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

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:

rewwhiteford@gmail.com

Contact Phone: 413-531-9204

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 Reveiw Committee annual reporting requirements, please classify your current grant request into the following authorized categories:
 - 1 Destination Advertising/Promotion
 Advertising and promotion of tourism so as to develop and increase tourist attendence through the generation of publicity.
 - 2 Tourism-Related Events

 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.

Government Sources

Private Contributions, Donations and Grants

Corporate Support,

Sponsors

Ticket Sales, or Sales

and Services

Private Contributions, Donations and Grants

Membership, Dues,

Subscriptions

Other

 3. Has the organization requested other ATAX or any other funding from other public sources or organizations? Yes No _X_ 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

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 expenditue 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 fundsused? 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: Jacksonoville, 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 cyclysts 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				
Colleteral+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/ammenities first-hand. Partnerships with CAAM and other rides throughout the Southeast emphasized Pedal FUN and the beauty/destination of HHI.
Print Advertising	Target cycle influeners 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 managzines for an advertorial in conjuction	\$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 experence, the fun, and most importantly the cause!
- 2. For new participants: promote an "active" vacation. A "route for every rider." Different bicyling abilities + families can come together to enjoy Hilton Head Island and all it has to offer.

METHODOLOGY	AMC	DUNT	STRATEGY/COMMENTS
Social Media/Digital			
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
Print/Outreach			
Colleteral+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 magzines 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
Radio & TV	\$	-	Relying on PR time for this effort - TV and Radio appearances comped
Special Projects	\$	1,750.00	Bicycling "celebrity" participation

TOTAL: \$ 35,000.00

Boys & Girls Club of Hilton Head Island Board Meeting Minutes

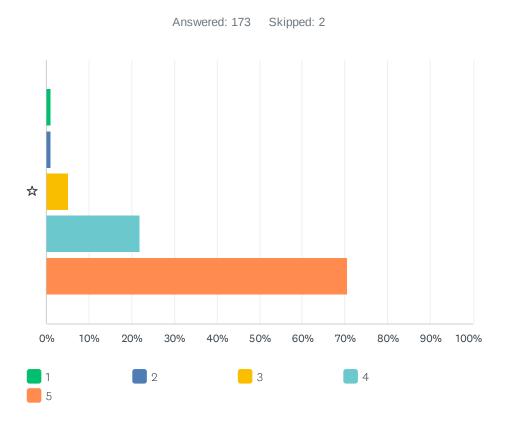
The following motion was presented to the 28 members of Boys & Girls Club of Hilton Head Board of Directors on July 14, 2022.

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.

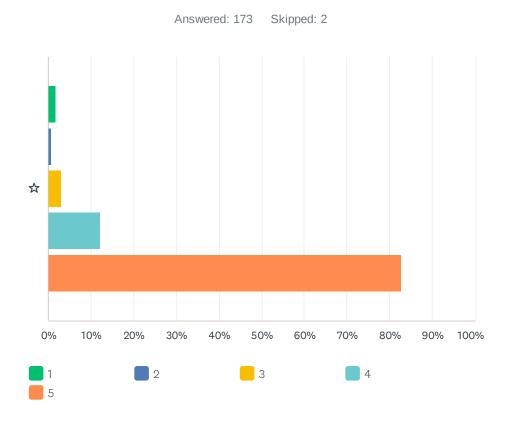
Respectfully submitted, Rosanne Ball, Board Executive Secretary

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



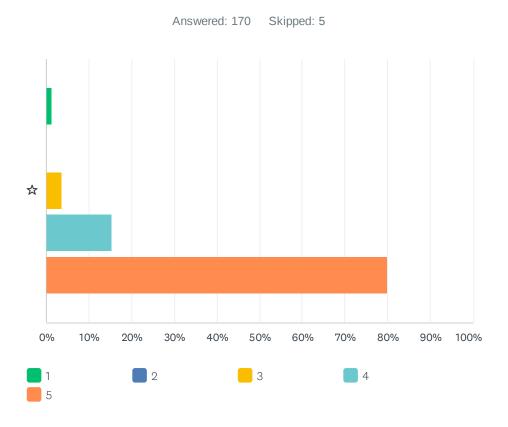
	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE	
☆	1.16% 2	1.16% 2	5.20% 9	21.97% 38	70.52% 122	173		4.60

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



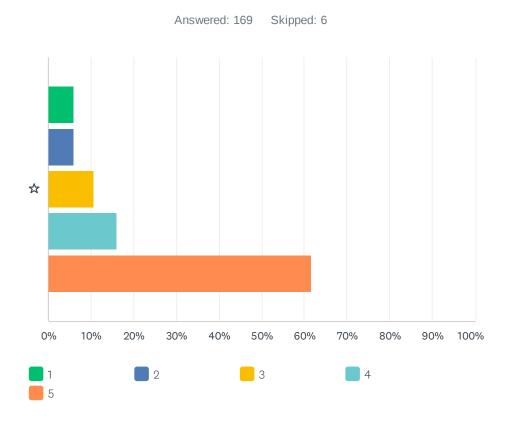
	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE	
☆	1.73%	0.58%	2.89%	12.14% 21	82.66% 143	173		4.73
	3	_	9	21	140	110		4.75

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



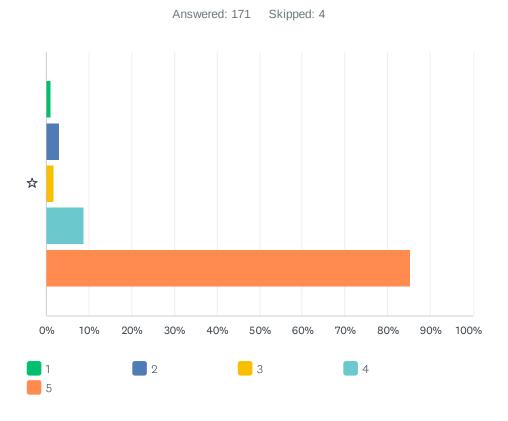
	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE	
☆	1.18% 2	0.00%	3.53% 6	15.29% 26	80.00% 136	170		4.73

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



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE	
☆	5.92% 10	5.92%	10.65% 18	15.98%	61.54% 104	169		4 21
	10	10	10	21	104	109		4.21

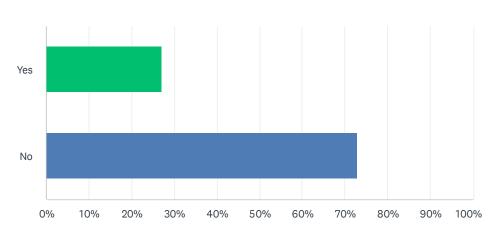
Q5 How satisfied were you with the event packet being shipped to you prior to Pedal?



	1	2	3	4	5	TOTAL	WEIGHTED AVERAGE	
☆	1.17%	2.92%	1.75%	8.77%	85.38% 146	171		171
	2	5	3	15	140	1/1		4.74

Q6 Did you purchase additional merchandise?

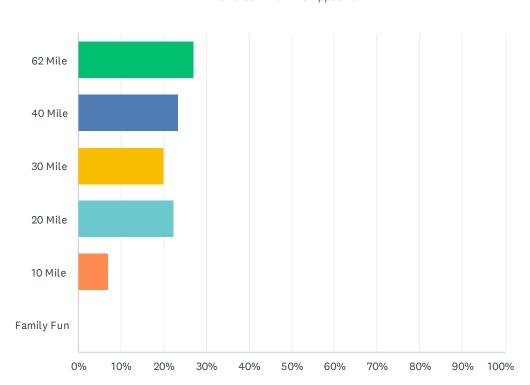




ANSWER CHOICES	RESPONSES
Yes	27.17% 47
No	72.83% 126
Total Respondents: 173	

Q7 Which Route Did You Ride?

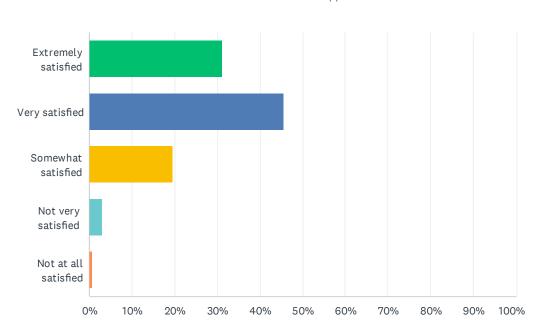
Answered: 170 Skipped: 5



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

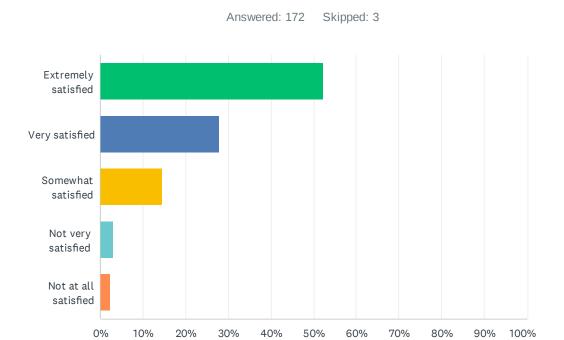
Q8 How satisfied were you with your route?





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

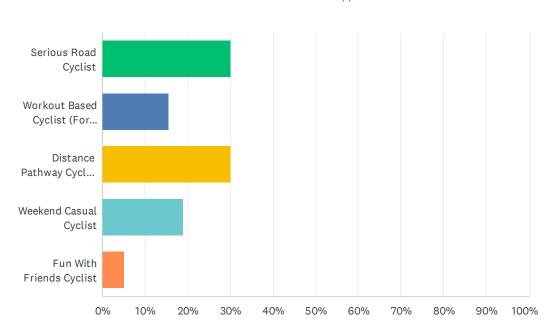
Q9 How satisfied were you with the quality of your ride leaders and volunteers on the route?



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?





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

I Wait To See Weather Week...

0%

10%

20%

30%

40%

50%

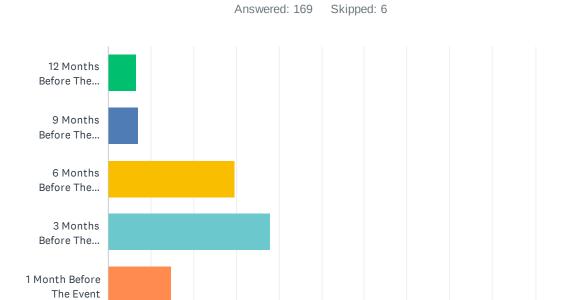
60%

70%

80%

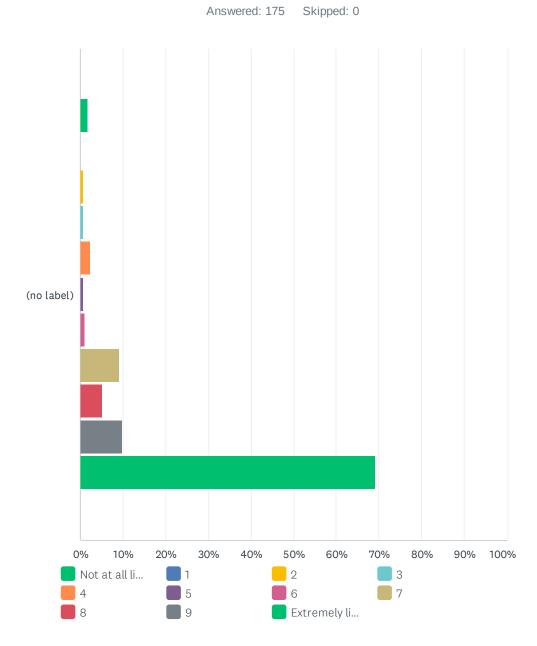
90% 100%

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



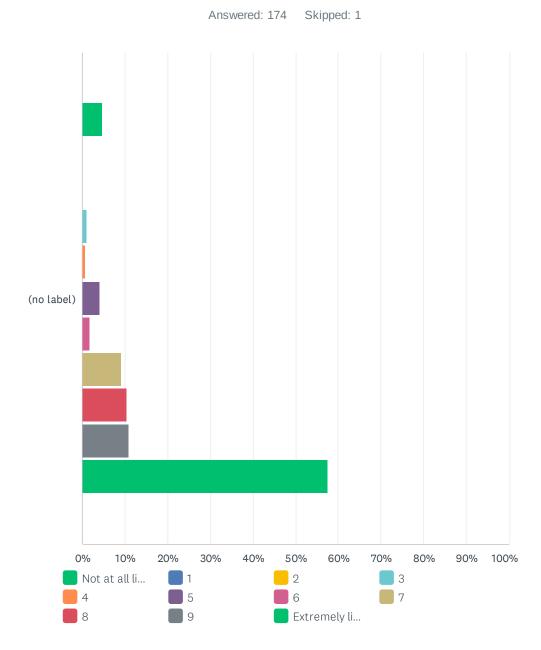
ANSWER CHOICES	RESPONSES	
12 Months Before The Event	6.51%	11
9 Months Before The Event	7.10%	12
6 Months Before The Event	29.59%	50
3 Months Before The Event	37.87%	64
1 Month Before The Event	14.79%	25
I Wait To See Weather Week Of Event	4.14%	7
TOTAL		169

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



	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%	0.57% 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?

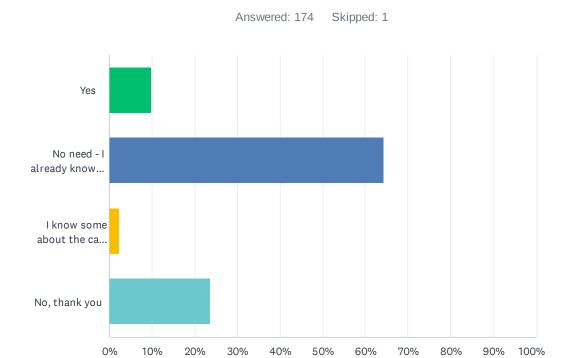


	NOT AT ALL LIKELY - 0	1	2	3	4	5	6	7	8	9	EXTREMELY LIKELY - 10	TOTAL
(no label)	4.60% 8	0.00%	0.00%	1.15% 2	0.57% 1	4.02% 7	1.72% 3	9.20% 16	10.34% 18	10.92% 19	57.47% 100	174

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?



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

	Α	В	CE	E F G	Н		I
1			1			_	ct '22- Sep 23Budget
1	H	O		nary Income/Expense			zsbuugei
3	╀		- !!	ncome 4000 · Raised Revenues from Donations			
4	╁			4000 · Raised Revenues from Donations			
5	┢		-	4001 · Donations 4005 · Donations - General		\$	115 000
6	┢	H	-			\$	115,000
7	╁	H	+	4065 · Memorials & Bequests Total 4001 · Donations		\$	25,000
8	┢	H	+	Total 4000 · Raised Revenues from Donations		\$	140,000
9	┢	H	-	4030 · Special Events Revenue		Ş	140,000
10	╁			4030.1 · Special Event Revenue - Golf			
11	╁			4032 · Special Event Income - Golf		\$	50,000
12	╁	Н		4032.1 · Special Event Raffle - Golf		\$	7,500
13	╁	H		Total 4030.1 · Special Event Revenue - Golf		\$	57,500
14	╁	H		4034 · Special Events - Sporting		\$	145,000
15	╁	H		4035 · Special Events - Unrestricted		\$	143,000
16	H	H	+	4036.1 · Special Event Revenue - Spring		7	
17	┢	H	+	4036 · Special Events-Spring Fundraise		\$	215,000
18	H	H	+	4036.2 · Special Event -Gala Fund a Need		\$	115,000
19	H	H	+	Total 4036.1 · Special Event Revenue - Spring		\$	330,000
20	l	H	+	Total 4030 · Special Events Revenue		\$	532,500
21	H	\vdash	+	4045 · General Appeals		\$	200,000
22	┢	H	+	4050 · Trusts, Foundations &Government		\$	157,000
23	H	H	+	4055 · Endowment Fund Income		\$	120,000
24	H	H		4099 · Program & Membership Revenue		ڔ	120,000
25	H			4100 · Membership Dues & Fees			
26	╁			4110 · Membership Dues			
27	╁			Total 4100 · Membership Dues & Fees			
28	╁			4120 · Program Fees		\$	215,000
29	t			4122 · Scholarships		\$	(15,000)
30	H	H	-	Total 4099 · Program & Membership Revenue		\$	200,000
31	H	H	-	4500 · Miscellaneous Income		۲	200,000
32	H	H		4210 · Rental of Facility		\$	20,000
33	H			4600 · Other Grants		\$	15,000
34	╁			4500 · Miscellaneous Income - Other		\$	13,000
35	╁			Total 4500 · Miscellaneous Income		\$	35,000
36	╁	Н		4995 · Income from United Way		\$	33,000
37	╁	H	-	otal Income		\$	1,384,500
38	╁	H	-	Cost of Goods Sold		7	1,304,300
39	╁	H	+	5359 · Expenses - Special Events			
40	┢	H	+	5460 · Event Expense - Golf		\$	8,000
41	┢	\forall	+	5461 · Event Expense - Spring Event		\$	50,000
42	H	\forall	+	5464 · Event Expense - Hunt Fish Shoot		٧	30,000
43	t	H	+	5465 · Event Expense - Sporting Events		\$	45,000
44	t	H	+	Total 5359 · Expenses - Special Events		\$	103,000
45	┢	H	+	Total COGS		\$	103,000
46	┢	H		oss Profit		\$	1,281,500
47	┢	H		expense		ڔ	1,201,300
48	┢	H	+	5000 · Payroll Expenses			
49	┢	Н	+	5005 · Compensation - Full Time		\$	422,227
50	┨	H	+	5010 · Compensation - Part Time		\$	245,446
51	l	H	+	5015 · Salary Increases/Bonus Pool		\$	
52	l	H	+	5019 · Employee Costs		ب	
53	H	H	+	5020 · Health Benefits		\$	QQ 10F
54	H	H	+	5025 · Workers Comp Exp		\$	88,405
55	╁	\forall	+	5030 · Retirement/Pension		\$	6,639
56	╁	H	+	5040 · Other Benefits & Costs		ې	12,667
57	╁	Н	+			\$	E1 077
	╀	Н	+	5050 · Payroll Taxes		\$	51,077
58	H	Н	+	5055 · SUTA Taxes		<u> </u>	3,187
59 60	-	H	+	Total 5019 · Employee Costs		\$	161,975
60	<u> </u>			5112 · Payroll Service Fees		\$	-

	Α	В	C	D	Ε	F G	Н		I
61						5000 · Payroll Expenses - Other		\$	-
62					То	tal 5000 · Payroll Expenses		\$	829,648
63					51	13 · Advertising, Marketing & Promo		\$	7,000
64					51	15 · 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					ľ	Total 5155 · Program Activites		\$	10,000
82									
83					_	5160 · Food Supplies		\$	240
84					\vdash	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						tal 5115 · Operating Supplies		\$	57,500
90					52	00 · Utilities			
91					+	5210 · Telephone		\$	16,000
92						5230 · Electric & Gas		\$	43,000
93					-	5232 · Security		\$	11,000
94					\vdash	5235 · Water & Sewer		\$	8,000
95					-	tal 5200 · Utilities		\$	78,000
96					Н Т	39 · 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	L				_	tal 5239 · Building & Ground Maintenance		\$	67,000
103					Ь.	00 · Insurance		_	
104	-				-	5309 · Insurance - Commercial Property		\$	27,052
105	_	_			+ +	5310 · Insurance - General & Liability		\$	2,035
106	L	L			+	5311 · Insurance - Auto		\$	9,528
107	_				-	5314 · Insurance - Umbrella		\$	15,105
108	_				+	5315 · Insurance - Flood		\$	11,125
109	-				_	tal 5300 · Insurance		\$	64,845
110	_				-	20 · Travel Expense		<u>,</u>	4.000
111	L				1	5048 · Conferences & Training		\$	4,000
112	L				-	5421 · Mileage		\$	1,000
113	_	L			-	5430 - Gas & Oil - Vehicles		\$	1,000
114	_	L			-	5420 Travel Expenses - Other		<u>,</u>	C 222
115	_				_	tal 5420 · Travel Expense		\$	6,000
116	_				-	00 · Other Operating Expenses		ć	4 202
117	_				-	5049 · Staff Apparel		\$	1,200
118	_				-	5110 · Professional Fees		\$	27,000
119	_				-	5340 · Property Tax		\$	6,000
120	L				-	5425 · Recruiting Expenses		\$	2,000
121						5440 · Licenses		\$	1,500

