEY COLONY RD, SUITE 103 City or town, state or province, country, and ZIP or foreign postal code BLUFFTON SC 29909	D Employer identification number 57-0811876 E Telephone number 843-689-2618 G Gross receipts \$ 3,967,614
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F Name and address of principal officer: CHRIS PROTZ 10 PINCKNEY COLONY RD, SUITE 103 BLUFFTON SC 29909	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
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I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: WWW.BGCLOWCOUNTRY.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	L Year of formation: 1985	M State of legal domicile: SC

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide guidance to youth.		
	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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	243
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,768,972	2,303,331
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	894,000	529,400
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	256,210	73,161
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,074,568	952,217
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,993,750	3,858,109
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)	2,214,473	2,165,168
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u 285,825		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,388,236	1,382,963
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,602,709	3,548,131	
19 Revenue less expenses. Subtract line 18 from line 12	391,041	309,978	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,628,708	10,292,161
	22 Net assets or fund balances. Subtract line 21 from line 20	424,272	713,321
		9,204,436	9,578,840

Part II Signature Block

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

Sign Here	Signature of officer CHRIS PROTZ	Date EXECUTIVE DIRECTOR			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Richard D Crowley, CPA	Preparer's signature Richard D Crowley, CPA	Date 02/08/21	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN	PTIN P00640699
	Firm's name Crowley Wechsler & Associates LLC	Firm's address 1411 Queen Street Beaufort, SC 29902	Firm's EIN 26-1860008	Phone no. 843-379-1065	

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 provide guidance to youth.

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 \$ **2,744,556** including grants of \$) (Revenue \$)

The purpose of contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance.

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 **u 2,744,556**

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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: 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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 243		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u SC**
- 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 **u**
CHRIS PROTZ **10 PINCKNEY COLONY RD, SUITE 103**
BLUFFTON **SC 29909** **843-379-5430**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRUCE ANDREWS	1.00									
DIRECTOR	0.00	X					0	0	0	
(2) DIANE BARTLETT	1.00									
DIRECTOR	0.00	X					0	0	0	
(3) JACQUELYN BOWLER	1.00									
DIRECTOR	0.00	X					0	0	0	
(4) RODNEY BROWN	1.00									
DIRECTOR	0.00	X					0	0	0	
(5) RAMONA CHILDERS	1.00									
DIRECTOR	0.00	X					0	0	0	
(6) JUDITH FLANAGAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(7) MICHAEL GARCIA	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(8) JEFFREY GRIME	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(9) SUSAN HENDERSON	1.00									
DIRECTOR	0.00	X					0	0	0	
(10) CAROL HUMPHREY	2.00									
SECRETARY	0.00	X		X			0	0	0	
(11) HALL SUMNER, III	1.00									
VICE PRESIDENT	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 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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) THOMAS NOBLE	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) MOLLIE SANDMAN	1.00									
DIRECTOR	0.00	X					0	0	0	
(14) ROBERT SHIELDS	1.00									
DIRECTOR	0.00	X					0	0	0	
(15) HAL SUTTON	2.00									
TREASURER	0.00	X		X			0	0	0	
(16) RUSSELL WHITEFORD	1.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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 **u 0**

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	203,141			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,100,190			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f	u	2,303,331			
	Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	497,265	497,265	
b BRIDGES RENTAL INCOME			28,335		28,335	
c MEMBERSHIP DUES			3,800	3,800		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	529,400			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	73,161		73,161
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real			
		b Less: rental expenses	6b	(ii) Personal		
		c Rental inc. or (loss)	6c			
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
		b Less: cost or other basis and sales exps.	7b	(ii) Other		
		c Gain or (loss)	7c			
	d Net gain or (loss)	u				
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a		902,536		
		b Less: direct expenses	8b	109,505		
		c Net income or (loss) from fundraising events	u	793,031		793,031
	9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses		9b				
c Net income or (loss) from gaming activities		u				
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	159,186		159,186	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u	159,186			
12 Total revenue. See instructions	u	3,858,109	501,065	0	1,053,713	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,812,439	1,295,235	250,928	266,276
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	202,628	155,636	29,162	17,830
10 Payroll taxes	150,101	130,312	19,789	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	136,642	18,810	117,832	
12 Advertising and promotion	16,026	13,362	2,664	
13 Office expenses	116,874	99,813	17,061	
14 Information technology				
15 Royalties				
16 Occupancy	167,632	138,925	28,707	
17 Travel	14,777	9,644	5,133	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	316,400	316,400		
23 Insurance	115,205	108,157	7,048	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	291,718	291,718		
b OTHER EXPENSES	117,523	76,378	39,426	1,719
c REPAIRS AND MAINTENANCE	90,166	90,166		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,548,131	2,744,556	517,750	285,825
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,249,541	1	2,046,990
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	592,090	3	232,198
	4 Accounts receivable, net	9,990	4	42,697
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	35,612	9	45,056
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,864,890		
	b Less: accumulated depreciation	10b 4,477,928	4,491,801	10c 4,386,962
	11 Investments—publicly traded securities	3,249,674	11	3,538,258
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,628,708	16	10,292,161	
Liabilities	17 Accounts payable and accrued expenses	92,860	17	39,166
	18 Grants payable		18	
	19 Deferred revenue	23,788	19	130,518
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	180,000	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	127,624	25	543,637
	26 Total liabilities. Add lines 17 through 25	424,272	26	713,321
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	7,601,628	27	8,197,889
	28 Net assets with donor restrictions	1,602,808	28	1,380,951
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	9,204,436	32	9,578,840	
33 Total liabilities and net assets/fund balances	9,628,708	33	10,292,161	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,858,109
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,548,131
3	Revenue less expenses. Subtract line 2 from line 1	3	309,978
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,204,436
5	Net unrealized gains (losses) on investments	5	64,426
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	9,578,840

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,859,663	2,705,683	2,132,459	1,768,972	2,100,190	10,566,967
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	45,600	57,600	57,600	68,600	65,600	295,000
4 Total. Add lines 1 through 3	1,905,263	2,763,283	2,190,059	1,837,572	2,165,790	10,861,967
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						348,527
6 Public support. Subtract line 5 from line 4						10,513,440

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1,905,263	2,763,283	2,190,059	1,837,572	2,165,790	10,861,967
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	133,738	172,549	214,797	290,340	101,496	912,920
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,118,950	968,295	1,189,608	1,372,216	1,061,722	5,710,791
11 Total support. Add lines 7 through 10						17,485,678

12 Gross receipts from related activities, etc. (see instructions) **12** 2,173,158

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	60.13 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	58.97 %

16a 33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** 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—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <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 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>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
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>		
3b		

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

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

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

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

MISC \$ 2,471,475

FUNDRAISING \$ 3,239,316

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer identification number 57-0811876
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Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 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 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

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

Name of organization

BOYS & GIRLS CLUBS OF THE

Employer identification number

57-0811876

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		\$ 78,656	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 61,764	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 58,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 208,110	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 168,144	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 85,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

BOYS & GIRLS CLUBS OF THE

Employer identification number

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 102,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 310,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 104,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 293,384	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11		\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12		\$ 106,515	Person <input checked="" 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

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

Employer identification number

57-0811876

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. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 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 u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 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: u \$. 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. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,249,674	2,623,916	2,804,801	1,598,568	1,490,127
b Contributions	200,028	502,000		1,142,978	54,470
c Net investment earnings, gains, and losses	161,542	205,133	231,767	142,295	184,628
d Grants or scholarships					
e Other expenditures for facilities and programs	43,000	60,000	395,682	69,648	121,111
f Administrative expenses	29,986	21,375	16,970	9,392	9,546
g End of year balance	3,538,258	3,249,674	2,623,916	2,804,801	1,598,568

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 82.50 %
 - b** Permanent endowment **u** 3.50 %
 - c** Term endowment **u** 14.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,977		275,977
b Buildings		7,097,934	3,745,172	3,352,762
c Leasehold improvements		8,832	4,767	4,065
d Equipment		837,285	587,784	249,501
e Other	399,800	245,062	140,205	504,657
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				4,386,962

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

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) Accrued Expenses	456,239
(3) Salaries Payable	87,398
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 543,637

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,988,135
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	64,426	
	b Donated services and use of facilities	2b	65,600	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	130,026
3	Subtract line 2e from line 1		3	3,858,109
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	3,858,109

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

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

1	Total expenses and losses per audited financial statements		1	3,613,731
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	65,600	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	65,600
3	Subtract line 2e from line 1		3	3,548,131
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	3,548,131

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The Organization is exempt from federal income tax under Section 501(c)3 of the internal revenue code. The Organization follows FASB ASC 740, Income Taxes, which clarifies the accounting for uncertainty in income taxes by prescribing the recognition threshold that a tax position is required to meet before being recognized in the financial statements. It also provides guidance on derecognition, classification, interest and penalties, accounting in interim period, disclosure and transition. Management believes the Organization has no material uncertainties in income taxes. The Organization is no longer subject to income tax examination by the federal or state authorities for years before 2016.

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

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

⚡ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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						
Total						

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

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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>SPRING GALA</u> (event type)	<u>SPORTING EVENT</u> (event type)	<u>3</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	624,097	113,125	165,314	902,536
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	624,097	113,125	165,314	902,536
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	58,108	28,000	23,397	109,505
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					793,031

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

Form 990, Part I, Line 6

**VOLUNTEERS INCLUDE INDIVIDUALS WORKING WITH CLUBS FOR PROGRAM ACTIVITIES,
CLUB ADMINISTRATION, AND FUNDRAISING EFFORTS.**

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

**A copy of 990 is given to the board treasurer for review before the 990 is
filed. The Treasurer presents the 990 to the governing board. The board
treasurer authorizes the filing of the 990.**

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

**The national chartering organization provides information relating to a
salary structure for all employees as well as benchmark position, salary,
and wage information. Governing board reviews information and makes
decisions accordingly. Annual evaluations are performed on all employees.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