	Α	В	CD	E F G	Н		1
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		т	203,000
135			Т	otal Expense		\$	1,370,833
136		Ne		rdinary Income		\$	(89,333)
137				Income/Expense		۲	(65,555)
138		_		er Income			
-							
139	-	Н	4.	300 · Investment Income			
140	-	Н	+	4320 · Interest - Restricted			
141	L	Н	+	4330 · Dividend Income			
142	L	Н	+	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			T	otal 4300 · Investment Income			
148			4:	321 · Interest - Capital Campaign			
149			48	362 · HH Capital Campaign Restricted			
150			49	990 · 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						ς	47 549
162		H	+	4901 · Reading Program - Restricted 4902 · Technology		Ş	47,549
163		Н		Total 4991 · Restricted Income		\$	62,549
164		Н	+	4990 · Income Released From Restricted - Other		ڔ	02,349
165	-	H	+			ć	63 540
	H	Н		otal 4990 · Income Released From Restricted		\$	62,549
166	H	H		al Other Income		\$	62,549
167	\vdash	Н	\neg	er Expense			
168	-	Н	_	700 · Depreciation Expense			
169		Ц	58	800 · Restricted Fund Expenses			
170		Ц	1	5839 · Build Out Expenses			
171		Ц		5011 · Payroll Wages - Restricted		\$	43,748
172		Ц	1	5051 · Payroll Taxes - Restricted		\$	3,801
173		Ш	\perp	5801 · Direct Costs - Restricted			
174		Ш		5818 · Keystone Club Expenses			
175	L	Ш		5823 · Teen Program			
176	Ĺ	LĪ	\Box	5834 · Violin Restricted Expenses			
177		П		5863 · HH Reading Center			
178				5866 · Restricted for Holiday			
179		П		5868 · Restricted for Technology			
180		H		5871 · Restricted for Art Programs			
181		H	+	5880 · Reading Program - Restricted			
182		H	+	Total 5801 · Direct Costs - Restricted		\$	
102				TOTAL DOOL OF DIEGOLOGIC TRESULTATION		٦	

	Α	В	C	D	Ε	F	G	Н		
183					58	337	· Sports Program / Gym Expenses			
184					58	394	· STEM Restricted Expenses			
185		5800 · Restricted Fund Expenses - Other								
186				To	ota	ıl 5	800 · Restricted Fund Expenses		\$	47,549
187	5881 · Restricted Capital Campaign Exp									
188	7600 · Investment Expenses									
189		7605 · Investment Fees								
190					76	10	· Foreign Taxes Withheld			
191					76	00	· Investment Expenses - Other			
192				T	ota	ıl 7	600 · Investment Expenses		\$	-
193				99	900) .	Suspense			
194			T	ota	al (Otł	ner Expense		\$	47,549
195		N	et	0	the	er I	ncome		\$	15,000
196	Ν	let	ln	CC	m	е			\$	(74,333)
197	97 "Real" Net Income					\$	(74,333)			
198	Ρ	lar	۱n	ec	ΙŪ	sa	ge of the Operating Reserve		\$	74,333
199	Net Balanced Budget					d 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 Acounts	4 427 265 24	75 000 00	0.00	4 040 065 04
1060 · Wells Fargo 2200-3195 1062 · Wells Fargo 1167-7761	1,137,265.21 34,238.17	75,000.00 0.00	0.00 0.00	1,212,265.21 34,238.17
1069 · Fidelity HH Endowment	1,285,882.94	0.00	0.00	1,285,882.94
Total 1100 · Endowment Acounts	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	9,381.90 246,939.73	0.00 0.00	0.00 0.00	9,381.90 246,939.73
1370 · Construction in Progress	240,939.73	0.00	0.00	240,939.73
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 89,971.00	0.00 0.00	0.00 0.00	28,665.72 89,971.00
1530 · Transportation Equipment 1550 · Accumulated Depreciation	-3,271,374.90	0.00	0.00	-3,271,374.90
1999 - Accumulated Depreciation	-5,211,514.90	0.00	0.00	-5,211,514.90

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 2345 · Deferred Revenue 2400 · Payroll Liabilities	50,000.00 300.00	0.00 0.00	0.00 0.00	50,000.00 300.00
2010 · WH - United Way 2045 · Health Insurance Deferral 2050 · Other Payroll Deductions 2090 · Accrued Vacation 2095 · Wages Payable	85.00 -2,212.39 2,623.53 12,999.42 17,051.33	0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00	85.00 -2,212.39 2,623.53 12,999.42 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

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
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	5,823,226.88	75,000.00	874,638.21	6,772,865.09
TOTAL LIABILITIES & EQUITY	5,915,557.33	75,000.00	874,638.21	6,865,195.54

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				
1000 · Cash Accounts 1025 · HH Operating Reserve	238,343.61	0.00	0.00	238,343.61
1027 · HH Capital Campaing 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 1093 · SSB Restricted Funds	-74,640.92	0.00	0.00	-74,640.92
-	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 Acounts	070 000 07	77 000 00	0.00	4 050 000 05
1060 · Wells Fargo 2200-3195 1062 · Wells Fargo 1167-7761	978,006.67 20,541.77	75,000.00 0.00	0.00 0.00	1,053,006.67 20,541.77
1069 · Fidelity HH Endowment	1,078,209.70	0.00	0.00	1,078,209.70
Total 1100 · Endowment Acounts	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 1250 · Accts Receivable	0.00 0.00	0.00 0.00	11,954.00 153,260.30	11,954.00 153,260.30
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	0.00	1,977.00
1510 · Equipment 1520 · Furnishings	539,633.93 28,665.72	0.00	0.00 0.00	539,633.93 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 2400 · Payroll Liabilities	7,768.00	0.00	0.00	7,768.00
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 2090 · Accrued Vacation	327.90 5,119.70	0.00 0.00	0.00 0.00	327.90 5,119.70
2090 · Accrued vacation 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
. Clair Guiront Elabintios	177,102.00		0.00	177,102.00

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
174,182.50	0.00	0.00	174,182.50
131,641.18	0.00	0.00	131,641.18
0.00	75,000.00	0.00	75,000.00
2,076,758.14	0.00	0.00	2,076,758.14
60,000.00	0.00	0.00	60,000.00
1,059.00	0.00	-1,059.00	0.00
2,077,664.06	0.00	0.00	2,077,664.06
0.00	0.00	900,800.41	900,800.41
368,083.42	0.00	-202,880.88	165,202.54
4,715,205.80	75,000.00	696,860.53	5,487,066.33
4,889,388.30	75,000.00	696,860.53	5,661,248.83
	174,182.50 131,641.18 0.00 2,076,758.14 60,000.00 1,059.00 2,077,664.06 0.00 368,083.42 4,715,205.80	174,182.50 0.00 131,641.18 0.00 0.00 75,000.00 2,076,758.14 0.00 60,000.00 0.00 1,059.00 0.00 2,077,664.06 0.00 0.00 0.00 368,083.42 0.00 4,715,205.80 75,000.00	174,182.50 0.00 0.00 131,641.18 0.00 0.00 0.00 75,000.00 0.00 2,076,758.14 0.00 0.00 60,000.00 0.00 0.00 1,059.00 0.00 -1,059.00 2,077,664.06 0.00 0.00 0.00 0.00 900,800.41 368,083.42 0.00 -202,880.88 4,715,205.80 75,000.00 696,860.53

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense				-			7 milati Baagot
Income 4000 · Raised Revenues from Donations 4001 · Donations							
4005 · Donations - General 4065 · Memorials & Bequests	200.00 1,150.00	1,000.00	-800.00	38,065.50 157,982.01	25,000.00 0.00	13,065.50 157,982.01	25,000.00 0.00
Total 4001 · Donations	1,350.00	1,000.00	350.00	196,047.51	25,000.00	171,047.51	25,000.00
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
4030 · Special Events Revenue 4030.1 · Special Event Revenue - Golf					1000m • 1000m 1000m		20,000
4032 · Special Event Income - Golf 4032.1 · Special Event Raffle - Golf	0.00	0.00	0.00	42,786.00 7,000.00	30,850.00 6,000.00	11,936.00 1,000.00	30,850.00 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	36,850.0
4034 · Special Events - Sporting 4035 · Special Events - Unrestricted 4036.1 · Special Event Revenue - Spring	0.00 0.00	0.00 500.00	0.00 -500.00	130,397.61 1,318.15	85,000.00 6,000.00	45,397.61 -4,681.85	85,000.00 6,000.00
4036 · Special Events-Spring Fundraise 4036.2 · Special Event -Gala Fund a Need	0.00	0.00	0.00	150,355.54 279,109.30	150,000.00 100,000.00	355.54 179,109.30	150,000.00 100,000.00
Total 4036.1 · Special Event Revenue - Spr	0.00	0.00	0.00	429,464.84	250,000.00	179,464.84	250,000.0
Total 4030 · Special Events Revenue	0.00	500.00	-500.00	610,966.60	377,850.00	233,116.60	377,850
4045 · General Appeals 4050 · Trusts, Foundations &Government	9,200.00 170,000.00	1,500.00 140,000.00	7,700.00 30,000.00	377,551.50 205,505.10	160,000.00 140,000.00	217,551.50 65,505.10	160,000 140,000
4055 · Endowment Fund Income	0.00	22,500.00	-22,500.00	0.00	90,000.00	-90,000.00	90,000
4099 · Program & Membership Revenue 4100 · Membership Dues & Fees	0.00						
4110 · Membership Dues	0.00			50.00			
Total 4100 · Membership Dues & Fees	0.00			50.00			
4120 · Program Fees 4122 · Scholarships	11,122.50 -859.00	17,000.00 -3,000.00	-5,877.50 2,141.00	225,322.47 -75,251.00	155,975.00 -25,800.00	69,347.47 -49,451.00	155,975.00 -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
4500 · Miscellaneous Income 4210 · Rental of Facility 4600 · Other Grants 4500 · Miscellaneous Income - Other	2,000.00 70,699.21 0.00	2,000.00 1,250.00	0.00 69,449.21	29,580.00 233,399.67 164,034.83	24,000.00 15,000.00 0.00	5,580.00 218,399.67 164,034.83	24,000.00 15,000.00 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
4995 · Income from United Way	0.00	0.00	0.00	0.00	0.00	0.00	0
Total Income	263,512.71	182,750.00	80,762.71	1,967,206.68	962,025.00	1,005,181.68	962,025
Cost of Goods Sold 5359 · Expenses - Special Events 5460 · Event Expense - Golf	2,500,00	0.00	2,500.00	6,615,66	E 260.00		
5461 · Event Expense - Spring Event	0.00	0.00	0.00	34,885,04	5,360.00 50,000.00	1,255.66 -15,114.96	5,360.00 50,000.00

	Sep 21	Budget	\$ Over Budget	0-4/20 0 24	VTD D . I . I		
5465 · Event Expense - Sporting Events	0.00	0.00	0,00	Oct '20 - Sep 21 35,188,86	27,000,00	\$ Over Budget 8,188,86	Annual Budget
Total 5359 · Expenses - Special Events	2,500.00	0.00	2,500.00	76,689.56			27,000.00
Total COGS	2,500.00				82,360.00	-5,670.44	82,360.00
		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 5010 · Compensation - Part Time 5015 · Salary Increases/Bonus Pool 5019 · Employee Costs	30,258.31 11,386.98 11,000.00	22,840.00 16,995.50	7,418.31 -5,608.52	288,700.99 206,022.08 14,000.00	296,920.00 267,580.00	-8,219.01 -61,557.92	296,920.00 267,580.00
5020 · Health Benefits 5025 · Workers Comp Exp 5030 · Retirement/Pension 5040 · Other Benefits & Costs 5050 · Payroll Taxes 5055 · SUTA Taxes	5,292.53 0.00 0.00 0.00 2,743.20 59.70	4,261.83 595.64 0.00 3,047.42 57.47	1,030.70 -595.64 0.00 -304.22 2.23	58,207.20 4,999.47 4,187.02 -189.29 38,102.28 907.62	51,141.96 7,147.68 10,664.40 43,184.24 1,475.20	7,065.24 -2,148.21 -6,477.38 -5,081.96 -567.58	51,141.96 7,147.68 10,664.40 43,184.24 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 5000 · Payroll Expenses - Other	0.00 0.00	77.00	-77.00	63.00 -161.29	1,009.75 0.00	-946.75 -161.29	1,009.75
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 5115 · Operating Supplies	1,901.68	500.00	1,401.68	5,998.73	6,000.00	-1.27	6,000.00
5120 · Office supplies 5130 · Housekeeping Supplies 5140 · Medical Supplies 5150 · Program Supplies	3,311.23 3,319.91 265.66	150.00 1,100.00 0.00	3,161.23 2,219.91 265.66	7,575.69 14,983.46 406.43	1,800.00 15,000.00 0.00	5,775.69 -16.54 406.43	1,800.00 15,000.00 0.00
5150.1 - Art 5150.2 - Food 5150.4 - Sports 5150.5 - Summer 5150.6 - Technology 5150 - Program Supplies - Other	353.38 1,383.58 208.05 0.00 0.00 937.77	1,000.00	-62.23	439.69 5,919.76 252.89 4,348.98 841.54 2,608.64	0.00 0.00 0.00 0.00 0.00 14,000.00	5,919.76 252.89 4,348.98 841.54 -11,391.36	0.00 0.00 0.00 0.00 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 5155.4 · Sports 5155.5 · Summer 5155.6 · Technology	0.00 73.67 0.00 0.00	0.00	200.00	21.41 223.62 1,956.83 381.28	0.00	21.41 1,956.83	0.00
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 5170 · Meeting Refreshments 5175 · Snack Expense 5180 · Printing 5185 · Postage	0.00 0.00 0.00 283.55 59.75	100.00 100.00 0.00 550.00 200.00	-100.00 -100.00 0.00 -266.45 -140.25	36.35 133.02 469.66 7,976.37 1,520.30	1,200.00 1,200.00 0.00 6,600.00 3,900.00	-1,163.65 -1,066.98 469.66 1,376.37 -2,379.70	1,200.00 1,200.00 0.00 6,600.00 3,900.00

	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							0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×0×
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	040.47				AND REPORTED PROPERTY.		
5510 · National Dues - Programs 5531 · Membership & Subscription Fees	646.17 0.00	0.00 100.00	646.17 -100.00	3,877.02	3,750.00	127.02	3,750.00
allocation of processing the second s		_		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 5627 · Credit Card Fees	0.00	10.00	-10.00	0.00	120.00	-120.00	120.00
5630 · Loan Interest Expense	1,170.06 0.00	500.00	670.06	6,973.66	6,000.00	973.66	6,000.00
50 0	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

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	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 4862 · HH Capital Campaign Restricted 4990 · Income Released From Restricted 4991 · Restricted Income	30.15 5,000.00			585.08 234,020.41	0.00 0.00	585.08 234,020.41	0.00 0.00
4808 · Breedlove Fund - Restricted 4510 · Other Income - Restricted 4809 · Scholarship - Restricted 4818 · Keystone Club 4837 · Tennis Program - Restricted 4839 · Sports Programs - Restricted 4866 · Restricted for Holiday 4878 · Restricted for Teen Programs	500,000.00 0.00 3,000.00 0.00 0.00 0.00 0	0.00	3,000.00	500,000.00 209,880.00 52,200.00 0.00 0.00 500.00 4,405.00	0.00 0.00 0.00 0.00 0.00 0.00	209,880.00 52,200.00 0.00 0.00 500.00 4,405.00	0.00 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	0.00
4902 · Technology	0.00	0.00	0.00	12,000.00	0.00 0.00	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 5800 · Restricted Fund Expenses	16,843,85			202,126.18	0.00	202,126.18	0.00
5839 · Build Out Expenses 5011 · Payroll Wages - Restricted 5051 · Payroll Taxes - Restricted 5801 · Direct Costs - Restricted	-13,825.54 0.00 0.00	0.00 0.00	0.00 0.00	0.00 1,831.25 140.10	0.00 0.00	1,831.25 140.10	0.00 0.00
5818 · Keystone Club Expenses 5823 · Teen Program 5834 · Violin Restricted Expenses 5863 · HH Reading Center 5866 · Restricted for Holiday	0.00 78.87 0.00 87.21 0.00			0.00 623.27 0.00 3,343.08 3,377.02	0.00 0.00 0.00 0.00 0.00	0.00 623.27 0.00 3,343.08 3,377.02	0.00 0.00 0.00 0.00 0.00

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
5868 · Restricted for Technology 5871 · Restricted for Art Programs 5874 · Gulf Stream (USCB)-Healthy Eat	567.67 537.53 0.00			3,277.36 5,397.93	0.00 0.00	3,277.36 5,397.93	0.00
5880 · Reading Program - Restricted	0.00			76.76 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 5894 · STEM Restricted Expenses 5800 · Restricted Fund Expenses - Other	0.00 45.17 45,000.00			0.00 4,692.14 47,735.95	0.00 0.00 0.00	0.00 4,692.14 47,735.95	0.00 0.00 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 7600 · Investment Expenses	-51,613.93			28,213.23	0.00	28,213.23	0.00
7605 · Investment Fees 7610 · Foreign Taxes Withheld 7600 · Investment Expenses - Other	0.00 0.00 0.00			21,969.86 34.71 0.00	0.00 0.00 0.00	21,969.86 34.71 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