**Verbal or written requests and the information is usually sent
electronically.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number
57-0811876

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST NE 13-5562976 ATLANTA GA 30309-3506	YOUTH DEVE	DC	501C	10	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS & GIRLS CLUBS OF AMERICA	r	11,669	Percentage of dues
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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>
INTEREST ON NR	\$		14			
OTHER INTEREST			14			
	<u>9,373</u>					
Total	\$ <u>9,373</u>					

Taxable Dividends from Securities

<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>
DIVIDENDS	\$		14			
	<u>58,678</u>					
Total	\$ <u>58,678</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SERVICE AND PROFESSIONAL FEES	\$ 136,642	\$ 18,810	\$ 117,832	\$
Total	<u>\$ 136,642</u>	<u>\$ 18,810</u>	<u>\$ 117,832</u>	<u>\$ 0</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JASPER COUNTY	\$	\$
HERITAGE CLASSIC FOUNDATION		
UNITED WAY OF THE LOWCOUNTRY	261,439	
FIRST NON-PROFIT FOUNDATION	55,000	
COMMUNITY FOUNDATION	164,864	
COASTAL COMMUNITY FOUNDATION	58,500	
TURNER FOUNDATION		
ROBERT BURT	61,854	
NEW RIVER AUTO MALL		
PAUL J NORRIS	422,410	72,696
JM FOUNDATION		
MR. AND MRS. STEPHEN L. HICKMAN		
PALMETTO BLUFF REAL ESTATE CO.		
MR. AND MRS. MICHAEL V. GARCIA	407,558	57,844
JOSEPH A. MIX		
THE GEORGE T. LEWIS, JR. 2001 FOUND	285,000	
ADP FOUNDATION		
TAYLOR 2007 CHARITABLE REMAINDER UNI		
WARDLE FAMILY FOUNDATION	45,000	
MR & MRS MICHAEL BRIGGS		
MR AND MRS ROBERT BURT	166,468	
MR AND MRS LEO CUMMINS		
MR AND MRS MICHAEL GARCIA	132,768	
MR AND MRS ROBERT SHIELDS		
PEACOCK AUTOMOTIVE		
BREEDLOVE FOUNDATION	470,000	120,286
THE GEORGE T LEWIS, JR 2001 FOUNDATI		
MR. AND MRS. DANIEL C. BROWN	51,000	
MR. AND MRS. DAVID D. EKEDAHL	306,000	
MR. DAVID A PROCTOR	150,000	
MR. AND MRS. STANLEY R SMITH	134,160	
MR. AND MRS. DAVID C. WETMORE	49,777	
MR. AND MR.S FRES POSES	50,000	
MR. AND MRS. GEORGE DAVAGIAN	50,936	
BEVERLY J. LASHER IRREVOCABLE TRUST	447,415	97,701
KENNETH R. CAMPBELL	339,284	
LOWCOUNTRY ANNIE OAKLEYS	68,000	
THE LEON LEVINE FOUNDATION	100,000	
MR. WELLES MURPHEY, JR.	106,515	
GEORGE T LEWIS JR FOUNDATION	300,000	
Total	\$ <u>4,683,948</u>	\$ <u>348,527</u>

Form **8879-EO**

**IRS e-file Signature Authorization
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 9/30, 20 19.

u Do not send to the IRS. Keep for your records.

u Go to www.irs.gov/Form8879EO for the latest information.

2018

Department of the Treasury
Internal Revenue Service

Name of exempt organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

Name and title of officer

**CHRIS PROTZ
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, 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.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	3,993,750
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 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 organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's 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 organization's 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 organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **Crowley Wechsler & Associates LLC** to enter my PIN **11876** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 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 of the organization, I will enter my PIN as my signature on the organization's tax year 2018 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.

Officer's signature }

Date } **05/18/20**

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.

5733456008

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization 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 } **Richard D Crowley, CPA**

Date } **05/18/20**

ERO Must Retain This Form — See Instructions

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

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 10/01/18, and ending 09/30/19

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 PINCKNEY COLONY RD, SUITE 103 City or town, state or province, country, and ZIP or foreign postal code BLUFFTON SC 29909		D Employer identification number 57-0811876
	E Telephone number 843-689-2618		
	F Name and address of principal officer: CHRIS PROTZ 10 PINCKNEY COLONY RD, SUITE 103 BLUFFTON SC 29909		G Gross receipts\$ 4,291,398
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.BGCLOWCOUNTRY.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 1985	
		M State of legal domicile: SC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide guidance to youth.		
	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 2018 (Part V, line 2a)	5	171
	6 Total number of volunteers (estimate if necessary)	6	320
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 38	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,293,522	1,768,972
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	846,373	894,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	102,713	256,210
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	816,860	1,074,568
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,059,468	3,993,750
	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)	1,951,136	2,214,473
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) u	312,408	
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,316,496	1,388,236
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,267,632	3,602,709
19 Revenue less expenses. Subtract line 18 from line 12	791,836	391,041	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,175,205	9,628,708
	22 Net assets or fund balances. Subtract line 21 from line 20	303,569	424,272
		8,871,636	9,204,436

Part II Signature Block

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

Sign Here	Signature of officer CHRIS PROTZ	Date _____	Title EXECUTIVE DIRECTOR
	Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name Richard D Crowley, CPA	Preparer's signature Richard D Crowley, CPA	Date 06/03/20
	Check <input type="checkbox"/> if self-employed	PTIN P00640699	Firm's EIN } 26-1860008
	Firm's name } Crowley Wechsler & Associates LLC Firm's address } 1411 Queen Street Beaufort, SC 29902	Phone no. 843-379-1065	

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

For Paperwork Reduction Act Notice, see the separate instructions.

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 provide guidance to youth.

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 \$ **2,762,658** including grants of \$) (Revenue \$)

The purpose of contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance.

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

N/A

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

N/A

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

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

4e Total program service expenses **u 2,762,658**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. 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 in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 171		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	19		
1b	Enter the number of voting members included in line 1a, above, who are independent		
	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u SC**
- 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

CHRIS PROTZ
BLUFFTON

10 PINCKNEY COLONY RD, SUITE 103
SC 29909

843-379-5430

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACQUELYN BOWLER	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) RAMONA CHILDERS	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) MICHAEL GARCIA	2.00									
PRESIDENT	0.00	X		X			0	0	0	
(4) KAREN GOLDEN	2.00									
VICE PRESIDENT	0.00	X					0	0	0	
(5) MICHAEL GONZALEZ	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(6) JEFFREY GRIME	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(7) SUSAN HENDERSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(8) SUSAN HOOKER	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(9) CAROL HUMPHREY	2.00									
SECRETARY	0.00	X		X			0	0	0	
(10) THOMAS NOBLE	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) ROBERT SHIELDS	2.00									
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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) HAL SUTTON	2.00									
TREASURER	0.00	X		X			0	0	0	
(13) SANDRA WEST	2.00									
DIRECTOR	0.00	X		X			0	0	0	
(14) RUSSELL WHITEFORD	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) DIANE BARTLETT	2.00									
DIRECTOR	0.00	X					0	0	0	
(16) RODNEY BROWN	2.00									
DIRECTOR	0.00	X					0	0	0	
(17) JUDITH FLANAGAN	2.00									
DIRECTOR	0.00	X					0	0	0	
(18) JAMES HALEY	2.00									
DIRECTOR	0.00	X					0	0	0	
(19) HALL SUMNER, III	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,768,972				
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f	u		1,768,972			
Program Service Revenue	2a PROGRAM SERVICE REVENUE	Busn. Code	855,385	855,385			
	b BRIDGES RENTAL INCOME		34,130		34,130		
	c MEMBERSHIP DUES		4,485	4,485			
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f	u		894,000			
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	256,210			256,210
4 Income from investment of tax-exempt bond proceeds		u					
5 Royalties		u					
6a Gross rents		(i) Real	(ii) Personal				
b Less: rental exps.							
c Rental inc. or (loss)							
d Net rental income or (loss)		u					
7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
b Less: cost or other basis & sales exps.							
c Gain or (loss)							
d Net gain or (loss)		u					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		a	1,088,954				
	b Less: direct expenses	b	297,648				
	c Net income or (loss) from fundraising events	u	791,306			791,306	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue		Busn. Code					
11a MISCELLANEOUS			283,262			283,262	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d	u		283,262				
12 Total revenue. See instructions.	u		3,993,750	859,870	0	1,364,908	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,868,448	1,385,949	223,294	259,205
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	192,100	58,342	83,483	50,275
10 Payroll taxes	153,925	135,891	18,034	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	125,195	17,893	107,302	
12 Advertising and promotion	19,902	18,087	1,815	
13 Office expenses	150,272	130,699	19,573	
14 Information technology				
15 Royalties				
16 Occupancy	188,787	158,150	30,637	
17 Travel	35,346	22,343	13,003	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	301,822	301,822		
23 Insurance	118,727	110,850	7,877	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	259,270	259,270		
b OTHER EXPENSES	94,865	69,537	22,400	2,928
c REPAIRS AND MAINTENANCE	94,050	93,825	225	
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,602,709	2,762,658	527,643	312,408
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet		Check if Schedule O contains a response or note to any line in this Part X <input type="checkbox"/>	
		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest bearing	1,898,369	1,249,541
	2 Savings and temporary cash investments		
	3 Pledges and grants receivable, net	558,948	592,090
	4 Accounts receivable, net	55,552	9,990
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		
	7 Notes and loans receivable, net		
	8 Inventories for sale or use		
	9 Prepaid expenses and deferred charges	32,540	35,612
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,697,535	
	b Less: accumulated depreciation	10b 4,205,734	10c 4,491,801
	11 Investments—publicly traded securities	2,623,916	3,249,674
	12 Investments—other securities. See Part IV, line 11		
	13 Investments—program-related. See Part IV, line 11		
	14 Intangible assets		
	15 Other assets. See Part IV, line 11		
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,175,205	9,628,708	
Liabilities	17 Accounts payable and accrued expenses	109,875	92,860
	18 Grants payable		
	19 Deferred revenue	23,394	23,788
	20 Tax-exempt bond liabilities		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
	23 Secured mortgages and notes payable to unrelated third parties		
	24 Unsecured notes and loans payable to unrelated third parties	75,000	180,000
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	95,300	127,624
	26 Total liabilities. Add lines 17 through 25	303,569	424,272
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	6,679,728	7,601,628
	28 Temporarily restricted net assets	1,892,829	1,303,729
	29 Permanently restricted net assets	299,079	299,079
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds		
	31 Paid-in or capital surplus, or land, building, or equipment fund		
	32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	8,871,636	9,204,436	
34 Total liabilities and net assets/fund balances	9,175,205	9,628,708	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,993,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,602,709
3	Revenue less expenses. Subtract line 2 from line 1	3	391,041
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,871,636
5	Net unrealized gains (losses) on investments	5	-58,241
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,204,436