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 4065 · Memorials & Bequests	1,258.95 321.50	1,500.00 0.00	-241.05 321.50	32,304.40 6,811.50	55,000.00 0.00	-22,695.60 6,811.50	55,000.00 0.00
Total 4001 · Donations	1,580.45	1,500.00	80.45	39,115.90	55,000.00	-15.884.10	55,000.00
Total 4000 · Raised Revenues from Donations	1,580.45	1,500.00	80.45	39,115.90	55,000.00	-15,884.10	55.000.
4030 · Special Events Revenue 4030.1 · Special Event Revenue - Golf 4032 · Special Event Income - Golf	0.00				25,000.00	-10,004.10	55,000.
4032.1 · Special Event Raffle - Golf	0.00	0.00	0.00	43,625.00 8,500.00	44,250.00 10,000.00	-625.00 -1,500.00	44,250.00 10,000.00
Total 4030.1 · Special Event Revenue - Golf	0.00	0.00	0.00	52,125.00	54,250.00	-2,125.00	54,250.00
4034 · Special Events - Sporting 4035 · Special Events - Unrestricted 4036.1 · Special Event Revenue - Spring	0.00 0.00	0.00 750.00	0.00 -750.00	101,124.92 1,400.00	100,000.00 9,000.00	1,124.92 -7,600.00	100,000.00 9,000.00
4036 · Special Events-Spring Fundraise 4036.2 · Special Event -Gala Fund a Need 4036.1 · Special Event Revenue - Spring	0.00 0.00 0.00	0.00	0.00 0.00	46,886.78 312,740.39 550.00	285,000.00 95,000.00	-238,113.22 217,740.39	285,000.00 95,000.00
Total 4036.1 · Special Event Revenue - Spring	0.00	0.00	0.00	360,177.17	380,000.00	-19,822.83	380,000.00
4037.2 · Special Event Rev-Walk Run Spin	0.00			0.00	0.00	0.00	0.00
Total 4030 · Special Events Revenue	0.00	750.00	-750.00	514,827.09	543,250.00	-28,422.91	543,250.0
4045 · General Appeals 4050 · Trusts, Foundations &Government	5,096.63 0.00	1,000.00 135,000.00	4,096.63 -135,000.00	226,958.57 310,000.00	175,000.00 140,500.00	51,958.57 169,500.00	175,000.0 140,500.0
4055 · Endowment Fund Income	0.00	22,500.00	-22,500.00	0.00	90,000.00	-90,000.00	90,000.0
4099 · Program & Membership Revenue 4100 · Membership Dues & Fees 4110 · Membership Dues						55,555.55	30,000.0
Total 4100 · Membership Dues & Fees	0.00		_	0.00	0.00	0.00	0.00
4120 · Program Fees	0.00			0.00	0.00	0.00	0.00
4122 · Scholarships	22,989.00 -11,101.00	14,000.00 -2,500.00	8,989.00 -8,601.00	169,383.75 -25,590.50	230,000.00 -35,000.00	-60,616.25 9,409.50	230,000.00 -35,000.00
Total 4099 · Program & Membership Revenue	11,888.00	11,500.00	388.00	143,793.25	195,000.00	-51,206.75	195,000.0
4500 · Miscellaneous Income 4210 · Rental of Facility 4600 · Other Grants 4500 · Miscellaneous Income - Other	1,645.00 0.00 0.00	3,000.00 1,250.00 0.00	-1,355.00 -1,250.00 0.00	28,005.00 53,439.33 57.00	36,000.00 25,000.00 0.00	-7,995.00 28,439.33 57.00	36,000.00 25,000.00 0.00
Total 4500 · Miscellaneous Income	1,645.00	4,250.00	-2,605.00	81,501.33	61,000.00	20,501.33	
4995 · Income from United Way	0.00	10,000.00	-10,000.00	0.00	10,000.00	-10,000.00	61,000.0
Total Income	20,210.08	186,500.00	-166,289,92	1,316,196.14	1,269,750.00	46,446.14	1,269,750.00

cost of Goods Sold 5359 · Expenses - Special Events

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Budget
5460 · Event Expense - Golf 5461 · Event Expense - Spring Event	0.00	0.00	0.00	6,240.79	8,750.00	-2,509.21	8,750.00
5463 · Event Expense - Holiday & other	360.00	0.00	360.00	19,996.46	95,000.00	-75,003.54	95,000.00
5465 · Event Expense - Sporting Events	0.00			0.00	0.00	0.00	0.00
5467 · Event Expense - Walk Run Spin	0.00 0.00	0.00	0.00	27,831.13	30,000.00	-2,168.87	30,000.00
5665 · Event Expense-Misc Unrestricted	0.00			0.00	0.00	0.00	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	133,750.0
Total COGS	360.00	0.00	360.00	54,148.27	133,750.00	-79,601.73	133,750.0
ross Profit	19,850.08	186,500.00	-166,649.92	1,262,047.87	1,136,000.00	126,047.87	1,136,000.0
Expense						120,011101	1,100,000.0
5000 · Payroll Expenses							
5005 · Compensation - Full Time	24,120.13	23,145.52	974.61	312,178,33	342,201.76	-30,023,43	0.40.004.70
5010 · Compensation - Part Time	11,111.63	16,259.50	-5,147.87	167,902.74	238,457.00	,	342,201.76
5015 · Salary Increases/Bonus Pool	27,000.00			27,000.00	230,437.00	-70,554.26	238,457.00
5019 · Employee Costs				=,,000.00			
5020 · Health Benefits	752.66	3,483.20	-2,730.54	52,825.21	41,798.40	11,026.81	44 700 40
5025 · Workers Comp Exp	583.66	419.61	164.05	6,791.05	5,454.93	1,336.12	41,798.40
5030 · Retirement/Pension	-1,284.97	0.00	-1,284.97	10,515.73	9,066.11	1,449.62	5,454.93
5050 · Payroll Taxes	3,876.19	3,014.48	861.71	39,489.60	44,420.48		9,066.11
5055 · SUTA Taxes	-237.75	41.55	-279.30	1,070.46	1,325.93	-4,930.88 -255.47	44,420.48 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	020.00	****		
5000 · Payroll Expenses - Other	0.00	0.00	0.00	938.00 0.00	983.50 0.00	-45.50	983.50
Total 5000 · Payroll Expenses	65,979.30	46,433.86	19,545.44	618,711.12	683,708.11	-64,996,99	0.00
5113 · Advertising, Marketing & Promo	5,359.20	750.00				-04,990.99	683,708.1
5115 · Operating Supplies	5,559.20	750.00	4,609.20	8,778.09	9,000.00	-221.91	9,000.0
5120 · Office supplies	235.15	125.00	440.45				20 0 0000
5130 · Housekeeping Supplies	884.11		110.15	4,134.38	1,500.00	2,634.38	1,500.00
5140 · Medical Supplies		425.00	459.11	23,832.23	5,100.00	18,732.23	5,100.00
5150 · Program Supplies	0.00	0.00	0.00	861.26	0.00	861.26	0.00
5150.1 · Art	112.15						0.00
5150.2 · Food	44.34	0.00		648.74	0.00	648.74	0.00
5150.4 · Sports	0.00	0.00	44.34	700.37	0.00	700.37	0.00
5150.5 · Summer		0.00	0.00	3,000.16	0.00	3,000.16	0.00
5150.6 · Technology	0.00	0.00	0.00	2,309.98	0.00	2,309.98	0.00
5150 · Program Supplies - Other	125.70	0.00	125.70	1,075.88	0.00	1,075.88	0.00
-	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	100.00	
5155.4 · Sports	0.00			94.67	0.00	198.63	0.00
5155.5 · Summer	0.00	0.00	0.00	327.82	0.00	94.67	0.00
5155.6 · Technology	31.01		0.00	93.03	0.00	327.82	0.00
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			
			51.01	7 14.10	19,000.00	-18,285.85	19.000.00
5160 · Food Supplies	0.00	40.00	-40.00	0.00			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

	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	
5180 · Printing	830.64	550.00	280.64	8,528.27	6,600.00		0.00
5185 · Postage	181.04	75.00	106.04	2,204.86	3,325.00	1,928.27	6,600.00
5115 · Operating Supplies - Other	0.00	0.00	0.00	206.17	0.00	-1,120.14 206.17	3,325.00 0.00
Total 5115 · Operating Supplies	2,491.70	2,315.00	176.70	53,641.19	54,025.00	-383.81	54,025
5200 · Utilities					0 1,020.00	-363.61	54,025.
5210 · Telephone	2,108.27	1,400.00	708.27	19,025.31	40.000.00		
5230 · Electric & Gas	3,803.77	4,000.00	-196.23		16,800.00	2,225.31	16,800.00
5232 · Security	2,561.00	1,075.00	1,486.00	35,133.21	42,950.00	-7,816.79	42,950.00
5235 · Water & Sewer	413.20	450.00	-36.80	8,477.93 4,681.48	12,900.00 4,375.00	-4,422.07 306.48	12,900.00
Total 5200 · Utilities	8,886.24	6,925.00	1,961.24	67,317,93	77,025.00	-9.707.07	4,375.00
5239 · Building & Ground Maintenance				, , , , , , , , , , , , , , , , , , , ,	77,020.00	-9,707.07	77,025.
5240 · Grounds Maintenance	1,560.00	1,250.00	0.10.00	corps accept acceptance			
5241 · Outside Cleaning&Other Services	4,050.00	2,350.00	310.00	13,819.39	15,000.00	-1,180.61	15,000.00
5250 · Equipment Repairs	5,573.94		1,700.00	26,876.76	28,200.00	-1,323.24	28,200.00
5260 · Building Repairs	306.97	625.00 600.00	4,948.94	12,152.44	7,500.00	4,652.44	7,500.00
5239 · Building & Ground Maintenance - Other	0.00	600.00	-293.03	17,865.70 134.76	7,200.00	10,665.70	7,200.00
Total 5239 · Building & Ground Maintenance	11,490.91	4,825.00	6,665.91	70,849.05	57,900.00	12.949.05	57.000
5300 · Insurance				,	07,500.00	12,949.05	57,900.
5309 · Insurance - Commercial Property	2,373,92	0.400.50					
5310 · Insurance - General & Liability	183.91	2,480.59	-106.67	24,362.04	27,179.67	-2,817.63	27,179,67
5311 · Insurance - Auto		226.33	-42.42	2,521.23	3,007.98	-486.75	3,007.98
5314 · Insurance - Umbrella	759.41	943.86	-184.45	7,937.39	9,438.60	-1,501.21	9,438.60
5315 · Insurance - Flood	1,075.57	1,141.23	-65.66	10,712.44	12,504.39	-1,791.95	12,504.39
_	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	71,666.0
5420 · Travel Expense							
5048 · Conferences & Training	1,347.00	200.00	1,147.00	124.26	13,100.00	40.075.74	
5421 · Mileage	0.00	75.00	-75.00	186.39	900.00	-12,975.74	13,100.00
5430 · Gas & Oil - Vehicles	0.00	150.00	-150.00	677.92	1,800.00	-713.61 -1,122.08	900.00 1,800.00
「otal 5420 · Travel Expense	1,347.00	425.00	922.00	988.57	15,800.00	-14.811.43	15,800.0
600 · Other Operating Expenses						11,011.40	13,800.0
5049 · Staff Apparel	250.36	40.00	210.36	775.41	480.00		
5110 · Professional Fees	45.20	150.00	-104.80	501.00	1,800.00	295.41 -1.299.00	480.00 1,800.00
5340 · Property Tax	0.00	0.00	0.00	2,906.73	2 000 00		
5425 · Recruiting Expenses	138.92	450.00	-311.08	3,654.68	3,000.00	-93.27	3,000.00
5440 · Licenses	0.00	25.00	-25.00		5,400.00	-1,745.32	5,400.00
5450 · Vehicle Repairs	700.00	125.00	575.00	900.85 858.20	1,275.00	-374.15	1,275.00
5500 · Dues & Licenses			070.00	636.20	1,500.00	-641.80	1,500.00
5510 · National Dues - Programs	0.00	0.00	0.00	3,744.00	3,750.00	2.22	
5531 · Membership & Subscription Fees	135.20	25.00	110.20	713.72	300.00	-6.00 413.72	3,750.00 300.00
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			→,050.00
5625 · Bank Service Charges	0.00	10.00	-10.00	0.00	1,000.00	-1,000.00	1,000.00
			-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	00.00	120.00

3,519.18 3,684.94 8,588.77 10,827.00 120,623.39 -100,773.31 32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00 367.65	100.00 175.00 1,535.00 10,827.00 80,455.82 106,044.18	\$ Over Budget 3,419.18 3,509.94 7,053.77 0.00 40,167.57 -206,817.49 32.22 7,468.75	16,569.21 4,022.94 42,582.32 129,924.00 1,057,679.73 204,368.14	1,200.00 2,100.00 27,145.00 129,924.00 1,126,193.15 9,806.85	\$ Over Budget 15,369.21 1,922.94 15,437.32 0.00 -68,513.42 194,561.29	1,200.00 2,100.00 27,145.0 129,924.0 1,126,193.1 9,806.8
3,684.94 8,588.77 10,827.00 120,623.39 -100,773.31 32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00	175.00 1,535.00 10,827.00 80,455.82 106,044.18 0.00 0.00 0.00 0.00 0.00	3,509.94 7,053.77 0.00 40,167.57 -206,817.49 32.22 7,468.75	4,022.94 42,582.32 129,924.00 1,057,679.73 204,368.14	2,100.00 27,145.00 129,924.00 1,126,193.15	1,922.94 15,437.32 0.00 -68,513.42	2,100.00 27,145.0 129,924.0 1,126,193.1
10,827.00 120,623.39 -100,773.31 32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00	10,827.00 80,455.82 106,044.18 0.00 0.00 0.00 0.00 0.00	0.00 40,167.57 -206,817.49 32.22 7,468.75	1,057,679,73 204,368.14	129,924.00 1,126,193.15	0.00 -68,513.42	129,924.0 1,126,193.
120,623.39 -100,773.31 32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00	80,455.82 106,044.18 0.00 0.00 0.00 0.00	40,167.57 -206,817.49 32.22 7,468.75	1,057,679,73 204,368.14	1,126,193.15	-68,513.42	129,924.0 1,126,193.1
-100,773.31 32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00 0.00 0.00	-206,817.49 -206,817.49 	204,368.14	-	-68,513.42	1,126,193.1
32.22 7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00 0.00	32.22 7,468.75		-		
7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00	7,468.75	829.15	0,000.00	134,301.23	9,806.8
7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00	7,468.75	829.15			
7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00	7,468.75	829.15			
7,468.75 0.00 -15,136.17 -29,367.00 0.00	0.00 0.00 0.00	7,468.75	829.15			
0.00 -15,136.17 -29,367.00 0.00	0.00 0.00			0.00	829.15	
-15,136.17 -29,367.00 0.00	0.00		51,927.81	0.00	51,927.81	0.00
-29,367.00 0.00		0.00	0.00	0.00		0.00
0.00		-15,136,17	-10,222.61	0.00	0.00	0.00
	0.00	-29,367.00	86,921.17	0.00	-10,222.61	0.00
367.65	0.00	0.00	0.00		86,921.17	0.00
	0.00	367.65	4,811.67	0.00 0.00	0.00 4,811.67	0.00 0.00
-36,634.55	0.00	-36,634.55	134,267.19	0.00	134,267,19	0.00
83.69	0.00	83.69	1.874.95	0.00		
-250,986.87	0.00	-250,986.87	1,713.10	0.00	1,874.95	0.0
	0.00	-230,960.67	1,713.10	0.00	1,713.10	0.00
0.00			E 000 00			
	0.00	0.00				
	0.00	0.00		0.00	185,260.00	0.00
	0.00	0.00			0.00	0.00
				0.00	1,956.00	0.00
				0.00	500.00	0.00
	0.00	0.00		0.00	0.00	0.00
	2.22					0.00
				0.00	500.00	0.00
				0.00		0.00
			40,850.00	39,723.79		39,723.79
	0.00	0.00	4,000.00	0.00	4,000.00	0.00
4,500.00	1,950.27	2,549.73	254,029.75	39,723.79	214,305.96	39,723.79
0.00	0.00	0.00	0.00	0.00	0.00	0.00
4,500.00	1,950.27	2,549.73	254,029.75	39,723.79	214,305.96	39,723.79
-283,037.73	1,950.27	-284,988.00	391,884.99	39,723.79	352,161.20	39,723.79
29 858 31	0.00	00.050.0				,
20,000.01	0.00	29,858.31	203,498.92	0.00	203,498.92	0.00
0.00	1.804.00	-1.804.00	9 622 25	20.700.00	22.727	
0.00						36,760.00
	1-10.21	-140.27	681.61	2,963.79	-2,282.18	2,963.79
	0.00	0.00	4.404.00	100 0000		
0.00	(1 (10)					
0.00 73.95	0.00	73.95	1,164.93 4,730.01	0.00 0.00	1,164.93	0.00
	0.00 4,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.	0.00 0.00 4,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,950.27 0.00 0.00 4,500.00 1,950.27 -283,037.73 1,950.27 29,858.31 0.00 0.00 1,804.00 0.00 146.27	0.00 0.00 0.00 4,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,950.27 -1,950.27 0.00 0.00 0.00 4,500.00 1,950.27 2,549.73 -283,037.73 1,950.27 -284,988.00 29,858.31 0.00 29,858.31 0.00 1,804.00 -1,804.00 0.00 146.27 -146.27	0.00 0.00 0.00 185,260.00 4,500.00 0.00 15,620.00 0.00 0.00 0.00 0.00 0.00 1,956.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 0.00 500.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 1,950.27 -1,950.27 40,850.00 0.00 0.00 0.00 4,000.00 4,500.00 1,950.27 2,549.73 254,029.75 0.00 0.00 0.00 0.00 4,500.00 1,950.27 2,549.73 254,029.75 -283,037.73 1,950.27 -284,988.00 391,884.99 29,858.31 0.00 29,858.31 203,498.92 0.00 146.27 -146.27 681.61	0.00 0.00 0.00 185,260.00 0.00 4,500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 39,723.79 0.00 1,950.27 2,549.73 254,029.75 39,723.79 0.00 0.00 0.00 0.00 0.00 4,500.00 1,950.27 2,549.73 254,029.75 39,723.79 -283,037.73 1,950.27 2,549.73 254,029.75 39,723.79 29,858.31 0.00 29,858.31 203,498.92 0.00 0.00 1,804.00 -1,804.00 8,633.25 36,760.00 0.00 146.27 -146.27 681.61 2	0.00 4,500.00 0.00 185,260.00 15,620.00 0.00 185,260.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,956.00 0.00 0.00 0.00 1,956.00 0.00 0.00 0.00 1,956.00 0.00 0.00 0.00 1,956.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 500.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 1,126.21 4,000.00 1,262.1 4,000.00 1,2

	Sep 20	Budget	\$ Over Budget	Oct '19 - Sep 20	YTD Budget	\$ Over Budget	Annual Dudant
5863 · HH Reading Center 5866 · Restricted for Holiday 5868 · Restricted for Technology 5871 · Restricted for Art Programs 5880 · Reading Program - Restricted	0.00 0.00 -5,399.49 0.00 0.00	0.00 0.00 0.00 0.00 0.00	0.00 0.00 -5,399.49 0.00 0.00	5,605.69 1,023.22 7,413.20 1,484.12 57.03	0.00 0.00 0.00 0.00 0.00 0.00	5,605.69 1,023.22 7,413.20 1,484.12 57.03	0.00 0.00 0.00 0.00 0.00 0.00
Total 5801 · Direct Costs - Restricted	-5,325.54	0.00	-5,325.54	21,478,20	0.00	21,478,20	
5837 · Sports Program / Gym Expenses 5894 · STEM Restricted Expenses 5800 · Restricted Fund Expenses - Other	0.00 409.49 0.00	0.00 0.00 0.00	0.00 409.49 0.00	300.00 4,669.44 167,310.17	0.00 0.00 0.00	300.00 4,669.44 167,310.17	0.00 0.00 0.00 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	
5881 · Restricted Capital Campaign Exp 7600 · Investment Expenses	0.00	0.00	0.00	0.00	0.00	0.00	39,723.79 0.00
7605 · Investment Fees 7610 · Foreign Taxes Withheld 7600 · Investment Expenses - Other	-2,618.07 -14.93 0.00	0.00 0.00 0.00	-2,618.07 -14.93 0.00	18,557.54 20.01 0.00	0.00 0.00 0.00	18,557.54 20.01 0.00	0.00 0.00
Total 7600 · Investment Expenses	-2,633.00	0.00	-2,633.00	18,577.55	0.00	-	0.00
8100 · Loss on Asset Disposition 9900 · Suspense	5,901.45 	0.00	0.00	5,901.45 0.00	0.00	18,577.55	0.00
Total Other Expense	28,210.71	1,950.27	26,260,44	431,050.59	-	0.00	0.00
Net Other Income	-311,248.44	0.00			39,723.79	391,326.80	39,723.79
Net Income			-311,248.44	-39,165.60	0.00	-39,165.60	0.00
	-412,021.75	106,044.18	-518,065.93	165,202.54	9,806.85	155,395.69	9,806.85

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)

u Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information. 2020 Open to Public Inspection