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	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 in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.** Employer identification number **57-0811876**

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,337,307	1,859,663	2,705,683	2,132,459	1,768,972	9,804,084
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	56,495	45,600	57,600	57,600	68,600	285,895
4 Total. Add lines 1 through 3	1,393,802	1,905,263	2,763,283	2,190,059	1,837,572	10,089,979
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						174,897
6 Public support. Subtract line 5 from line 4.						9,915,082

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	1,393,802	1,905,263	2,763,283	2,190,059	1,837,572	10,089,979
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	197,114	133,738	172,549	214,797	290,340	1,008,538
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,065,371	1,118,950	968,295	1,189,608	1,372,216	5,714,440
11 Total support. Add lines 7 through 10						16,812,957
12 Gross receipts from related activities, etc. (see instructions)					12	1,672,093
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	58.97%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	60.46%
16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
 - b** A family member of a person described in (a) above?
 - c** A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** The organization satisfied the Activities Test. *Complete line 2 below.*
 - b** The organization is the parent of each of its supported organizations. *Complete line 3 below.*
 - c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

- 2** Activities Test. *Answer (a) and (b) below.*
- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
 - b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3** Parent of Supported Organizations. *Answer (a) and (b) below.*
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
 - b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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

Part II, Line 10 - Other Income Detail

MISC \$ 1,102,908

FUNDRAISING \$ 3,239,316

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

Schedule of Contributors

OMB No. 1545-0047

2018

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

Name of the organization BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer identification number 57-0811876
---	---

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

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

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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	\$ 96,337	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 55,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 103,100	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 61,854	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 78,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 239,414	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 101,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 45,900	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	\$ 68,000	Person <input checked="" 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

u 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.

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

57-0811876

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: (a) Donor advised funds, (b) Funds and other accounts. 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: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items, 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,623,916	2,804,801	1,598,568	1,490,127	1,591,172
b Contributions	502,000		1,142,978	54,470	56,737
c Net investment earnings, gains, and losses	205,133	231,767	142,295	184,628	-10,728
d Grants or scholarships					
e Other expenditures for facilities and programs	60,000	395,682	69,648	121,111	136,650
f Administrative expenses	21,375	16,970	9,392	9,546	10,404
g End of year balance	3,249,674	2,623,916	2,804,801	1,598,568	1,490,127

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u** 85.50 %
 - b** Permanent endowment **u** 9.00 %
 - c** Temporarily restricted endowment **u** 5.50 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		275,977		275,977
b Buildings		6,905,965	3,519,675	3,386,290
c Leasehold improvements		8,832	4,473	4,359
d Equipment		811,793	515,983	295,810
e Other	399,800	295,168	165,603	529,365
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)			u	4,491,801

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) u	

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.

(a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) Salaries Payable	103,641	
(3) Accrued Expenses	23,983	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	127,624	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990 or 990-EZ)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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							
Total							

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>SPRING GALA</u>	<u>GOLF EVENT</u>	<u>4</u>	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	765,929	135,675	187,350	1,088,954
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	765,929	135,675	187,350	1,088,954
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	173,399	36,205	88,044	297,648
	10 Direct expense summary. Add lines 4 through 9 in column (d)				297,648
11 Net income summary. Subtract line 10 from line 3, column (d)				791,306	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization	BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer identification number 57-0811876
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Form 990, Part I, Line 6

**VOLUNTEERS INCLUDE INDIVIDUALS WORKING WITH CLUBS FOR PROGRAM ACTIVITIES,
CLUB ADMINISTRATION, AND FUNDRAISING EFFORTS.**

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

**A copy of 990 is given to the board treasurer for review before the 990 is
filed. The Treasurer presents the 990 to the governing board. The board
treasurer authorizes the filing of the 990.**

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

**The national chartering organization provides information relating to a
salary structure for all employees as well as benchmark position, salary,
and wage information. Governing board reviews information and makes
decisions accordingly. Annual evaluations are performed on all employees.**