OMB No. 1545-0047

For the 2020 calendar year, or tax year beginning 10/01/20, and ending 09/30/21 C Name of organization BOYS & GIRLS CLUBS OF THE D Employer identification number Check if applicable: LOWCOUNTRY, INC. Address change Doing business as 57-0811876 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 PINCKNEY COLONY RD, SUITE 103 843-689-2618 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated BLUFFTON SC 29909 4,569,663 **G** Gross receipts\$ Amended return Name and address of principal officer: Yes H(a) Is this a group return for subordinates? Application pending JAMES WENTWORTH 10 PINCKNEY COLONY RD H(b) Are all subordinates included? If "No," attach a list. See instructions **BLUFFTON** SC 29909 **X** 501(c)(3) 501(c) (4947(a)(1) or) t (insert no.) Tax-exempt status: 527 WWW.BGCLOWCOUNTRY.ORG Website: U H(c) Group exemption number ${f u}$ Form of organization: | X | Corporation | Trust | Association | Year of formation: 1985 M State of legal domicile: Part I Summary 1 Briefly describe the organization's mission or most significant activities: To provide guidance to youth. Governance 2 Check this box u | 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) 17 ∞ಶ 4 Number of independent voting members of the governing body (Part VI, line 1b) 17 4 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 0 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0 Current Year 3,164,211 8 Contributions and grants (Part VIII, line 1h) 2,303,331 Revenue 9 Program service revenue (Part VIII, line 2g) 529,400 500,663 73,161 97,170 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 952,217 705,467 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,467,511 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,858,109 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,980,422 2,165,168 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ${\bf u}$ 269,100 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,180,490 1,382,963 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,548,131 3,160,912 309,978 1,306,599 **19** Revenue less expenses. Subtract line 18 from line 12 o Beginning of Current Year End of Year 10,292,161 11,628,313 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 713,321 196,334 Net 9,578,840 11,431,979 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign Here JAMES WENTWORTH EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Richard D Crowley, CPA Richard D Crowley, CPA self-employed P00640699 03/02/22 **Preparer** Crowley Wechsler & Associates LLC 26-1860008 Firm's EIN } Firm's name **Use Only** 1411 Queen Street 843-379-1065 Beaufort, SC May the IRS discuss this return with the preparer shown above? See instructions X Yes No

Ratt	Form 990 (20	020) BOYS & GIRLS	CLUBS OF THE	57-0811876	5 Page 2
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-E2? 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 services? 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 contrributing 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	Part III				
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Form 990 (2020) BOYS & GIRLS CLUBS OF THE
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,"	4	v	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		<u> </u>	
3	condidates for public office? If "Voe." complete Schodule C. Dort I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			- 22
•	all after the offert division the terror of K. IIVan II annual to Ocharlida O. Bart II	4		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	5		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	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446		
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120	х	
h	Schedule D, Parts XI and XII	12a		
Ŋ	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	174		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

_Pa	art IV Checklist of Required Schedules (continued)			
00	Did the appropriation around the or \$5,000 of arounds on other appriations to be for descentic in this ideals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			3.5
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_ <u></u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00-		.
00	"Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		 ^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
31	conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		1
32		32		х
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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.	38	X	
Pa	art 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			<u></u>
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 18			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	_	7.	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Г	Statements Regarding Other IRS Fillings and Tax Compilance (Commued)		1	
20	Enter the number of employees reported on Form W.2. Transmitted of Wess and Toy		Yes	No
Za	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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
b	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	- AL	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		21
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	30		
тu	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Vos." enter the name of the foreign country **	Tu		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	_		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 Once preside included on Farm 200 Part VIII, line 12			
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources			
D	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
С	Enter the amount of reserves on hand			
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?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 17 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 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 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 The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a 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 11a **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 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b 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? Х 16a 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 List the states with which a copy of this Form 990 is required to be filed **u** SC 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 X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 19 financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records $\bf u$ 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.

X 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	box	t, unle cer ar	ss pe	ition more rson	than of the the than of the than of the theorem.	an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) CHRIS PROTZ	40.00									
EXECUTIVE DIRECTOR	40.00						x	106,941	o	0
(2) BRUCE ANDREWS	0.00							100,941	<u> </u>	0
(2) 21(302 12(312))	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 BOWLE										
DTDEGEOD	0.00	7.						_	0	0
DIRECTOR (5) RAMONA CHILDERS	0.00	X						0	0	0
(3) ICHIONA CITTLEBERS	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		Х				0	0	0
(8) SUSAN HENDERSON										
DIRECTOR	2.00 0.00	x						o	o	0
(9) JOSEPH E. HUDSO		<u> </u>							<u> </u>	0
(3)0000111 11. 110000	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, II										
<u> </u>	0.00									
PRESIDENT	0.00	X		X				0	0	0 Form 990 (2020)

Part VII Section A. Officer	s, Directors, Tr	uste	es,	Key	Em	ploy	ees/	, and Highest Compens	ated Employees (continu	ed)			
(A) Name and title	(B) Average hours per week (list any hours for	offi	cer ar	Pos check ss pe	more rson directo	than dis both	an tee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	C	(F) imated a of othe ompensa from the	er ation ne	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(,	, , , , , , , , , , , , , , , , , , , ,			nizations	
(12) JAMES H. BRE	2.00												
DIRECTOR (13) ROBIN PRICE	0.00	X						0	0				0
DIRECTOR	2.00 0.00	x						0	0				0
(14) MOLLIE SANDM	2.00												•
DIRECTOR (15) ROBERT SHIEL	0.00 DS	X						0	0				0
	2.00												
DIRECTOR	0.00	X						0	0				0
(16) HAL SUTTON TREASURER	0.00	x		x				0	0				0
(17) RUSSELL WHIT	EFORD												
DIRECTOR	2.00 0.00	x						0	0				0
1b Subtotal							u u	106,941					
c Total from continuation she							u	106 041					
d Total (add lines 1b and 1c)2 Total number of individuals (ir	ncluding but not	limit	ed to	tho	se li	sted	u abo	106,941 ve) who received more that	an \$100.000 of				
reportable compensation from									•			Vac	Na
3 Did the organization list any fo	ormer officer, d	irecto	or, tr	uste	e, ke	ey er	nplo	yee, or highest compensa	ted	ſ			No
employee on line 1a? If "Yes, 4 For any individual listed on lin	" complete Sche	dule	J fo	or su	ch ii	ndivid	dual neati	ion and other compensation	n from the		3	Х	
organization and related orga individual	nizations greate	r tha	ın \$1	150,0	000?	<i>If "</i> Υ	/es,"	complete Schedule J for	such		4		x
5 Did any person listed on line for services rendered to the or	Ta receive or ac	crue	cor	nper	ısatı	on tro	om a	any unrelated organization	or individual		5		х
Section B. Independent Contract		,		,,,,,,								<u>'</u>	
1 Complete this table for your f compensation from the organ										c vear.			
	(A) business address								(B) tion of services		Cor	(C) npensatio	on
2 Total number of independent received more than \$100,000	contractors (incl	udin	g bu	t not	: limi	ted t	o the	ose listed above) who	0				

Pa	rt V			of Revenue nedule O con	tains	a response or	no	te to any line in	this Part VIII		
		Oneok II	- 001	iodaio o con	tuii io	a respense of		(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	12	Federated cam	naian	•	1a						
	h	1a Federated campaigns b Membership dues			1b		\dashv				
	C	c Fundraising events			1c		\dashv				
3ift ar	4	Related organiz			1d		\dashv				
, <u>E</u>	e	Government grants (c			1e	181,51	15				
r Sign	f	All other contributions,					Ť				
buti	_	and similar amounts n			1f	2,982,69	96				
ĘÒ	а	Noncash contributions	include	ed in lines 1a-1f	1g		ᅦ				
Sor	h	h Total. Add lines 1a–1f					u	3,164,211			
						Business C					
e G	2a	PROGRAM SE	ERVIC	CE REVENUE				468,495	468,495		
ë Zi	b	BRIDGES RE	NTAI	INCOME				29,580			29,580
Program Service Revenue	С	MEMBERSHIP	DUI	ES				2,588	2,588		
ran Reve	d										
rog F	е										
Д.	f	All other prograi									
	g	Total. Add lines	2a-2	2f		.	u	500,663			
	3	Investment inco	me (i	ncluding dividen	ds, inte	erest, and					
		other similar am	nounts	s)			u	97,170			97,170
	4	Income from inv	estm/	ent of tax-exemp	ot bond	d proceeds	u				
	5	Royalties	<u></u>	<u></u>			u				
				(i) Real		(ii) Personal	_				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	ne or	(loss)		<u>1</u>	u				
	<i>r</i> a	Gross amount from sales of assets		(i) Securities	3	(ii) Other					
4		other than inventory	7a				_				
Revenue	b	Less: cost or other									
) S		basis and sales exps.	7b								
		Gain or (loss)	7с				_				
ther		Net gain or (loss					u				
δ	8a	Gross income from		Iraising events							
		(not including \$									
		of contributions rep		on line 1c).		764 5	اد				
		See Part IV, line 1			8a	764,58	$\overline{}$				
		Less: direct exp			_8b	102,15		662 420			662,430
				_	event	S	u	662,430			002,430
	9a	Gross income from	-	ling activities.	0-						
		See Part IV, line 1			9a 9b		\dashv				
		Less: direct exp Net income or (
		,		• •	livilles		u				
	IUa	Gross sales of i		•	100						
	h	returns and allowances Less: cost of goods sold			10a 10b		\dashv				
		Net income or (,					
<u></u>		THEL HILLOTTIE OF (1033)	nom sales of Im	/ c ritory	Business C	u Code				
Miscellaneous Revenue	11a	MISCELLANE	OITE			Dusiness C	Juo	43,037			43,037
ane one	b	*						10,007			13,037
Sel Sel	,						\dashv				1
<u>18</u> 8	٦ ا	All other revenu					\dashv				1
2		Total. Add lines					u	43,037			
		Total revenue.					u	4,467,511	471,083	0	832,217

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must of the Check if Schedule O contains a resp	•		ompiete column (A).	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1			охропосо	general expenses	скропосо
	and domestic governments. See Part IV, line 21				
2	_				
	individuals. See Part IV, line 22				
3					
	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					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 10- 000	1 100 111	242 222	
7	 	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)	140 260	04 405	24 750	20 017
9	Other employee benefits	149,260	84,485	34,758	30,017
10	Payroll taxes	134,159	112,997	21,162	
11	` ' ' '				
	Management				
D	Legal				
۲ ر	Accounting Lobbying				
u e	Lobbying Professional fundraising services. See Part IV, line 1.	7			
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(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		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					
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	215 651	215 655		
22	Depreciation, depletion, and amortization	317,671	317,671	11 055	
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.)				
а	AMILIED BURDINGEG	88,258	73,691	13,813	754
b	REPAIRS AND MAINTENANCE	84,338	84,338	15/015	751
C	OTHER PROGRAM EXPENSES	82,131	82,131		
d	· · · · · · · · · · · · · · · · · · ·	02,101	02/101		
	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 u 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) (B) Beginning of year End of year 2,046,990 2,900,533 Cash—non-interest-bearing 1 Savings and temporary cash investments 2 232,198 130,413 Pledges and grants receivable, net 3 Accounts receivable, net 42,697 48,023 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other 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 Inventories for sale or use 8 9 Prepaid expenses and deferred charges ______ 45,056 36,565 9 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 4,386,962 4,096,815 10c Investments—publicly traded securities 3,538,258 4,398,601 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets _____ 14 Other assets. See Part IV, line 11 15 17,363 15 10,292,161 11,628,313 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 38,027Accounts payable and accrued expenses 39,166 17 17 18 Grants payable 18 130,518 53,500 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 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 Secured mortgages and notes payable to unrelated third parties 23 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 543,637 104,807 of Schedule D 25 713,321 196,334 26 26 Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions 8,197,889 27 9,543,801 1,888,178 Net assets with donor restrictions 1,380,951 28 28 Organizations that do not follow FASB ASC 958, check here u and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 30 30 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 31 31 9,578,840 11,431,979 32 Total net assets or fund balances 32

Total liabilities and net assets/fund balances

Form **990** (2020)

11,628,313

10,292,161

33

orm	990 (2020) BOYS & GIRLS CLUBS OF THE 57-0811876				Pag	ge 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4	,46	7,5	511
2	Total expenses (must equal Part IX, column (A), line 25)	2	3	,16	0,9	912
3	Revenue less expenses. Subtract line 2 from line 1	3	1	,30	6,5	599
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				340
5	Net unrealized gains (losses) on investments	5				352
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		43	30,6	588
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	,43	1,9	79
Pa	rt 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: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

BOYS & GIRLS CLUBS OF THE

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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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). 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 12q. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) 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.)

Sec	tion A. Public Support										
Caler	ndar year (or fiscal year beginning in) u	(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	2,883,8	371	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,		316,000			
4 5	Total. Add lines 1 through 3 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	2,763,283	2,190,059	1,837,572	2,165,790	2,950,4	171	11,907,175			
_	shown on line 11, column (f)							1,020,732			
6	Public support. Subtract line 5 from line 4							10,886,443			
	tion B. Total Support ndar year (or fiscal year beginning in) u	(a) 2010	(b) 2047	(2) 2040	(4) 2040	(-) 2020					
		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020		(f) Total			
7 8	Amounts from line 4	2,763,283	2,190,059	1,837,572	2,165,790	2,950,4	± / L	11,907,175			
0	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					-	12	2,644,241			
13	First 5 years. If the Form 990 is for the	-		•				. □			
500	organization, check this box and stop hetion C. Computation of Public s	Support Porce	ntago								
	•			(0)			44				
14	Public support percentage for 2020 (line	o, column (t) alvide	a by line 11, colu	mn (t))			14	58.49 %			
15	Public support percentage from 2019 Sch	iedule A, Part II, IIr	ie 14	- 40 11: 44 :	- 00 4/00/		15	60.13%			
16a	33 1/3% support test—2020. If the orga				s 33 1/3% or more	e, cneck this		► ▼			
L	box and stop here. The organization quantum 33 1/3% support test—2019. If the organization							> X			
b	this box and stop here. The organization				7 IJ IS JS I/370 OI	more, check		▶ □			
17a	10%-facts-and-circumstances test—2				16a or 16h and	line 14 is		········· - L			
174	10% or more, and if the organization me	-									
	Part VI how the organization meets the "				-	-					
								▶ □			
b	10%-facts-and-circumstances test—2							·····			
		_									
		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 of	lid not check a box	on line 13, 16a,	16b, 17a, or 17b, c	heck this box and	l see		·····			
	instructions							▶ □			

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.)

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in) u	(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							
С	Add lines 7a and 7b							
8	Public support. (Subtract line 7c from line 6.)							
Sec	tion B. Total Support							
	ndar year (or fiscal year beginning in) u	(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							
С	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.)					L		
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	•	, second, third, for	•		. , . ,	<u></u>	> [
Sec	tion C. Computation of Public S							
15	Public support percentage for 2020 (line 8	3, column (f), divid	ded by line 13, col	umn (f))			15	%
16	Public support percentage from 2019 Sch	edule A, Part III,	line 15				16	%
<u>Sec</u>	tion D. Computation of Investm							
17	Investment income percentage for 2020 ((line 10c, column	(f), divided by line	13, column (f))		I	17	%
18 li	nvestment income percentage from 2019 S						18	%
	33 1/3% support tests—2020. If the org						e	
	17 is not more than 33 1/3%, check this b							▶ ∐
b	33 1/3% support tests—2019. If the org	anization did not	check a box on lin	e 14 or line 19a, a	and line 16 is more	than 33 1/3%	%, and	
	line 18 is not more than 33 1/3%, check the	his box and stop	here. The organiz	ation qualifies as	a publicly support	ed organization	on	▶ <u> </u>
20	Private foundation. If the organization d	id not check a bo	x on line 14, 19a,	or 19b, check this	box and see insti	uctions		> [

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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,
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes." explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	T	
		Yes	No
	1		
	•		
	2		
	3a		
	3b		
	3с		
	4-		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	55		
	10a		
	10b		
۱ (Fo	rm 990	or 990-	EZ) 2020
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Sched	ule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUBS OF THE		57-0811	876	Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting O	rgan	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on N	lov. 20	, 1970 (explain in Part Vi). See	
	instructions. All other Type III non-functionally integrated supporting organizations me	ust cor	mplete Sections A through	ı E.	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current	Year
	ion A Aujustou Not moonio		(A) Thor Tour	(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			
Sect	ion B – Minimum Asset Amount		(A) Prior Year	(B) Current (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			
	Fair market value of other non-exempt-use assets	1c			
	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 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			
Sect	ion C – Distributable Amount			Current Y	ear
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 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990 or 990-EZ) 2020

(see instructions).

Schedule A (Form 990 or 990-EZ) 2020

8 Breakdown of line 7:a Excess from 2016 .

c Excess from 2018d Excess from 2019e Excess from 2020

b Excess <u>from 2017</u>

	orm 990 or 990-EZ	Z) 2020 BO	YS & GIRL	S CLUBS	OF T	HE	57-081187	76	Page 8
Part VI	Suppleme	ntal Informa	tion. Provide th	ne explanation	ons requ	ired by Part II	, line 10; Part II, line		17b; Part
	III, line 12;	Part IV, Secti	on A, lines 1, 2	2, 3b, 3c, 4b,	, 4c, 5a,	6, 9a, 9b, 9c,	11a, 11b, and 11c	Part IV,	Section
	B, lines 1 a	and 2; Part IV,	, Section C, line	e 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, Secti	on B, line 16	e; Part V	, Section D, III	nes 5, 6, and 8; and	d Part V,	Section E
	illies 2, 5,	and b. Also d	ompiete triis pa	art for arry ac	uullional	iniornation. (See instructions.)		
Part I	II, Line	10 - Ot	her Incom	e Detail	L				
					.				
MISC				s	\$ 3	,693,878			
	T.C. T.1.C.				• ^	126 080			
FUNDRA	TSING				\$ 2	,136,270			
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•									
•									
•									
•									

BOYS & GIRLS CLUBS OF THE

57-0811876

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number

2020

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, 57-0811876 INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. <u>1</u>		\$ 79,650	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 100,289	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 700,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 95,200	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ 150,000	Person X Payroll Noncash (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	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 150,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 110,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and zir + 4	\$ 72,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (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 Open to Public

Inspection Employer identification number

	of the organization		Employer identification number
	OYS & GIRLS CLUBS OF THE		
	OWCOUNTRY, INC.		57-0811876
Pa	Organizations Maintaining Donor Advised F Complete if the organization answered "Yes" or		or Accounts.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing the	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's ex	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors i	n writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor or do		
	conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements.	E 200 D (N/ E 7	
	Complete if the organization answered "Yes" or		
1	Purpose(s) of conservation easements held by the organization (chec		
	Preservation of land for public use (for example, recreation or ed	· · · · · · · · · · · · · · · · · · ·	•
	Protection of natural habitat	Preservation of a certified h	nistoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a co	
	easement on the last day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b			2b
С.	Number of conservation easements on a certified historic structure in		2c
a	Number of conservation easements included in (c) acquired after 7/25		
•			
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organ	ization during the
4	tax year u	a located **	
4	Number of states where property subject to conservation easement is Does the organization have a written policy regarding the periodic mo		
5	violations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		·····
U	u	or violations, and emorcing conservation	in easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of v	iolations and enforcing conservation ear	sements during the year
•	u\$	iolations, and emoroting conservation cas	somenia danng the year
8	Does each conservation easement reported on line 2(d) above satisf	v 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 easer		
	balance sheet, and include, if applicable, the text of the footnote to the	•	
	organization's accounting for conservation easements.	•	
Pa	art III Organizations Maintaining Collections of Ar		ner Similar Assets.
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bal-	ance sheet works
	of art, historical treasures, or other similar assets held for public exhib	oition, education, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financial state	tements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to rep	oort in its revenue statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance	e of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		u \$
	(ii) Assets included in Form 990, Part X		u \$
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 rela-		
а			
b	Assets included in Form 990, Part X		u \$

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

organization by:

(i) Unrelated organizations

(ii) Related organizations

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

3a(i) X 3a(ii) X 3b

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.

Complete in the erganization anowered the entreme eet, that it, into that eee term eee,									
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value					
	(investment)	(other)	depreciation						
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, co	lumn (B), line 10c.)	u	4,096,815					

Schedule D (Form 990) 2020

57-0811876 Schedule D (Form 990) 2020 BOYS & GIRLS CLUBS OF THE 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely held equity interests (3) Other (A) (B) (C) (D) (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.) 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.) 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 Federal income taxes (1) Salaries Payable 70,049 34,758 Accrued Expenses (3) (4) (5) (6)(7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

104,807

	edule D (Form 990) 2020 BOYS & GIRLS CLUBS OF THE		57-081187		Page 4
Pa	art XI Reconciliation of Revenue per Audited Financial Stater		•	Retur	n.
_	Complete if the organization answered "Yes" on Form 990,				F 000 6F1
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:			1	5,080,651
	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	55,555		
d	Other (Describe in Part XIII.)	2d	430,688		
е	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:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c 5	<i>A ACT</i> F11
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Art XII Reconciliation of Expenses per Audited Financial States				4,467,511
Га	Complete if the organization answered "Yes" on Form 990,			ei Kei	turri.
1	Total expenses and losses per audited financial statements			1	3,227,512
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	<u> </u>
	Donated services and use of facilities	2a	66,600		
	Prior year adjustments	2b	-		
	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment eveness not included on Form 000 Port \/III line 7h	4a			
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b		40	
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		4c	3.160.912
с 5	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	4b		4c 5	3,160,912
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b	4b		5	
c 5 Pa Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	V, lines 1b ae any additio	and 2b; Part V, line 4;	5 Part X,	line
c 5 Pa Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II	V, lines 1b ae any additio	and 2b; Part V, line 4;	5 Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include	V, lines 1b ae any additio	and 2b; Part V, line 4;	5 Part X,	line
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Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line
Provi	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide art XI, Line 2d - Revenue Amounts Include PP TOAN FORGIVENESS	V, lines 1b a e any additio	and 2b; Part V, line 4; nal information.	Part X,	line

Schedule D (Form 990) 2020	BOYS &	GIRLS C	LUBS OF	THE	57-0811	876 Page \$
Part XIII	Form 990) 2020 Supplemer	ntal Informa	ation (continu	ed)			
•							
• • • • • • • • • • • • • • • • • • • •							

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

u Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

BOYS & GIRLS CLUBS OF THE

Open to Public Inspection

LOWCOUNTRY, INC.	OF THE				57-08118	
Part I Fundraising Activities. Complete i	if the organiza	tion	ansv	vered "Yes" on Fo		
Form 990-EZ filers are not required	to complete t	his p	art.			
1 Indicate whether the organization raised funds through	any of the follow	ing ac	tivities	s. Check all that apply.		
a Mail solicitations	e 🔲 Solicitation	of no	n-go\	vernment grants		
b Internet and email solicitations	f Solicitation	of go	vernr	nent grants		
c Phone solicitations	g 🔲 Special fu	ndraisi	ng ev	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity	in connection wi	ith pro	fessio	nal fundraising services	s?	Yes No
b If "Yes," list the 10 highest paid individuals or entities (f compensated at least \$5,000 by the organization.	undraisers) pursu			ements under which the	e fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	raiser custo conti	d fund- have dy or rol of utions?	(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		1	<u> </u>			
List all states in which the organization is registered or registration or licensing.		contri	bution	ns or has been notified	it is exempt from	

Schedule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUBS OF THE 57-0811876 Page 2

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

(a) Event #1 (b) Event #2 (c) Other events (d) Total events

		gross receipts g	greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			SPRING GALA	SPORTING EVENT	2	(add col. (a) through
<u>e</u>			(event type)	(event type)	(total number)	col. (c))
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
	4	Cash prizes				
	5	Noncash prizes				
Expenses	6	Rent/facility costs				
	7	Food and beverages _				
Direct	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)		102,152 662,430
		Net income summary. Su	btract line 10 from line 3, column	(d)	>	
P	art		plete if the organization ar orm 990-EZ, line 6a.	nswered "Yes" on Form 990	, Part IV, line 19, or re	eported more than
Δ.		ψ15,000 0H F0	·	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev	4	Crass revenue				
	1	Gross revenue				
Expenses	2	Cash prizes				
	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary.	Add lines 2 through 5 in column	(d)	>	
	8	Net gaming income summ	mary. Subtract line 7 from line 1,	column (d)	>	
9	Ent	ter the state(s) in which th	e organization conducts gaming	activities:		
		he organization licensed to No," explain:	o conduct gaming activities in each	ch of these states?		
I0a	We			ended, or terminated during the ta		Yes No
b	If "	Yes," explain:				

Sche	edule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUBS OF THE 57-08	311876	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	
	formed to administer charitable gaming?		Yes No
13	Indicate the percentage of gaming activity conducted in:	i i	
а	The organization's facility	13a	%_
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name u		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the		_
	amount of gaming revenue retained by the third party ${f u}$ \$		
С	If "Yes," enter name and address of the third party:		
	Name u		
	Address u		
16	Gaming manager information:		
	Name u		
	Gaming manager compensation u \$		
	Description of services provided u		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year u \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		

SCHEDULE J (Form 990)

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. Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

uGo to www.irs.gov/Form990 for instructions and the latest information. BOYS & GIRLS CLUBS OF THE

Employer identification number 57-0811876

OMB No. 1545-0047

Inspection

LOWCOUNTRY, INC.

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations 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:			
	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	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			
5	compensation contingent on the revenues of:			
а	· · · · · · · · · · · · · · · · · · ·	5a		Х
h	The organization? Any related organization?	5b		X
~	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:			
а	The organization?	6a		х
b	Any related organization?	6b		х
	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	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020 BOYS & GIRLS CLUBS OF THE	57-0811876	Page 3
Schedule J (Form 990) 2020 BOYS & GIRLS CLUBS OF THE Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines	s 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. A	Also complete this part
for any additional information.		

*		
*		
·		

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization BOYS & GIRLS CLUBS OF THE	Employer identification number
LOWCOUNTRY, INC.	57-0811876
Form 990, Part I, Line 6	
VOLUNTEERS INCLUDE INDIVIDUALS WORKING WITH C	LUBS 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 i
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 Pr	ocess 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 review	s information and makes
decisions accordingly. Annual evaluations are	
doorproid dooprarigry, immade ovaradorono ar	o porrormou on drr omprojeco
	-t- Pinalanaa Raalanatiaa
Form 990, Part VI, Line 19 - Governing Docume	
Verbal or written requests and the information	n 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)

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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

Employer identification number 57-0811876

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (b) (e) (f) Name, address, and EIN (if applicable) of disregarded entity Primary activity Legal domicile (state Total income End-of-year assets Direct controlling or foreign country) entity (1) (2) (3) (4) (5) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Part II one or more related tax-exempt organizations during the tax year. (g) Section 512(b)(13) controlled entity? (c) Legal domicile (state (d) Primary activity Name, address, and EIN of related organization Exempt Code section Public charity status Direct controlling (if section 501(c)(3)) or foreign country) entity Yes No BOYS & GIRLS CLUBS OF AMERICA 1275 PEACHTREE ST NE 13-5562976 ATLANTA GA 30309-3506 YOUTH DEVE DC 501C 10 N/AХ (2) (3) (4)

(5)

Schedule R	(Form 990) 2020 BOYS & GIRLS CLUE	S OF THE			311876										Page
Part III	Identification of Related Organiza because it had one or more related	tions Taxab organizations	le as s trea	a Partnersh ated as a parti	ip. Complete in ership during	f the organ the tax yea	ization a ar.	answered "Y	es" c	n F	orm 99	0, Part I	V, lir	ne 34	1,
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tol income		(g) Share of end-of- year assets	Dis port all	(h) spro- ionate loc.?	amoun of Sch (For	(i) e V—UBI at in box 20 nedule K-1 m 1065)	Gene mana partr	ral or F nging ner?	(k) Percentage ownership
(1)									100	140			103	NO	
(2)															
(3)															
(4)															
Part IV	Identification of Related Organiza line 34, because it had one or more	tions Taxab	le as	a Corporation	on or Trust. C	Complete if	the org	anization an	swere	ed "	Yes" or	າ Form 9	90,	Part	IV,
	(a) Name, address, and EIN of related organization	(b) Primary activ		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp or trust)	Sha	(f) are of total income		(g) Share f-year	of assets	(h) Percenta owners	age	5	(i) Section 12(b)(13) controlled entity?
(1)						_								Ye	es No
(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.

						.,	
	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more re						37
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b	Gift, grant, or capital contribution to related organization(s)				1b		X
С	Gift, grant, or capital contribution from related organization(s)				1c		x
d	Loans or loan guarantees to or for related organization(s)				1d		
е	Loans or loan guarantees by related organization(s)				1e		X
					4.		v
Ţ	Dividends from related organization(s)				1f		X
_	Sale of assets to related organization(s)				1g		X
n	Purchase of assets from related organization(s)				1h		X
	Exchange of assets with related organization(s)				1i		X
J	_ease of facilities, equipment, or other assets to related organization(s)				1j		
							v
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
							7.
-	Reimbursement paid to related organization(s) for expenses				1p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r	Х	
	Other transfer of cash or property from related organization(s)				1s		Х
2	f the answer to any of the above is "Yes," see the instructions for information on who must complete the						
	(a)	(b) Transaction	(c)	(d)			
	Name of related organization	type (a-s)	Amount involved	Method of determining amo	unt involv	vea	
			10 -0.				
(1)	BOYS & GIRLS CLUBS OF AMERICA	r	12,506	Percentage of d	ues		
(2)							
(2)							
(3)							
(4)							
.							
(5)							
<i>(c</i> :							
(6)		l	1				

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)	Are all sec	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		aging ner?	(k) Percentage ownership
(1)		,	,	res	NO			162	NO		res	NO	
· · · · · · · · · · · · · · · · · · ·													ı
(2)													
													ı
(3)													
													ı
(4)													
······													ı
(5)													
													ı
(6)													
(7)													
······													ı
(8)													
													ı
(9)													
(10)													
													1
(11)													
													ı

Schedule R	(Form 990) 2020	BOYS 8	GIRLS	CLUBS	OF	THE		57-0811876	Page 5
Part VII	Supplemer Provide add	ntal Inform ditional info	nation. ormation for	responses	s to q	uestions or	n Schedule	R. See instructions.	
									_
• • • • • • • • • • • • • • • • • • • •									

Form **990**

Event Income and Deduction Worksheet

Description SPRING GALA

Taxpayer Identification Number

2020

57-0811876

Name BOYS & GIRLS CLUBS OF THE

Income & Expense Summary:			Expense Details - Indirect Expense:	
1. Gross receipts or sales	1	435,957	Advertising and promotion	
2. Advertising income			Office	
3. Circulation income			Printing/publication/postage	
4. Other income			Info technology/Maintenance	
5. Returns and allowances			Royalties & License Fees	
6. Contributions received	6		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through	ugh 6 7.	435,957	Travel & Repairs	
8. Cost of Goods Sold	8		Travel/entertainment (officials)	
9. Employment Expense	9		Conferences/meetings	
10. Fees for services			Interest	
11. Indirect Expense			Insurance	
12. Depreciation Expense			Total Indirect Expense	
13. Exempt Activity Expense				
14. Fundraising Expense	14	<u>45,590</u>	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 thr	ough 1 45.	45,590	On investment property	
16. Net Income/Loss. Line 7 minus	Line 156	390,367	On non-investment property	
	. —		Amortization	
			Depletion	
Expense Details - Cost of Goods	Sold:		Total Depreciation Expense	
Beginning inventory				
Purchases			Expense Details - Exempt Activity Expense:	
Labor		_	Repairs and Maintenance	
Section 263A costs			Bad debts	
Other costs			Taxes/licenses	
Ending inventory			Charitable contributions	
Total Cost of Goods Sold			Dividend recd deductions	
			Readership costs	
Expense Details - Employment Ex	xpense:		Other expenses	
Compensation of officers			Total Exempt Activity Expense	
Other salaries and wages				
Pension plan contributions			Expense Details - Fundraising Expense:	
Other employee benefits			Cash prizes	
Payroll taxes			Non-cash prizes	
Total Employment Expense			Rent and facility costs	
			Food & beverages (Part II only)	
Expense Details - Fees for Servic	es:		Entertainment (Part II only)	
Management			Other direct expenses	<u>45,590</u>
Legal			Total Fundraising Expense	
Accounting				_
Lobbying				
Professional fundraising				
Investment management				
Other				
Information is indicated for use	on Form 990-1	, Schedule A:	Allocation of Expense to Program Service A	Accomplishments:
Part V, Debt Financing			First	
Part VI, Controlled Org Inc	ome		Second	
Part VII, Investments for C	(7)(9)(17)		Third	
Part VIII, Exploited Activitie	∍s		All other	
Part IX, Advertising Incom-	е			

Form **990**

BOYS & GIRLS CLUBS OF THE

Event Income and Deduction Worksheet

Description HOLIDAY EVENT

Taxpayer Identification Number

2020

57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances5.	Royalties & License Fees
6. Contributions received6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
· 	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	• • • • • • • • • • • • • • • • • • • •
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
A a a a constitue as	
•	
LobbyingProfessional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	
Part VI, Controlled Org Income	First
Part VII, Investments for C(7)(9)(17)	Second
Part VIII, Exploited Activities	Third
Part IX, Advertising Income	All other
L Tall IA, Advertising income	

Form **990**

Event Income and Deduction Worksheet

2020

Description **GOLF EVENT**

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

57-0811876

Income & Expense Summary:			Expense Details - Indirect Expense:	
1. Gross receipts or sales	1	113,522	Advertising and promotion	
2. Advertising income			Office	
3. Circulation income			Printing/publication/postage	
4. Other income			Info technology/Maintenance	
5. Returns and allowances			Royalties & License Fees	
6. Contributions received	6		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 throu	ıgh 6 .7.	113,522	Travel & Repairs	
8. Cost of Goods Sold	8.		Travel/entertainment (officials)	
9. Employment Expense	9		Conferences/meetings	
10. Fees for services	10		Interest	
11. Indirect Expense	11		Insurance	
12. Depreciation Expense	12		Total Indirect Expense	
13. Exempt Activity Expense	13			
14. Fundraising Expense	14	21,768	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 thre	ough 1 45.	21,768	On investment property	
16. Net Income/Loss. Line 7 minus	Line 156	91,754	On non-investment property	
			Amortization	
			Depletion	
Expense Details - Cost of Goods	Sold:		Total Depreciation Expense	
Beginning inventory				
Purchases			Expense Details - Exempt Activity Expense:	
Labor			Repairs and Maintenance	
Section 263A costs			Bad debts	
Other costs			Taxes/licenses	
Ending inventory			Charitable contributions	
Total Cost of Goods Sold			Dividend recd deductions	
			Readership costs	
Expense Details - Employment Ex	-		Other expenses	
Compensation of officers			Total Exempt Activity Expense	
Other salaries and wages				
Pension plan contributions			Expense Details - Fundraising Expense:	
Other employee benefits			Cash prizes	
Payroll taxes			Non-cash prizes	
Total Employment Expense			Rent and facility costs	
			Food & beverages (Part II only)	
Expense Details - Fees for Service	es:		Entertainment (Part II only)	
Management			Other direct expenses	21,768
Legal			Total Fundraising Expense	21,768
Accounting				
Lobbying				
Professional fundraising				
Investment management				
Other				
Information is indicated for use	on Form 990-1	, Schedule A:	Allocation of Expense to Program Service A	ccomplishments:
Part V, Debt Financing			First	
Part VI, Controlled Org Inc	ome		Second	
Part VII, Investments for C	(7)(9)(17)		Third	
Part VIII, Exploited Activitie	es		All other	
Part IX, Advertising Income	Э			

Form **990**

Event Income and Deduction Worksheet

Description TASTE OF JASPER

Taxpayer Identification Number

2020

57-0811876

BOYS & GIRLS CLUBS OF THE

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Interest
12. Depreciation Expense 12.	Insurance
13. Exempt Activity Expense 13.	
	Expense Details - Depreciation Expense:
14. Fundraising Expense 14.	
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
Total Employment Expense	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Part VIII, Exploited Activities	All other
Part IX, Advertising Income	

Form **990**

BOYS & GIRLS CLUBS OF THE

Event Income and Deduction Worksheet

Description SPORTING EVENT

2020

Taxpayer Identification Number

57-0811876

Income & Expense Summary:			Expense Details - Indirect Expense:	
1. Gross receipts or sales	1	143,198	Advertising and promotion	
2. Advertising income			Office	
3. Circulation income			Printing/publication/postage	
4. Other income			Info technology/Maintenance	
5. Returns and allowances			Royalties & License Fees	
6. Contributions received			Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 throu	gh 6 7.	143,198	Travel & Repairs	
8. Cost of Goods Sold			Travel/entertainment (officials)	
9. Employment Expense	9		Conferences/meetings	
10. Fees for services	10		Interest	
11. Indirect Expense			Insurance	
12. Depreciation Expense			Total Indirect Expense	
13. Exempt Activity Expense	13.			
14. Fundraising Expense	14	<u>34,794</u>	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 thro	ough 1 45.	34,794	On investment property	
16. Net Income/Loss. Line 7 minus	Line 156	108,404	On non-investment property	
			Amortization	
			Depletion	
Expense Details - Cost of Goods \$	Sold:		Total Depreciation Expense	
Beginning inventory				
Purchases			Expense Details - Exempt Activity Expense:	
Labor			Repairs and Maintenance	
Section 263A costs			Bad debts	
Other costs			Taxes/licenses	
Ending inventory			Charitable contributions	
Total Cost of Goods Sold			Dividend recd deductions	
			Readership costs	
Expense Details - Employment Ex	pense:		Other expenses	
Compensation of officers			Total Exempt Activity Expense	
Other salaries and wages				
Pension plan contributions			Expense Details - Fundraising Expense:	
Other employee benefits			Cash prizes	
Payroll taxes			Non-cash prizes	
Total Employment Expense			Rent and facility costs	
			Food & beverages (Part II only)	
Expense Details - Fees for Service	es:		Entertainment (Part II only)	
Management			Other direct expenses	34,794
Legal			Total Fundraising Expense	34,794
Accounting				
Lobbying		_		
Professional fundraising				
Investment management				
Other				
Information is indicated for use	on Form 990-1	Γ, Schedule A:	Allocation of Expense to Program Service Ac	complishments:
Part V, Debt Financing			First	
Part VI, Controlled Org Inco			Second	
Part VII, Investments for C			Third	
Part VIII, Exploited Activitie	S		All other	
Part IX, Advertising Income	;			

Form **990**

Event Income and Deduction Worksheet

Description HOPE AND OPPORTUNITY

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

2020

57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
•	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Part VIII, Exploited Activities	All other
Part IX, Advertising Income	

Form **990**

BOYS & GIRLS CLUBS OF THE

Event Income and Deduction Worksheet

Description THRIFT SHOP

2020

Taxpayer Identification Number

57-0811876

income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	
16. Net Income/Loss. Line 7 minus Line 156.	On investment property
10. Net Income/Loss. Line / Illinus Line 130.	On non-investment property
	Amortization
Evnance Dataile Cost of Coods Solds	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	Former Details Former Asticity Former
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Fait vii, investments for C(7)(9)(17)	
Part VIII, Exploited Activities	All other

Form **990**

BOYS & GIRLS CLUBS OF THE

Event Income and Deduction Worksheet

Description MAHJONG EVENT

2020

Taxpayer Identification Number 57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other:	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	
Part VII, Investments for C(7)(9)(17)	Second Third
Part VIII, Exploited Activities	ThirdAll other
Part IX, Advertising Income	All other
L Tartin, navolability illoutile	