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

**Verbal or written requests and the information is usually sent
electronically.**

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

**BOYS & GIRLS CLUBS OF THE
LOWCOUNTRY, INC.**

Employer identification number

57-0811876

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST NE ATLANTA GA 30309-3506 13-5562976	YOUTH DEVE	DC	501C	10	N/A		X
(2)							
(3)							
(4)							
(5)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)	X	
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS & GIRLS CLUBS OF AMERICA	r	11,068	Percentage of dues
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Form 990	Event Income and Deduction Worksheet	2018
Description SPRING GALA		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>765,929</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>765,929</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>173,399</u>
15. Total expenses. Add lines 8 through 14	15.	<u>173,399</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>592,530</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>173,399</u>
Total Fundraising Expense	<u>173,399</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description HOLIDAY EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs/Maintenance/Other _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2018
Description GOLF EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1. <u>135,675</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>135,675</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. <u>36,205</u>
15. Total expenses. Add lines 8 through 14	15. <u>36,205</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>99,470</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>36,205</u>
Total Fundraising Expense	<u>36,205</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description TASTE OF JASPER		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Description SPORTING EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	133,468	
2. Advertising income	2.		
3. Circulation income	3.		
4. Other income	4.		
5. Returns and allowances	5.		
6. Contributions received	6.		
7. Total revenue. Add lines 1 through 6	7.	133,468	
8. Cost of Goods Sold	8.		
9. Employment Expense	9.		
10. Fees for services	10.		
11. Indirect Expense	11.		
12. Depreciation Expense	12.		
13. Exempt Activity Expense	13.		
14. Fundraising Expense	14.	29,708	
15. Total expenses. Add lines 8 through 14	15.	29,708	
16. Net Income/Loss. Line 7 minus Line 15	16.	103,760	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	29,708
Total Fundraising Expense	29,708

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Description HOPE AND OPPORTUNITY		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs/Maintenance/Other _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2018
Description THRIFT SHOP		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>24,623</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>24,623</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>30,251</u>
15. Total expenses. Add lines 8 through 14	15.	<u>30,251</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>-5,628</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>30,251</u>
Total Fundraising Expense	<u>30,251</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description MAHJONG EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	
15. Total expenses. Add lines 8 through 14	15.	
16. Net Income/Loss. Line 7 minus Line 15	16.	

Expense Details - Cost of Goods Sold:

Beginning inventory	
Purchases	
Labor	
Section 263A costs	
Other costs	
Ending inventory	
Total Cost of Goods Sold	

Expense Details - Employment Expense:

Compensation of officers	
Other salaries and wages	
Pension plan contributions	
Other employee benefits	
Payroll taxes	
Total Employment Expense	

Expense Details - Fees for Services:

Management	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	
Office	
Printing/publication/postage	
Info technology/Maintenance	
Royalties & License Fees	
Occupancy/Real Estate Taxes	
Travel & Repairs	
Travel/entertainment (officials)	
Conferences/meetings	
Interest	
Insurance	
Total Indirect Expense	

Expense Details - Depreciation Expense:

On investment property	
On non-investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	
Bad debts	
Taxes/licenses	
Charitable contributions	
Dividend recd deductions	
Readership costs	
Total Exempt Activity Expense	

Expense Details - Fundraising Expense:

Cash prizes	
Non-cash prizes	
Rent and facility costs	
Food & beverages (Part II only)	
Entertainment (Part II only)	
Other direct expenses	
Total Fundraising Expense	

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2018
Description HABERSHAM PLANTATION PARTY		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description BLUFFTON ARTFULLY PREPARED		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description RAFFLE		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

- 1. Gross receipts or sales 1. _____
- 2. Advertising income 2. _____
- 3. Circulation income 3. _____
- 4. Other income 4. _____
- 5. Returns and allowances 5. _____
- 6. Contributions received 6. _____
- 7. **Total revenue.** Add lines 1 through 6 7. _____
- 8. Cost of Goods Sold 8. _____
- 9. Employment Expense 9. _____
- 10. Fees for services 10. _____
- 11. Indirect Expense 11. _____
- 12. Depreciation Expense 12. _____
- 13. Exempt Activity Expense 13. _____
- 14. Fundraising Expense 14. _____
- 15. **Total expenses.** Add lines 8 through 14 15. _____
- 16. **Net Income/Loss.** Line 7 minus Line 15 16. _____

Expense Details - Cost of Goods Sold:

- Beginning inventory _____
- Purchases _____
- Labor _____
- Section 263A costs _____
- Other costs _____
- Ending inventory _____
- Total Cost of Goods Sold** _____

Expense Details - Employment Expense:

- Compensation of officers _____
- Other salaries and wages _____
- Pension plan contributions _____
- Other employee benefits _____
- Payroll taxes _____
- Total Employment Expense** _____

Expense Details - Fees for Services:

- Management _____
- Legal _____
- Accounting _____
- Lobbying _____
- Professional fundraising _____
- Investment management _____
- Other _____
- Total Fees for Services** _____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