Form **990**

Event Income and Deduction Worksheet

2020

Description HABERSHAM PLANTATION PARTY

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
··············	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Part VIII, Exploited Activities	All other
Part IX, Advertising Income	

Form **990**

Event Income and Deduction Worksheet

BOYS & GIRLS CLUBS OF THE

Description BLUFFTON ARTFULLY PREPARED

Taxpayer Identification Number

2020

57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4.	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense 12.	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
To rec monerass. Line / minus Line res.	Amortization
	Amortization
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
	Total Depreciation Expense
Beginning inventory	Expense Details - Exempt Activity Expense:
Purchases	
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Total Exempt Activity Expense
Other salaries and wages	
Pension plan contributions	Expense Details - Fundraising Expense:
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
	Food & beverages (Part II only)
Expense Details - Fees for Services:	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Part VIII, Exploited Activities	All other
Part IX, Advertising Income	

Form **990**

Event Income and Deduction Worksheet

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

2020

Description RAFFLE

Name

Taxpayer Identification Number

BOYS & GIRLS CLUBS OF THE

57-0811876

Income & Expense Summary:	Expense Details - Indirect Expense:
	·
1. Gross receipts or sales 1.	Advertising and promotion
2. Advertising income 2.	Office
3. Circulation income 3.	Printing/publication/postage
4. Other income 4	Info technology/Maintenance
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
8. Cost of Goods Sold 8.	Travel/entertainment (officials)
9. Employment Expense 9.	Conferences/meetings
10. Fees for services 10.	Interest
11. Indirect Expense 11.	Insurance
12. Depreciation Expense	Total Indirect Expense
13. Exempt Activity Expense 13.	
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs and Maintenance
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Other expenses
Compensation of officers	Other expenses Total Exempt Activity Expense
Other salaries and wages	Total Exclipt Addrity Expende
Pension plan contributions	Expense Details - Fundraising Expense:
Pension plan contributions Other employee hopefits	'
Other employee benefits	Cash prizes
Payroll taxes	Non-cash prizes
Total Employment Expense	Rent and facility costs
Expense Details - Fees for Services:	Food & beverages (Part II only)
Expense Petane 1 de lei del viccei	Entertainment (Part II only)
Management	Other direct expenses
Legal	Total Fundraising Expense
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T, Schedule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing	First
Part VI, Controlled Org Income	Second
Part VII, Investments for C(7)(9)(17)	Third
Part VIII, Exploited Activities	All other
Part IX, Advertising Income	· · · · · · · · · · · · · · · · · · ·

Form **990**

Event Income and Deduction Worksheet

Description MISC EVENTS

BOYS & GIRLS CLUBS OF THE

2020

Taxpayer Identification Number 57-0811876

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales 1.	71,905	Advertising and promotion
2. Advertising income 2.		Office
3. Circulation income 3.		Printing/publication/postage
4. Other income 4.		Info technology/Maintenance
5. Returns and allowances 5.		Royalties & License Fees
6. Contributions received 6.		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6 7.	71,905	Travel & Repairs
8. Cost of Goods Sold8.		Travel/entertainment (officials)
9. Employment Expense 9.		Conferences/meetings
10. Fees for services 10.		Interest
11. Indirect Expense 11.		Insurance
12. Depreciation Expense 12.		Total Indirect Expense
13. Exempt Activity Expense 13.		
14. Fundraising Expense 14.		Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.		On investment property
	71,905	On non-investment property
· 		Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs and Maintenance
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense:		Other expenses
Compensation of officers		Total Exempt Activity Expense
Other salaries and wages		
Pension plan contributions		Expense Details - Fundraising Expense:
Other employee benefits		Cash prizes
Payroll taxes		Non-cash prizes
Total Employment Expense		Rent and facility costs
	_	Food & beverages (Part II only)
Expense Details - Fees for Services:		Entertainment (Part II only)
Management		Other direct expenses
Legal		Total Fundraising Expense
Accounting		
Lobbying		
Professional fundraising		
Investment management		
Other		
Total Fees for Services		
Information is indicated for use on Form 990-T, Scho	edule A:	Allocation of Expense to Program Service Accomplishments:
Part V, Debt Financing		First
Part VI, Controlled Org Income		Second
Part VII, Investments for C(7)(9)(17)		Third
Part VIII, Exploited Activities		All other
Part IX, Advertising Income		

Form **990/990PF**

Rent Income and Deduction Worksheet

Description BRIDGES RENTAL INCOME

2020

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

. Gross rents	1	29,580
Expenses (see details on worksheets below):		
. Fees for services	2.	
Depreciation Expense	3	
Direct Expense	4	
. Total expenses. Add lines 8 through 12	5	
. Net Income/Loss. Line 7 minus Line 13	6	29,580
Funance Details - Face for Comisses		
Expense Details - Fees for Services:		
Accounting	··············· 	
Legal	······	
Commissions	·····	
Management Other Performant Form	·····	
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	<u></u>	
T		
Printing & Publication		
Advertising		
Insurance		
Utilities		
Supplies		
Other expenses		

9 Other expenses

Fundraising Other Events SCHEDULE G 2020 (Form 990 or 09/30/21 990-EZ) 10/01/20 , and ending For calendar year 2020, or tax year beginning Employer Identification Number Name BOYS & GIRLS CLUBS OF THE 57-0811876 LOWCOUNTRY, INC. (a) Other event (b) Other event (c) Other event (d) Total other events GOLF EVENT MISC EVENTS (add col. (a) through col. (c)) (event type) (event type) (event type) Revenue 71,905 113,522 185,427 1 Gross receipts 2 Less: Charitable contributions **3** Gross income (line 1 minus line 2) 113,522 71,905 185,427 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food/beverages 8 Entertainment 21,768 21,768

Two Year Comparison Report 2019 & 2020 Form **990** For calendar year 2020, or tax year beginning 10/01/20 09/30/21 endina Taxpayer Identification Number Name BOYS & GIRLS CLUBS OF THE 57-0811876 LOWCOUNTRY, INC. 2019 2020 **Differences** 1. 2,100,190 2,982,696 882,506 1. Contributions, gifts, grants 2. Membership dues and assessments 2. -21,626 -28,737 3. Government contributions and grants 203,141 181,515 3. 529,400 500,663 4. 4. Program service revenue 5. Investment income 24,009 5. 73,161 97,170 6. Proceeds from tax exempt bonds 6. 7. 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 8. 9. Net income or (loss) from gaming 9. **10.** Net gain or (loss) on sales of inventory 10. 159,186 43,037 -116,149 **11.** Other revenue 11. 12. Total revenue. Add lines 1 through 11 12. 3,858,109 4,467,511 609,402 13. Grants and similar amounts paid ______ 13. 14. Benefits paid to or for members 14. **15.** Compensation of officers, directors, trustees, etc. 15. 2,165,168 1,980,422 -184,746 **16.** Salaries, other compensation, and employee benefits 16. 17. Professional fundraising fees 17. 18. Other professional fees 136,642 180,198 43,556 18. 172,732167,632 5,100 19. **19.** Occupancy, rent, utilities, and maintenance 1,27120. Depreciation and Depletion 317,671 316,400 20. -252,400 762,289 509,889 21. Other expenses 21. 22. Total expenses. Add lines 13 through 21 22. 3,548,131 3,160,912 -387,219309,978 1,306,599 996,621 23. Excess or (Deficit). Subtract line 22 from line 12 23. 3,858,109 4,467,511 609,402 24. Total exempt revenue 24. 25. Total unrelated revenue 25. -251,478 26. Total excludable revenue 1,554,778 1,303,300 26. 10,292,161 1,336,152 27. Total assets 11,628,313 27. 28. Total liabilities -516,987 713,321 196,334 28. 29. Retained earnings 9,578,840 11,431,979 1,853,139 29. 17 30. Number of voting members of governing body 16 30.

16

300

243

31.

32.

33.

17

210

173

31. Number of independent voting members of governing body

32. Number of employees

33. Number of volunteers

Form 990	Tax Return History		2020
Name	BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer lo 57-08	dentification Number 11876

_	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		1,951,136	2,214,473	2,165,168	1,980,422	
Professional fees		136,935	125,195	136,642	180,198	
Occupancy costs	175 , 477	184,867	188,787	167,632	172,732	
Depreciation and depletion		274,614	301,822	316,400	317,671	
Other expenses	755,963	720,080	772,432	762,289	509,889	
Total expenses		3,267,632	3,602,709	3,548,131	3,160,912	
Excess or (Deficit)		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	

57-0811876

Federal Statements

3/2/2022 3:41 PM

FYE: 9/30/2021

Description						
		Amount		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST ON NR	\$		14			
OTHER INTEREST	Ą		11			
		5,974	14			
Total	\$	5,974				

Taxable Dividends from Securities

Description						
	 Amount	Unrelated I Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS			_			
	\$ 54,278		14			
Total	\$ 54,278					

57-0811876

Federal Statements

3/2/2022 3:41 PM

FYE: 9/30/2021

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

Description	 Total Expenses		Program Service		nagement & General	Fund Raising		
SERVICE AND PROFESSIONAL FEES	\$ 180,198	\$	16,804	\$	163,394	\$		
Total	\$ 180,198	\$	16,804	\$	163,394	\$	0	

57-0811876

Federal Statements

FYE: 9/30/2021

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
JASPER COUNTY	<u></u> \$	\$
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	111, 113	33,233
MR. AND MRS. STEPHEN L. HICKMAN		
PALMETTO BLUFF REAL ESTATE CO.		
MR. AND MRS. MICHAEL V. GARCIA	407,558	35,331
JOSEPH A. MIX	107,330	33,331
THE GEORGE T. LEWIS, JR. 2001 FOUND	285,000	
ADP FOUNDATION	203,000	
TAYLOR 2007 CHARITABLE REMAINDER UNI		
WARDLE FAMILY FOUNDATION	45,000	
MR & MRS MICHAEL BRIGGS	43,000	
MR AND MRS ROBERT BURT	166,468	
MR AND MRS LEO CUMMINS	100,400	
	122 760	
MR AND MRS MICHAEL GARCIA	132,768	
MR AND MRS ROBERT SHIELDS		
PEACOCK AUTOMOTIVE	1 170 000	707 772
BREEDLOVE FOUNDATION	1,170,000	797,773
THE GEORGE T LEWIS, JR 2001 FOUNDATI	F1 000	
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	FF 100
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	\$ 6,303,778	\$ 1,020,732
	·	·

IRS e-file Signature Authorization Form 8879-FC for an Exempt Organization OMB No. 1545-1878 For calendar year 2019, or fiscal year beginning 10/01 , 2019, and ending 9/30 20 Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service ► Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization BOYS & GIRLS CLUBS OF THE Employer Identification number LOWCOUNTRY. INC. 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 Total revenue, if any (Form 990, Part VIII, column (A), line 12) _______ 1b ______ 3,858,109 b Total revenue, if any (Form 990-EZ, line 9) 2b 2a Form 990-EZ check here 3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here 5a Form 8868 check here 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 Crowley Wechsler & Associates LLC to enter my PIN 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 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. Richard D Crowley, CPA ERO's signature 02/08/21 ERO Must Retain This Form — See Instructions

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

Form 8879-EO (2019)

For Paperwork Reduction Act Notice, see back of form.

Form

(Rev. January 2020) 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) \boldsymbol{u} Do not enter social security numbers on this form as it may be made public. u Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 Open to Public Inspection

Δ	For the	$\frac{1}{2}$ 2019 calendar year, or tax year beginning $\frac{10}{01}/19$, and ending $\frac{09}{30}/2$	20		
	Check if a			D Employer	identification number
\square	Address c	· ·	211006		
	Name cha	nge Doing business as	5 / "		311876
\exists	Initial retur	Number and street (or P.O. box if mail is not delivered to street address) 10 PINCKNEY COLONY RD, SUITE 103	Room/suite	E Telephone	589-2618
-	rillar retur Final retur	· ·		045-0	007-2010
	terminated				2 267 614
\square	Amended	BLUFFTON SC 29909		G Gross rece	eipts \$ 3,967,614
\equiv		r Name and address of principal diffeet.	H(a) Is this a gro	un raturn for s	ubordinates? Yes X No
\square	Application	pending CHRIS PROTZ	in(a) is this a give	up return for 3	
		10 PINCKNEY COLONY RD, SUITE 103	H(b) Are all sub	ordinates inclu	uded? Yes No
		BLUFFTON SC 29909	If "No,"	attach a list.	(see instructions)
	Tax-exem	npt status: X 501(c)(3) 501(c) () t (insert no.) 4947(a)(1) or 527	7		
	Website:	THE DOCT OF CONTROL OF C	H(c) Group exer	mntion numbo	.11
			ear of formation: 1		M State of legal domicile: SC
			ear or formation:	905	M State of legal domicile: BC
<u> </u>	art I	Summary			
	1 E	Briefly describe the organization's mission or most significant activities:			
ė		To provide guidance to youth.			
Governance					
eru					
ĕ	2 (Check this box u if the organization discontinued its operations or disposed of more than 25	% of its net ass	sets	
	1	Number of voting members of the governing body (Part VI, line 1a)			16
مخ	3 1	humber of voting members of the governing body (Part VI, line Ta)		3	16
Activities		Number of independent voting members of the governing body (Part VI, line 1b)			
Ę	I	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			243
Ac		otal number of volunteers (estimate if necessary)		. 6	300
	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		. 7a	0
	١d	Net unrelated business taxable income from Form 990-T, line 39		7b	0
			Prior Yea		Current Year
a)	8 (Contributions and grants (Part VIII, line 1h)	1,768	3,972	2,303,331
ŭ		Program service revenue (Part VIII, line 2g)	894	1,000	529,400
Revenue	I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		5,210	73,161
æ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,074		952,217
	I		3,993		3,858,109
		Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,33	7,750	
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	I	Benefits paid to or for members (Part IX, column (A), line 4)	0.01		0
S	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,214	1,473	2,165,168
nse	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
xbeuses	b 7	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) u 285,825			
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,388	3,236	1,382,963
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,602	709	3,548,131
		Revenue less expenses. Subtract line 18 from line 12		L,041	309,978
es		torondo 1000 oxponedo. Gabadot into 10 from into 12	Beginning of Cur		End of Year
Net Assets or Fund Balances	20 7	otal assets (Part X, line 16)	9,628		10,292,161
Ass. Ba	21 7	Fold PolyPring (Post V. Post ON)		1,272	713,321
Vet	22 1		9,204		9,578,840
			J,20-	1,130	7,570,040
	art II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme			owledge and belief, it is
tru	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any knowledg	e.	
Sig	ın	Signature of officer		Date	
He	-	► CHRIS PROTZ EXECU	CIVE DIE	RECTOR	1
	. •	Type or print name and title			<u> </u>
		Print/Type preparer's name Preparer's signature	Date	Chast	if PTIN
Paid	d			Check	□ "
		Richard D Crowley, CPA Richard D Crowley, CPA	· ·	/21 self-emp	
	parer	Firm's name } Crowley Wechsler & Associates LLC	Fi	irm's EIN }	26-1860008
Use	Only	1411 Queen Street			
		Firm's address } Beaufort, SC 29902	P	hone no.	843-379-1065
May	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Form 990 (2019) BOYS & GIRLS CLUBS OF THE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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			
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	3		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	4		х
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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	110	х	
h	complete Schedule D, Part VI Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a		
b		11b		х
С	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115		
Ŭ	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d				
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a				
	Schedule D, Parts XI and XII	12a	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	12b		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?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	1		v
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		x
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		^
10	Port VIII lines to and Se2 If "Vee " complete Cahadula C. Port II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	10		
	If "Yes," complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?			_ <u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х

Part IV	Chacklist	of Required	Schodules	(continue

	•		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d or-	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		25-		х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		х
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
26	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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		v	L L
4 -	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 30		Yes	No
1a h				
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х	
	repertable garring (garriening) withings to prize without:	, ,,		

Form 990 (2019) BOYS & GIRLS CLUBS OF THE 57-0811876 Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Catomonio Rogaranig Caror into 1 milgo and 1 ax Compilation (Contains	<u> </u>			V		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1 1			Yes	No	
Zu	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 return			2b	х		
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions						
3a							
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule					X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a						
	a financial account in a foreign country (such as a bank account, securities account, or other financial			4a		х	
b	If "Yes," enter the name of the foreign country ${f u}$,				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			• • •			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X	
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			F-0			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th						
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or					
	gifts were not tax deductible?			6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	goods					
	and services provided to the payor?			7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	S					
	required to file Form 8282?			7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e			
е							
f							
g	• • • • • • • • • • • • • • • • • • • •						
h							
8							
9	sponsoring organization have excess business holdings at any time during the year?						
a b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?						
10	Section 501(c)(7) organizations. Enter:						
а	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:						
а	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		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.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	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					
С							
14a Did the organization receive any payments for indoor tanning services during the tax year?							
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					3.7	
	excess parachute payment(s) during the year?			15		X	
46	If "Yes," see instructions and file Form 4720, Schedule N.		-2	40		v	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	e?	16		X	
	If "Yes," complete Form 4720, Schedule O.						

Form 990 (2019) BOYS & GIRLS CLUBS OF THE 57-0811876 Page 6 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 X Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 16 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. Enter the number of voting members included on line 1a, above, who are independent 16 1b 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? Х 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint Х one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a X 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b 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 Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ${f u}$ SC 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 X Upon request Other (explain on Schedule O) 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.

State the name, address, and telephone number of the person who possesses the organization's books and records u

10 PINCKNEY COLONY RD, SUITE 103

SC 29909

CHRIS PROTZ BLUFFTON

20

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.

[X] 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	(dd	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		than one s both an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) BRUCE ANDREWS	1 00								
DIRECTOR	1.00	X					0	o	0
(2) DIANE BARTLETT									
DIRECTOR	1.00	X					0	o	0
(3) JACQUELYN BOWLES	2	1							
DIRECTOR	1.00	x					0	o	0
(4) RODNEY BROWN		 							
DIRECTOR	1.00	x					0	0	0
(5) RAMONA CHILDERS	0.00	122						J	•
DIRECTOR	1.00	. x					0	0	0
(6) JUDITH FLANAGAN	0.00								<u> </u>
DIRECTOR	1.00	x					0	0	0
(7) MICHAEL GARCIA									
	2.00			٦,					0
PRESIDENT (8) JEFFREY GRIME	0.00	X		Х			0	0	U
(o) our rear Green	2.00								
DIRECTOR	0.00	X		x			0	0	0
(9) SUSAN HENDERSON									
	1.00								0
DIRECTOR (10) CAROL HUMPHREY	0.00	X					0	0	0
(10) CAROLI HOLLINGI	2.00								
SECRETARY	0.00	X		x			0	0	0
(11) HALL SUMNER, II	ţ								
VICE DEGLESS	1.00	X							_
VICE PRESIDENT	0.00	A	<u> </u>	<u> </u>			0	0	0

20800 02/08/2021 4:35 PM Form 990 (2019) BOYS & GIRLS CLUBS OF THE 57-0811876 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) (B) (C) (D) (E) (F)

Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)			
(A) Name and title	(B) Average hours per week (list any	bo off	x, unle	Pos check ess pe	rson i	than dis both	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	((F) timated am of other compensation	on
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)		ganization ted organiz	
(12) THOMAS NOBLE	1 00											
DIRECTOR	1.00	x						0	0			0
(13) MOLLIE SANDM												
DIRECTOR	1.00	x						o	0			0
(14) ROBERT SHIELD	S											
DIRECTOR	1.00	x						0	0			0
(15) HAL SUTTON	0.00								<u> </u>			
	2.00	7.		7.7					0			^
TREASURER (16) RUSSELL WHIT	0.00 EFORD	X		X				0	0			0
	1.00											
DIRECTOR	0.00	X						0	0			0
1b Subtotal							u					
c Total from continuation she	•						u					
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	cluding but not li	mite	d to				bove	e) who received more than	\$100,000 of			/aa Na
3 Did the organization list any fo	ormer officer, dir	ecto	r, tru	stee	, key	/ em	oloy	ee, or highest compensated	d			res No
employee on line 1a? If "Yes,"For any individual listed on line organization and related organization	e 1a, is the sum	of re	eport	able	con	npen	satio	on and other compensation	from the		3	X
•											4	X
for services rendered to the o	rganization? If "Y										5	Х
Section B. Independent Contractor1 Complete this table for your fire		ones	tod i	inder	and	lent (contr	ractors that received more t	than \$100,000 of			
compensation from the organi	zation. Report co							lar year ending with or with	in the organization's tax ye	ear.		(C)
Name and	(A) business address							Descript	(B) ion of services		Comp	(C) pensation
O Talala I (1)		-P	L :		Par Pr		<u></u>	Patradial - No.				
2 Total number of independent received more than \$100,000								se listed above) who	0			

Forn	n 990	(2019) BOYS	. &	GIRLS C	LUBS	OF TH	ΙE	57	-0811876		Page	<u>,</u>
Pa	rt V			Revenue	oine o	rocponco	or noto	to any line in thi	c Dort \/III		Г	٦
		Crieck ii	SCITE	edule O cont	ali is a	response	or note	to any line in thi	(B)	(C)	(D)	
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
nts its	1a	Federated camp	paigns		1a							
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership du	es		1b							
s, (Am	С	Fundraising eve	ents		1c							
3ift	d	Related organiz	ations		1d							
s, (imi	е	Government grants (c			1e	20	3,141					
ion S	f	All other contributions,										
the		and similar amounts no	ot include	d above	1f	2,10	00,190					
d	g	Noncash contributions	included	in lines 1a-1f	1g	\$						
a S	h	Total. Add lines	1a-1f				u	2,303,331				
						Bu	siness Code					
e	2a	PROGRAM SE	RVICE	REVENUE				497,265	497,265			
ervi	b	BRIDGES RE	NTAL	INCOME				28,335			28,33	55
n Venu	С	MEMBERSHIP	DUES					3,800	3,800			_
Program Service Revenue	d					· · · · · · · · · · ·						_
Pro	е					I						_
		All other program				_		F20, 400				
		Total. Add lines					u	529,400				
	3	Investment income						73,161			73,16	:1
	4	other similar am	roctmor	at of tax axamp	t bond	procoode	u u	73,101			75,10	<u>'</u>
	5	Royalties										_
	3	Noyallos		(i) Real		(ii) Pers						
	6a	Gross rents	6a	()		()						
		Less: rental expenses	6b									
		Rental inc. or (loss)	6c									
		Net rental incom	ne or (l	oss)			u					
	7a	Gross amount from sales of assets		(i) Securities		(ii) Oth						
		other than inventory	7a									
e	b	Less: cost or other										
Revenue		basis and sales exps.	7b									
Re		Gain or (loss)	7c									
Other		Net gain or (loss					u					_
ᅗ	8a	Gross income from		ising events								
		(not including \$										
		of contributions rep	_			0.0						
		See Part IV, line 18			8a		02,536					
		Less: direct exp			8b			793,031			793,03	, 1
		Net income or (Gross income from	,	•	events		u	793,031			793,03	<u> </u>
	эа	See Part IV, line 19			9a							
	h	Less: direct exp	enses		9b							
		Net income or (u					_
		Gross sales of i	,									
		returns and allo			10a							
	b	Less: cost of go			10b							
		Net income or (entory .		u					
s				<u> </u>			ısiness Code					
//Iscellaneous Revenue	11a	MISCELLANE	ous			<u> </u>		159,186			159,18	16
lant	b											_
See!	С											_
₩	d	All other revenue	е									

159,186

501,065

3,858,109

0

e Total. Add lines 11a-11d .

12 Total revenue. See instructions

Part IX Statement of Functional Expenses

Sect	Check if Schedule O contains a respon-	•		oiete column (A).	
D = "	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising
			expenses	general expenses	expenses
'	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):				
а	Management				
b					
С					
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
	(A) amount, list line 11g expenses on Schedule O.)	136,642	18,810	117,832	
12		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	Internat				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	316,400	316,400		
23	***	115,205	108,157	7,048	
24	Insurance Other expenses. Itemize expenses not covered		230,237	,,010	
	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.)				
а	OTHER PROGRAM EXPENSES	291,718	291,718		
a b	OTHER EXPENSES	117,523	76,378	39,426	1,719
C	REPAIRS AND MAINTENANCE	90,166	90,166	35,420	± , 1 ± 3
d	THE ALL PROPERTY OF	20,100	70,100		
	All other expenses				
e 25	Total functional expenses. Add lines 1 through 24e	3,548,131	2,744,556	517,750	285,825
25 26	Joint costs. Complete this line only if the	3,340,131	2,111,000	311,130	203,023
-0	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here u if following SOP 98-2 (ASC 958-720)				
	10110WILIU 30F 70-Z (A3C 706-1ZU)	I		l	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B)

					(A)		(B) End of year
<u> </u>	_				Beginning of year	_	
	1	Cash—non-interest-bearing			1,249,541	1	2,046,990
	2	Savings and temporary cash investments			F00 000	2	222 100
	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, d	irector,			
		trustee, key employee, creator or founder, substantial co		or 35%			
		controlled entity or family member of any of these person				5	
	6	Loans and other receivables from other disqualified personal					
ts		under section 4958(f)(1)), and persons described in sec		6			
Assets	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
1	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
1	11	Investments—publicly traded securities	3,249,674	11	3,538,258		
1	12	Investments—other securities. See Part IV, line 11				12	
1	13	Investments—program-related. See Part IV, line 11				13	
1	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must equal line 3			9,628,708	16	10,292,161
1	17	Accounts payable and accrued expenses			92,860	17	39,166
1	18	Grants payable				18	
1	19	Deferred revenue			23,788	19	130,518
2	20	Tax-exempt bond liabilities		20			
2	21	Escrow or custodial account liability. Complete Part IV of	f Schedu	le D		21	
_ω 2	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co	or 35%				
abil		controlled entity or family member of any of these person	ns			22	
ے ا	23	Secured mortgages and notes payable to unrelated third				23	
2	24	Unsecured notes and loans payable to unrelated third p			180,000	24	
2	25	Other liabilities (including federal income tax, payables t					
		parties, and other liabilities not included on lines 17-24).	Complet	e Part X			
		of Schedule D			127,624	25	543 , 637
2	26	Total liabilities. Add lines 17 through 25			424,272	26	713,321
		Organizations that follow FASB ASC 958, check here					
Ses		and complete lines 27, 28, 32, and 33.	_				
au 2	27	Net assets without donor restrictions			7,601,628	27	8,197,889
Fund Balances	28	Net assets with donor restrictions			1,602,808	28	1,380,951
pu		Organizations that do not follow FASB ASC 958, che					
		and complete lines 29 through 33.		_			
ة <u>2</u>	29	Capital stock or trust principal, or current funds				29	
Sets	30	Paid-in or capital surplus, or land, building, or equipmen				30	
As 3	31	Retained earnings, endowment, accumulated income, o				31	
Net Assets or	22	Total net assets or fund balances		9,204,436	32	9,578,840	
	32	Total fiet assets of fully palatices			9,628,708	<u> </u>	7,0,0,0

Form **990** (2019)

Pa	art 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	3,85	58 , 1	L09		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,54	18,1	<u> 131</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3	3(9,9) 78		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,20)4,4	1 36		
5	Net unrealized gains (losses) on investments	5	(5 4 ,4	<u> 126</u>		
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	9,57	78,8	<u> 340</u>		
Pa	art XII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>	Ш.		
				Yes	No		
1	Accounting method used to prepare the Form 990:				i		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				i		
	reviewed on a separate basis, consolidated basis, or both:				i		
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				i		
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				l		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on				i		
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				l _		
	Single Audit Act and OMB Circular A-133?		3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

Form **990** (2019)

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.

Open to Public Inspection

OMB No. 1545-0047

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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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 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). 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. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 other support (see support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Page 2

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

Sec	tion A. Public Support							_
Caler	ndar 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.")	1,859,663	2,705,683	2,132,459	1,768,972	2,100,1	90	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	65,6	65,600 295,0	
4	Total. Add lines 1 through 3	1,905,263	2,763,283	2,190,059	1,837,572	2,165,7	90	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
	tion B. Total Support ndar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(a) 2017	(4) 2019	(a) 2010	- 1	(f) Tatal
		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	_	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,905,263	2,763,283 172,549	2,190,059	1,837,572 290,340			10,861,967 912,920
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	1,061,7	22	5,710,791
11	Total support. Add lines 7 through 10							17,485,678
12	Gross receipts from related activities, etc.	(see instructions)				<u>1</u>	2	2,173,158
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	ar as a section 50°	1(c)(3)		
	organization, check this box and stop her	e						
Sec	tion C. Computation of Public Su							
14	Public support percentage for 2019 (line 6	, column (f) divided	by line 11, colum	n (f))			4	60.13%
15	Public support percentage from 2018 Sche 33 1/3% support test—2019. If the organ	edule A, Part II, line	e 14			<u>1</u>	5	58.97 %
16a					33 1/3% or more, o	check this		. ==
	box and stop here . The organization quali		0					► X
b	33 1/3% support test—2018. If the organ this box and stop here. The organization							▶ □
17a								
174	10% or more, and if the organization mee	=						
	Part VI how the organization meets the "fa				-			
	organization			•				▶ □
b	10%-facts-and-circumstances test—201	8. If the organization	on did not check a	box on line 13, 16	a, 16b, or 17a, an	d line		
	15 is 10% or more, and if the organization	meets the "facts-a	and-circumstances	test, check this b	ox and stop here.			
	Explain in Part VI how the organization m	eets the "facts-and-	-circumstances" te	st. The organization	on qualifies as a p	ublicly		
	supported organization							▶ ∐
18	Private foundation. If the organization did	I not check a box o	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee		
	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.)

Sec	tion A. Public Support	, ,		· •	•	,	
	ndar 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						
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from						
Sac	tion B. Total Support						
	idar year (or fiscal year beginning in) u	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	(u) 2010	(5) 2010	(0) 2017	(d) 2010	(6) 2010	(i) rotal
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						
С	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,						
14	First five years. If the Form 990 is for the organization, check this box and stop her			•			▶ □
Sec	tion C. Computation of Public S						
15	Public support percentage for 2019 (line 8			nn (f))		15	%
16	Public support percentage from 2018 Sch						%
	tion D. Computation of Investme						
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2018		III line 17			40	%
19a	33 1/3% support tests—2019. If the orga	nization did not ch					
	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization	qualifies as a publ	icly supported orga	anization	▶ ∐
b	33 1/3% support tests—2018. If the orga	inization did not ch	eck a box on line	14 or line 19a, and	line 16 is more that	an 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the		=			=	. —
20	Private foundation. If the organization die	d not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruct	ions	▶ ∐

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? С
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	4		
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	-ru		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	_		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	iva		
	10b		
\ (Fc	orm 99	0 or 990-	EZ) 2019

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Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
С	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.	11c		
Secti	ion 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? 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.	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? 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.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion D. All Type III Supporting Organizations			
	,, <u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion 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 satisfied the Activities rest. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization is the parent of each of its supported organizations. <i>Complete line's below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions)</i>	tions)		
·	The organization supported a governmental entity. Describe III Fait VI how you supported a government entity (see institute	10113).		
2	Activities Test. Answer (a) and (b) below.	1	Yes	No
- ́	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		. 00	
-	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.	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? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
		2b		
2	activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below.	20		
3 a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	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	Ja		
J	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	o. no supponted organizations. It is too, docerno in rait visito roto played by the organization in this regard.	,	1	i

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type II Non-Function Part V Type III Non-Function Part V Type II Non-Function Part V Type II Non-Fu		tions	Page 6
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
instructions. All other Type III non-functionally integrated supporting organizations must Section A - Adjusted Net Income	i comp	(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		Il supporting organization (SAP

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	- ruge
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>-6</u>	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations to which the organizations to which the organizations to which the organizations are supported to the organization of the organi	ation 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	(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	(") Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		110 2010	7 tillodilit for 2010
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			
	From 2017			
е	From 2018			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
-	Applied to 2019 distributable amount			
	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			
Ū	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:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Forn	n 990 or 990-EZ) 2019	BOYS &	GIRLS	CLUBS	OF THE	57-08118	76 Page 8
Part VI						y Part II, line 10; Part II, line 17	
						9b, 9c, 11a, 11b, and 11c; Pa	
						es 2 and 3; Part IV, Section E,	
						ion D, lines 5, 6, and 8; and Pa	irt V, Section E,
	lines 2, 5, and 6	. Also complete	this part f	or any add	litional inforn	nation. (See instructions.)	
Part II	I, Line 10	- Other I	ncome	Detail			
MISC				\$	2,471	475	
FUNDRA I	STNG			\$	3,239	-316	
•							
•							
•							

57-0811876

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

Department of the Treasury Internal Revenue Service

LOWCOUNTRY,

INC.

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

57-0811876

2019

Name of the organization

BOYS & GIRLS CLUBS OF THE

Organization type (check one): Filers of: Section: **X** 501(c)(**3**) (enter number) organization Form 990 or 990-EZ 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 X 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) (2019)

Page 1 of 2

Name of organization

Employer identification number

	9				
BOYS	&	GIRLS	CLUBS	OF	THE

57-0811876

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 78,656	Person X
(a)	(b)	(c)	(d)
No2	Name, address, and ZIP + 4	Total contributions \$ 61,764	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	Total contributions \$ 58,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$ 208,110	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 168,144	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 6	Name, address, and ZIP + 4	Total contributions \$ 85,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2 of 2

age **2**

Name of organization

BOYS & GIRLS CLUBS OF THE

Employer identification number 57-0811876

Part I	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 X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
. 8		\$ 310,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution					
9		\$ 104,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a)	(b)	(c)	(d)					
10	Name, address, and ZIP + 4	Total contributions \$ 293,384	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
.11		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution					
12		\$ 106,515	Person X Payroll Noncash (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 Open to Public Inspection

Name of the organization Employer identification number BOYS & GIRLS CLUBS OF THE 57-0811876 LOWCOUNTRY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year _____ Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year _____ 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? 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? <u>.....</u>...... Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year 2a a Total number of conservation easements **b** Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ______ Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$ (ii) Assets included in Form 990, Part X u \$ 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

Pa	art III Organizations Maintaining	Collections of A	Art, Historical Tre	easures, or Othe	r Similar A	ssets (contin	ued)	ago =
3	Using the organization's acquisition, access collection items (check all that apply):	on, and other records,	check any of the follo	wing that make signif	icant use of its	i		•	
а	Public exhibition	d 🗌 L	oan or exchange prog	ram					
b	Scholarly research	e 🗌 C	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	ollections and explain	how they further the o	rganization's exempt	purpose in Par	t			
	XIII.								
5	During the year, did the organization solicit	or receive donations of	f art, historical treasure	es, or other similar				_	,
	assets to be sold to raise funds rather than		art of the organization'	s collection?			Ye	s	No
Pa	ert IV Escrow and Custodial Ar								
	Complete if the organization 990, Part X, line 21.	n answered "Yes"	on Form 990, Part	t IV, line 9, or rep	orted an am	ount o	n Form	1	
1a	Is the organization an agent, trustee, custoo							_	_
	included on Form 990, Part X?						Ye	s L	No
b	If "Yes," explain the arrangement in Part XII	I and complete the foll	owing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
f	Ending balance				1f				_
	Did the organization include an amount on I			-			Ye	_ ⊢	No
	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	planation has been pro	ovided on Part XIII					
Pa	ert V Endowment Funds.			. B. / . P 40					
	Complete if the organization								
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	-	(e) Four		
	Beginning of year balance	3,249,674	2,623,916	2,804,801	1,598		1,4		127
b	Contributions	200,028	502,000		1,142	,9/8		54,	470
С	Net investment earnings, gains, and	161 540	005 133	021 868			_	0.4	
	losses	161,542	205,133	231,767	142	2,295		.84,	628
	Grants or scholarships								
е	Other expenditures for facilities and	43.000	60,000	205 602			-	01	
	programs	43,000 29,986	60,000	395,682		,648	-		111
	Administrative expenses	3,538,258	21,375	16,970		392	1 0		546
_	End of year balance		3,249,674	2,623,916	2,804	,001	Ι,:	90,	568
2	Provide the estimated percentage of the cur		(line 1g, column (a)) r	ieid as:					
	Board designated or quasi-endowment u Permanent endowment u 3.50 %	02.50 %							
	Permanent endowment u 3.50 % Term endowment u 14.00 %								
C	The percentages on lines 2a, 2b, and 2c sh	ould oqual 100%							
20	Are there endowment funds not in the possi	•	ion that are hold and	administered for the					
зa	·	ession of the organizat	ion that are neid and a	administered for the			ſ	Yes	No
	organization by:						20(i)	162	No X
	(i) Unrelated organizations						3a(i)		X
h	(ii) Related organizations	zations listed as require	nd on Schodulo P2				3a(ii) 3b		
<i>1</i>							_30		
Pa	Describe in Part XIII the intended uses of the lart VI Land, Buildings, and Equ		witherit turius.						
1 6	Complete if the organization	•	on Form 000 Part	1\/ line 11a Sec	Form 990	Part Y	lina 1	Λ	
	Description of property	(a) Cost or other ba			Accumulated		(d) Book		
	bescription of property	(investment)	(other	''	epreciation		(d) Dook	value	
10	Land		,	5,977			2"	75	977
	Land Ruildings				,745,172	2	3,35		
ח	Buildings Leasehold improvements		,,05	8,832	4,76		<i>5</i> 7 <i>5 5</i>		065
			22	37,285	587,784		24		501
	Equipment Other	200		5,062	140,205				657
	I. Add lines 1a through 1e. (Column (d) must				<u> </u>		4,38		

Schedule D (F	Form 990) 2019 BOYS & GIRLS CLUBS OF	THE	57-0811876	Page
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on	Form 990, Part	IV, line 11b. See Form 990, P	art X, line 12.
	(a) Description of security or category	(b) Book value	· · · · · · · · · · · · · · · · · · ·	
	(including name of security)		Cost or end-of-year	r market value
(1) Financial				
	eld equity interests			
(3) Other				
				_
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.) u			
Part VIII	Investments – Program Related.		<u>'</u>	
	Complete if the organization answered "Yes" on	Form 990, Part	IV, line 11c. See Form 990, P	art X, line 13.
	(a) Description of investment	(b) Book value	I	
			Cost or end-of-year	r market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)		-		
(9)	(1) (200 B (1) (1/B) (1/40)	1		
Part IX	n (b) must equal Form 990, Part X, col. (B) line 13.) u Other Assets.			
rait ix	Complete if the organization answered "Yes" on	Form 990 Part	IV line 11d See Form 990 P	art Y line 15
-	(a) Description	TOTTI 990, TAIL	TV, line 11d. See 1 Sim 990, 1	(b) Book value
(1)	(-)			(4) 2000 1000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilities.			200 5 4 1/
	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
	income taxes			156 22
	ned Expenses ries Payable			456,239 87,39
	.105 rayable			01,39
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	543,63

SCH	edule D (Form 990) 2019 DOID & GIRLD CHODD OF THE		<u> </u>		raye =
Pa	art XI Reconciliation of Revenue per Audited Financial State	ments With F	Revenue per Re	turn.	
	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:				
а	Net unrealized gains (losses) on investments	2a	64,426		
b		2b	65,600		
С		2c			
d		2d			
е				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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b					
С	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
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements With	Expenses per F	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:				
а	Donated services and use of facilities	2a	65,600		
b					
С	Other losses				
d					
е				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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			

Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) ...

c Add lines 4a and 4b

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 reqired 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.