- Advertising and promotion _____
- Office _____
- Printing/publication/postage _____
- Info technology/Maintenance _____
- Royalties & License Fees _____
- Occupancy/Real Estate Taxes _____
- Travel & Repairs _____
- Travel/entertainment (officials) _____
- Conferences/meetings _____
- Interest _____
- Insurance _____
- Total Indirect Expense** _____

Expense Details - Depreciation Expense:

- On investment property _____
- On non-investment property _____
- Amortization _____
- Depletion _____
- Total Depreciation Expense** _____

Expense Details - Exempt Activity Expense:

- Repairs/Maintenance/Other _____
- Bad debts _____
- Taxes/licenses _____
- Charitable contributions _____
- Dividend recd deductions _____
- Readership costs _____
- Total Exempt Activity Expense** _____

Expense Details - Fundraising Expense:

- Cash prizes _____
- Non-cash prizes _____
- Rent and facility costs _____
- Food & beverages (Part II only) _____
- Entertainment (Part II only) _____
- Other direct expenses _____
- Total Fundraising Expense** _____

Allocation of Expense to Program Service Accomplishments:

- First _____
- Second _____
- Third _____
- All other _____

Form 990	Event Income and Deduction Worksheet	2018
Description MISC EVENTS		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>20,528</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>20,528</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>24,171</u>
15. Total expenses. Add lines 8 through 14	15.	<u>24,171</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>-3,643</u>

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

- Schedule E
- Schedule F
- Schedule G
- Schedule I
- Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>24,171</u>
Total Fundraising Expense	<u>24,171</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2018
Description LOWCOUNTRY EVENT		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ

Income & Expense Summary:

1. Gross receipts or sales	1.	_____
2. Advertising income	2.	_____
3. Circulation income	3.	_____
4. Other income	4.	_____
5. Returns and allowances	5.	_____
6. Contributions received	6.	_____
7. Total revenue. Add lines 1 through 6	7.	_____
8. Cost of Goods Sold	8.	_____
9. Employment Expense	9.	_____
10. Fees for services	10.	_____
11. Indirect Expense	11.	_____
12. Depreciation Expense	12.	_____
13. Exempt Activity Expense	13.	_____
14. Fundraising Expense	14.	_____
15. Total expenses. Add lines 8 through 14	15.	_____
16. Net Income/Loss. Line 7 minus Line 15	16.	_____

Expense Details - Cost of Goods Sold:

Beginning inventory	_____
Purchases	_____
Labor	_____
Section 263A costs	_____
Other costs	_____
Ending inventory	_____
Total Cost of Goods Sold	_____

Expense Details - Employment Expense:

Compensation of officers	_____
Other salaries and wages	_____
Pension plan contributions	_____
Other employee benefits	_____
Payroll taxes	_____
Total Employment Expense	_____

Expense Details - Fees for Services:

Management	_____
Legal	_____
Accounting	_____
Lobbying	_____
Professional fundraising	_____
Investment management	_____
Other	_____
Total Fees for Services	_____

Information is indicated for use on Form 990-T schedule:

<input type="checkbox"/>	Schedule E
<input type="checkbox"/>	Schedule F
<input type="checkbox"/>	Schedule G
<input type="checkbox"/>	Schedule I
<input type="checkbox"/>	Schedule J

Expense Details - Indirect Expense:

Advertising and promotion	_____
Office	_____
Printing/publication/postage	_____
Info technology/Maintenance	_____
Royalties & License Fees	_____
Occupancy/Real Estate Taxes	_____
Travel & Repairs	_____
Travel/entertainment (officials)	_____
Conferences/meetings	_____
Interest	_____
Insurance	_____
Total Indirect Expense	_____

Expense Details - Depreciation Expense:

On investment property	_____
On non-investment property	_____
Amortization	_____
Depletion	_____
Total Depreciation Expense	_____

Expense Details - Exempt Activity Expense:

Repairs/Maintenance/Other	_____
Bad debts	_____
Taxes/licenses	_____
Charitable contributions	_____
Dividend recd deductions	_____
Readership costs	_____
Total Exempt Activity Expense	_____

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	_____
Total Fundraising Expense	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2018
Description BRIDGES RENTAL INCOME		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
--	---

Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	34,130
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	34,130

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

On non-investment property	
On investment property	
Amortization	
Depletion	
Total Depreciation Expense	

Expense Details - Direct Expense:

Interest	
Taxes/licenses	
Occupancy Expenses	
Repairs & Maintenance	
Travel/conferences/meetings	
Printing & Publication	
Advertising	
Insurance	
Utilities	
Supplies	
Other expenses	
Total Direct Expense	

Information is being used for the following Form 990-T schedules:

- Schedule C
- Schedule E
- Schedule F
- Schedule G

Expense Allocation to Program Service Accomplishments for 990/990EZ:

- First
- Second
- Third
- All other

SCHEDULE G (Form 990 or 990-EZ)		Fundraising Other Events			2018
		For calendar year 2018, or tax year beginning 10/01/18 , and ending 09/30/19			
Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.				Employer Identification Number 57-0811876	
		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>SPORTING EVENT</u> (event type)	<u>THRIFT SHOP</u> (event type)	<u>MISC EVENTS</u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	133,468	24,623	20,528	187,350
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	133,468	24,623	20,528	187,350
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	29,708	30,251	24,171	88,044

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2018
	For calendar year 2018, or tax year beginning 10/01/18 , and ending 09/30/19	

Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer Identification Number 57-0811876
---	---

		(a) Other event <u>hunt fish shoot</u> <small>(event type)</small>	(b) Other event _____ <small>(event type)</small>	(c) Other event _____ <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	8,731			
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	8,731			
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	3,914			

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>
INTEREST ON NR	\$		14			
OTHER INTEREST	17,019		14			
Total	\$ <u>17,019</u>					

Taxable Dividends from Securities

<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>
DIVIDENDS	\$ 93,354		14			
Total	\$ <u>93,354</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SERVICE AND PROFESSIONAL FEES	\$ <u>125,195</u>	\$ <u>17,893</u>	\$ <u>107,302</u>	\$ <u> </u>
Total	\$ <u><u>125,195</u></u>	\$ <u><u>17,893</u></u>	\$ <u><u>107,302</u></u>	\$ <u><u> 0</u></u>

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
TRUST AND FOUNDATIONS	\$ 153,574
OTHER CONTRIBUTIONS	1,549,681
UNITED WAY	65,717
Total	\$ <u>1,768,972</u>

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
JASPER COUNTY	\$	\$
HERITAGE CLASSIC FOUNDATION		
UNITED WAY OF THE LOWCOUNTRY	182,783	
FIRST NON-PROFIT FOUNDATION	55,000	
COMMUNITY FOUNDATION	103,100	
COASTAL COMMUNITY FOUNDATION		
TURNER FOUNDATION		
ROBERT BURT	61,854	
NEW RIVER AUTO MALL		
PAUL J NORRIS	214,300	
JM FOUNDATION		
MR. AND MRS. STEPHEN L. HICKMAN		
PALMETTO BLUFF REAL ESTATE CO.		
MR. AND MRS. MICHAEL V. GARCIA	239,414	
JOSEPH A. MIX		
THE GEORGE T. LEWIS, JR. 2001 FOUND	200,000	
ADP FOUNDATION		
TAYLOR 2007 CHARITABLE REMAINDER UNI		
WARDLE FAMILY FOUNDATION	45,000	
MR & MRS MICHAEL BRIGGS		
MR AND MRS ROBERT BURT	63,968	
MR AND MRS LEO CUMMINS		
MR AND MRS MICHAEL GARCIA	132,768	
MR AND MRS ROBERT SHIELDS		
PEACOCK AUTOMOTIVE		
BREEDLOVE FOUNDATION	160,000	
THE GEORGE T LEWIS, JR 2001 FOUNDATI		
MR. AND MRS. DANIEL C. BROWN	51,000	
MR. AND MRS. DAVID D. EKEDAHL	202,000	
MR. DAVID A PROCTOR	150,000	
MR. AND MRS. STANLEY R SMITH	134,160	
MR. AND MRS. DAVID C. WETMORE	49,777	
MR. AND MR.S FRES POSES	50,000	
MR. AND MRS. GEORGE DAVAGIAN	50,936	
BEVERLY J. LASHER IRREVOCABLE TRUST	447,415	111,156
KENNETH R. CAMPBELL	45,900	
LOWCOUNTRY ANNIE OAKLEYS	68,000	
GEORGE T LEWIS JR FOUNDATION	400,000	63,741
Total	\$ <u>3,107,375</u>	\$ <u>174,897</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST ON NR	\$
OTHER INTEREST	17,019
DIVIDENDS	93,354
REALIZED GAINS	145,837
BRIDGES RENTAL INCOME	34,130
Total	<u>\$ 290,340</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 283,262
SPRING GALA	765,929
HOLIDAY EVENT	
GOLF EVENT	135,675
TASTE OF JASPER	
SPORTING EVENT	133,468
HOPE AND OPPORTUNITY	
THRIFT SHOP	24,623
MAHJONG EVENT	
HABERSHAM PLANTATION PARTY	
BLUFFTON ARTFULLY PREPARED	
RAFFLE	
MISC EVENTS	20,528
LOWCOUNTRY EVENT	
hunt fish shoot	8,731
Total	<u>\$ 1,372,216</u>

20800 BOYS & GIRLS CLUBS OF THE
57-0811876
FYE: 9/30/2019

Federal Statements

6/3/2020 9:25 AM

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE REVENUE	\$ 855,385
MEMBERSHIP DUES	<u>4,485</u>
Total	<u>\$ 859,870</u>

OGDEN UT 84201-0038

In reply refer to: 0437874130
Dec. 14, 2007 LTR 4168C E0
57-0811876 000000 00 000 R
00022075
BODC: TE

BOYS AND GIRLS CLUBS OF LOWCOUNTRY
INC
17 B MARSHELLEN DR
BEAUFORT SC 29902-6900175

2276

Employer Identification Number: 57-0811876
Person to Contact: L. Horspool
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 05, 2007, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1985, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Maureen Green
Operations Manager, Collection