3,548,131

Schedule D (F	Form 990) 2019	BOYS	& GIRLS	CLUBS	\mathbf{OF}	THE	57-081187	6	Page 5
Part XIII	Supplement	al Inforn	nation (conti	inued)					

Department of the Treasury

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.

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

Open to Public

Internal Revenue Service & GIRLS CLUBS OF THE BOYS Employer identification number Name of the organization LOWCOUNTRY, INC. 57-0811876 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Solicitation of government grants b Internet and email solicitations Phone solicitations Special fundraising events С d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col. (i) Yes No 1 3 7 8 10 Total 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.

Schedule G (Form 990 or 990-EZ) 2019 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 g	greater than \$5,000.								
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total accepts					
			SPRING GALA	SPORTING EVENT	3	(d) Total events (add col. (a) through					
ē			(event type)	(event type)	(total number)	col. (c))					
Revenue	1	Gross receipts	624,097	113,125	165,314	902,536					
	2	Less: Contributions									
	3	Gross income (line 1 minus	624,097	113,125	165,314	902,536					
		line 2)	024,037	113,123	105,514	702,330					
		Cash prizes									
		Noncash prizes									
Direct Expenses	6 Rent/facility costs										
oct Exp	7 Food and beverages										
Dir	8	Entertainment									
	9	Other direct expenses	109,505								
	10	Direct expense summary.	Add lines 4 through 9 in column (d)	\	109,505 793,031					
P	art	III Gaming. Com	plete if the organization ansv	(d) wered "Yes" on Form 990, P	art IV, line 19, or report						
		\$15,000 on Foi	rm 990-EZ, line 6a.	Г							
ηne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Revenue											
<u> </u>	1	Gross revenue									
ses	2	Cash prizes									
Expenses	3	Noncash prizes									
Direct E	4	Dont/fooility costs									
ä	-	Rent/facility costs									
	5	Other direct expenses									
	6	Volunteer labor	Yes %	Yes %	Yes % No						
	7										
			-								
	8	Net gaming income summ	nary. Subtract line / from line 1, co	olumn (d)							
9				ctivities:							
		the organization licensed to No," explain:	o conduct gaming activities in each	of these states?		Yes No					
			s gaming licenses revoked, susper	nded, or terminated during the tax	year?	Yes No					
	olf "Yes," explain:										
	٠.										

2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	Sche	dule G (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUBS OF THE 5	7-0811876	Page 3
2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	1	Does the organization conduct gaming activities with nonmembers?		Yes No
3 Indicate the percentage of gaming activity conducted in: a The organization's facility	2	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity		
a The organization's facility		formed to administer charitable gaming?		Yes No
b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name u Address u Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ c If "Yes," enter name and address of the third party: Name u Address u Gaming manager information: Name u Garning manager compensation u \$ Description of services provided u Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u. \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	3	Indicate the percentage of gaming activity conducted in:		
b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name u Address u Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ c If "Yes," enter name and address of the third party: Name u Address u Gaming manager information: Name u Garning manager compensation u \$ Description of services provided u Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u. \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	а	The organization's facility	13a	%
4 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name u Address u 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ c If "Yes," enter name and address of the third party: Name u Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer	b	An outside facility	13b	
records: Name u Address u 5a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ and the amount of gaming revenue retained by the third party. Name u Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer	4	Enter the name and address of the person who prepares the organization's gaming/special events books and		
Address u Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ c if "Yes," enter name and address of the third party: Name u Address u Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer Employee Independent contractor Mandatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (V); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.				
Does the organization have a contract with a third party from whom the organization receives gaming revenue? If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ and the amount of gaming revenue retained by the third party: Name u Address u Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer		Name u		
revenue?		Address u		
b If "Yes," enter the amount of gaming revenue received by the organization u \$ and the amount of gaming revenue retained by the third party u \$ c If "Yes," enter name and address of the third party: Name u Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer	15a			☐ Yes ☐ No
amount of gaming revenue retained by the third party u \$ c If "Yes," enter name and address of the third party: Name u Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer	b			
c If "Yes," enter name and address of the third party: Name u Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer Employee Independent contractor 7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	-			
Name u Address u 6 Garning manager information: Name u Garning manager compensation u \$ Description of services provided u Director/officer	c			
Address u 6 Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer	Ŭ	17-100, Chief hame and address of the tilla party.		
Gaming manager information: Name u Gaming manager compensation u \$ Description of services provided u Director/officer		Name u		
Name u Gaming manager compensation u \$ Description of services provided u Director/officer		Address u		
Gaming manager compensation u \$ Description of services provided u Director/officer	6	Gaming manager information:		
Director/officer		Name u		
Director/officer		Gaming manager compensation u \$		
7 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Description of services provided u		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		Director/officer Employee Independent contractor		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	7	Mandatory distributions:		
retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.		•		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.				Yes No
spent in the organization's own exempt activities during the tax year u \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	-			
Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information.	Pa		ns (iii) and (v)	and
			iai iiioiiiiatioii	•
		OCC III STRUCTIO.		
				• • • • • • • • • • • • • • • • • • • •

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2019

Department of the Treasury Internal Revenue Service

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

BOYS & GIRLS CLUBS OF THE

Open to Public Inspection

Employer identification number

LOWCOUNTRY, INC. 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 The Treasurer presents the 990 to the governing 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)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

u Go to www.irs.gov/Form990 for instructions and the latest information. BOYS & GIRLS CLUBS OF THE

Employer identification number

57-0811876

Part I	Identification of Disregarded Entities. Complete if the	organization ansv	wered "Yes" on F	orm 990	, Part IV	', line 33.				
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	le (state ountry)		(d) I income	En	(e) d-of-year assets	(f) Direct co enti	ntrolling
(1)										
(2)										
(3)										
(4)										
(5)										
Part II	Identification of Related Tax-Exempt Organizations. One or more related tax-exempt organizations during the	Complete if the o tax year.	rganization answ	ered "Ye	s" on Fo	orm 990, Pa	art IV,	line 34, becau	se it had	
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		d) ode section	(e) Public charity (if section 501	status I(c)(3))	(f) Direct controlling entity	Section controll Yes	(g) 512(b)(13) ed entity? No
1275	& GIRLS CLUBS OF AMERICA PEACHTREE ST NE 13-5562976									
(2)	NTA GA 30309-3506	YOUTH DEVE	DC	501	LC	10		N/A		X
(3)										
(4)										
(5)										

LOWCOUNTRY, INC.

Part III	Identification of Related Organization because it had one or more related or	ons Taxable	as a	Partnership.	Complete if the	e organization	on answered "Yes	" on Fo	orm (990, Pa	art IV, line	34,		r ago .
	(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 tota income	(g) Share of end-c year assets	of- Di por a	(h) ispro- tionate lloc.?	amoui of Sc	(i) le V—UBI nt in box 20 shedule K-1 rm 1065)	General manaq partno	al or Per ging ow er?	(k) rcentage vnership
(1)			,,,		,			re	S 110			res	INO	
(2)														
(3)														
(4)														
Part IV	Identification of Related Organization in 34, because it had one or more related to the second secon	ons Taxable elated organiz	as a zation	Corporation s treated as a	or Trust. Com corporation or	plete if the o	organization answ the tax year.	ered "Y	'es"	on For	m 990, P	art IV	<u>',</u>	
	(a) Name, address, and EIN of related organization	(b) Primary activi		(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-year	of assets	(h) Percent owners	age	512 cor	(i) ection 2(b)(13) ntrolled ntity?
(1)													Yes	No
(2)													1	+
(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 mo	J					
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
b Gift, grant, or capital contribution to related organization(s)				1b		X
c Gift, grant, or capital contribution from related organization(s)				1c		x
d Loans or loan guarantees to or for related organization(s)				1d		X
e Loans or loan guarantees by related organization(s)				1e		x
f Dividends from related organization(s)				1f		X
g Sale of assets to related organization(s)				1g		X
h Purchase of assets from related organization(s)				1h		х
i Exchange of assets with related organization(s)				1i		x
j Lease of facilities, equipment, or other assets to related organization(s)				1i		х
,						
k Lease of facilities, equipment, or other assets from related organization(s)				1k		х
l Performance of services or membership or fundraising solicitations for related organization(s)				11		x
m Performance of services or membership or fundraising solicitations by related organization(s)				1m		x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		х
Sharing of naid employees with related organization(s)						x
Sharing of paid employees with related organization(s)				10		
p Reimbursement paid to related organization(s) for expenses				1p		x
						x
q Reimbursement paid by related organization(s) for expenses				14		
The other transfer of each or manager to related arranger to (a)				4	х	
r Other transfer of cash or property to related organization(s)				1r	Λ.	x
s Other transfer of cash or property from related organization(s)				1s		
2 If the answer to any of the above is "Yes," see the instructions for information on who must comple		· ·				
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amo	unt involv	ed	
Hallo di Todo di Signification	type (a-s)	7 anount involved	mound of dotomining and		-	
(1) BOYS & GIRLS CLUBS OF AMERICA	r	11,669	Percentage of du	100		
(1) BOIS & GIRLS CHOBS OF AMERICA	- 	11,009	referrage of de	ies_		
(2)						
(2)						
(2)						
(3)						
(4)						
(4)						
(E)						
(5)						
(6)						
(6)		1				

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	(d) Predominant income (related, unrelated, excluded from tax under	Are all	tion c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	(h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)											-		
											<u> </u>		
(4)													
(5)													
(6)													
(7)											1		
(8)													
(9)													
(10)													
(11)													
													1

Schedule R (Form 990) 2019	BOYS & G	IRLS CLU	BS OF TH	HE	57-08	11876	Page 5
Part VII	Supplemen Provide add	tal Information itional information). on for respon	ses to guest	tions on Sched	dule R. See Ins	tructions.	
				900 10 90.000		30.0 1 1. 0000		
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•								

20800 BOYS & GIRLS CLUBS OF THE

Federal Statements

2/8/2021 4:35 PM

57-0811876 FYE: 9/30/2020

Tayable	Interest	οn	Investments
Iaxabic	111161631	OH	11116211161119

Description						
		Amount		Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST ON NR	4		1.4			
OTHER INTEREST	\$		14			
		9,373	14			
Total	\$	9,373				

Taxable Dividends from Securities

Description					
	 Amount	Unrelated Business	Exclusion Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS					
	\$ 58,678		14		
Total	\$ 58,678				

20800 BOYS & GIRLS CLUBS OF THE

57-0811876

Federal Statements

2/8/2021 4:35 PM

FYE: 9/30/2020

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

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

20800 BOYS & GIRLS CLUBS OF THE 57-0811876 **Fe**

FYE: 9/30/2020

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
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	\$ 4,683,948	\$ 348,527

Form **8879-EC**

IRS e-file Signature Authorization for an Exempt Organization

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

For calendar year 2018, or fiscal year beginning 10/01 , 2018, and ending

9/30 20 19

Department of the Treasury Internal Revenue Service

u Go to www.irs.gov/Form8879EO for the latest information. BOYS & GIRLS CLUBS OF THE

Employer identification number

OMB No. 1545-1878

Name of exempt organization

LOWCOUNTRY, INC. 57-0811876

Name and title of officer

CHRIS PROTZ

EXECUTIVE DIRECTOR

Type of R	eturn and	Return	Information	(Whole	Dollars	Only
I	vpe of R	vpe of Return and	vpe of Return and Return	vpe of Return and Return Information	vpe of Return and Return Information (Whole	Type of Return and Return Information (Whole Dollars

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

	e applicable line below. Do not complete more than one line in Fart I.		
1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,993,750
	Form 990-EZ check here ▶	2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here ▶ ☐ 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

FRO firm name

to enter my PIN

as my signature

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

Certification and Authentication Part III

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 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.

Richard D Crowley, ERO's signature }

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

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)

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

OMB No. 1545-0047 2018 Open to Public Inspection

<u>A</u>	For the	e 2018 calendar year, or tax year beginning $10/01/1$		19								
В	Check if a	pplicable: C Name of organization BOYS & GIRLS CI	UBS OF THE		D Employe	r identification number						
Ш	Address o	hange LOWCOUNTRY, INC	! .									
П	Name cha	Doing business as				<u>811876</u>						
\equiv		Number and street (or P.O. box if mail is not delivered to stree		Room/suite	E Telephon	e number 689-261 8						
님	Initial retur				0-3-	009-2010						
Ш	terminated					4 201 209						
\Box	Amended	return F Name and address of principal officer:	909		G Gross red	eipts\$ 4,291,398						
亓	Application			H(a) Is this a g	roup return for	subordinates? Yes X No						
ш	ripplication	o Cincib Thori	GIITME 102	H/b) A!!		Huded? Yes No						
		10 PINCKNEY COLONY RD,		H(b) Are all su		. (see instructions)						
_			C_29909	-	, allaura iisi	. (See Instructions)						
		npt status: X 501(c)(3) 501(c) () t (insert no.)	4947(a)(1) or 527	4								
J	Website:			H(c) Group ex								
		organization: X Corporation Trust Association Other u	L '	Year of formation: 1	.985	M State of legal domicile: SC						
F	Part I	Summary										
-	1 E	Briefly describe the organization's mission or most significan	nt activities:									
ဦ		To provide guidance to youth.										
na												
Governance		· · · · · · · · · · · · · · · · · · ·										
တိ	2 (Check this box ${f u}$ if the organization discontinued its ope	erations or disposed of more than 2	25% of its net	assets.							
⋖ŏ		Number of voting members of the governing body (Part VI, I			3	19						
ies	4 1	Number of independent voting members of the governing bo	ody (Part VI, line 1b)		4	19						
Activities	5 7	otal number of individuals employed in calendar year 2018	(Part V, line 2a)		. 5	171						
₽ct	6 7	-t-l				320						
_	7a ⊺	otal unrelated business revenue from Part VIII, column (C)		. 7a	0							
		Net unrelated business taxable income from Form 990-T, lin			7b	0						
				Prior Ye		Current Year						
ē		Contributions and grants (Part VIII, line 1h)			3,522	1,768,972						
eu					6,373	894,000						
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)			2,713	256,210						
	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c	s, and 11e)		6,860	1,074,568						
_		otal revenue – add lines 8 through 11 (must equal Part VIII		4,05	9,468	3,993,750						
		Grants and similar amounts paid (Part IX, column (A), lines				0						
		Benefits paid to or for members (Part IX, column (A), line 4)										
68	15 8	Salaries, other compensation, employee benefits (Part IX, co		1,951,136		2,214,473						
îns	16a F	Professional fundraising fees (Part IX, column (A), line 11e)				0						
Expenses		Total fundraising expenses (Part IX, column (D), line 25) ${f u}$	312,408									
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24	le)		6,496	1,388,236						
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, colum	ın (A), line 25)		7,632	3,602,709						
		Revenue less expenses. Subtract line 18 from line 12			1,836	391,041						
Net Assets or	<u> </u>			Beginning of Cu		End of Year						
Sset	ଅ 20 1				5,205	9,628,708						
et A	21 7				3,569	424,272						
		Net assets or fund balances. Subtract line 21 from line 20		8,87	1,636	9,204,436						
	Part II	Signature Block										
		nalties of perjury, I declare that I have examined this return, including				y knowledge and belief, it is						
tr	ue, corre	ect, and complete. Declaration of preparer (other than officer) is ba	ised on all information of which prepai	rer rias any knov	rieage.							
	gn	Signature of officer			Date							
He	ere	CHRIS PROTZ	EXECU	TIVE DI	RECTO	<u>R</u>						
_		Type or print name and title		Г								
_		Print/Type preparer's name Preparer's	signature	Date	Check	if PTIN						
Pai			d D Crowley, CPA	06/03	/20 self-em							
	eparer	Firm's name } Crowley Wechsler &	Associates LLC	1	Firm's EIN }	26-1860008						
Us	e Only	1411 Queen Street										
		Firm's address } Beaufort, SC 2990		1	Phone no.	843-379-1065						
Ma	y the IR	S discuss this return with the preparer shown above? (see	instructions)			X Yes No						

Carbon Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Form 990 (2018) B	OYS & GIRLS	CLUBS OF THE	57-0811	L876	Page 2
1 Breity 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 900 or 900-827. If Yes, 'Sensitive these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services, as measured by experiences. Section 5010(16) 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 accomplishments for each of its three largest program services, as measured by expenses. Section 5010(16) 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 accomplishments for each of its three largest program services, as measured by expenses. Section 510(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the build expenses, and revenue, if any, for each program services (contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 16. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)) (Revenue \$)) (Revenue \$))	Part III Sta	tement of Progran	n Service Accomplish	ments		
1 Breity 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 900 or 900-827. If Yes, 'Sensitive these new services on Schedule O. 3 Did the organization cause conducting, or make significant changes in how it conducts, any program services accomplishments for each of its three largest program services, as measured by experiences. Section 5010(16) 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 accomplishments for each of its three largest program services, as measured by expenses. Section 5010(16) 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 accomplishments for each of its three largest program services, as measured by expenses. Section 510(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the build expenses, and revenue, if any, for each program services (contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 16. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$) (Revenue \$) N/A 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)) (Revenue \$)) (Revenue \$))					art III	📙
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E2?						
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 980 or 980-E2?	To provid	de guidance	to youth.			
prior Form 990 or 990-E22 if "Yes," Gacite 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 5016(3) and 5010(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 (Codo:) (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 (Codo:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4c (Codo:) (Expenses \$ including grants of \$) (Revenue \$) N/A 4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)						
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		service expenses 11) (11676)	····· ¥	

Part IV Checklist of Required Schedules

			Yes	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	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	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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	5		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	6		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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			v
10	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	-22	
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	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	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	.	3,5	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	401-		v
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	D114	14a		X
b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	. a		
~	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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	15		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	16		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)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		Ţ,	
46	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	,		7.7
20-	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	ZUD		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
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	n 990 (2018) BOYS & GIRLS CLUBS OF THE 57-08116/6		P	age 4
_ Pa	art 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		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			٠,,
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		\vdash
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
d	to defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		\vdash
25a		<u></u>		
2 50	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	001-		
_	Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	051		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		↓
37	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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.	38	x	
Pa	art 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 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		37	
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (con	ntinue	ed)			
					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 retu	urns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	e O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	r autho	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ial acc	count)?	4a		X
b	If "Yes," enter the name of the foreign country: ${f u}$					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	I Acco	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	action?	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the				7.
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	tions o	or			
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).		_			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	r good	S	7-		
h				7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7.0		
С	required to file Form 8282?	was		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		act?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization.			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file F		899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain					
	sponsoring organization have excess business holdings at any time during the year?		•	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	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:					
	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	, , , , , , , , , , , , , , , , ,	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		41?	12a		
	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.			120		
а				13a		
h	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				
С	Foton the constant of recorded on hand	13c				
	Did the executantian vession and respect for indeed tenning conduct the tenning			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun					
. •	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	nt inco	ome?	16		Х
	If "Yes," complete Form 4720, Schedule O.					

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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 19 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 Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with anv other officer, director, trustee, or key employee? X 2 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 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 The governing body? X 8a Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at Х the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . 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? Х 10a **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? 11a **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 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? X 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization 15b 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? Х 16a 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 List the states with which a copy of this Form 990 is required to be filed **u** SC 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 X Upon request Other (explain in Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records ${f u}$ CHRIS PROTZ 10 PINCKNEY COLONY RD, SUITE 103 BLUFFTON 843-379-5430 SC 29909

57	7 —	O	8	1	1	8	7	6

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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.

X 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	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				in e)	Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W 2 loce lines)	organization and related organizations
(1) JACQUELYN BOWLE										
D-TD-TG-TO-D	2.00	,,						•		
DIRECTOR	0.00	X					\dashv	0	0	0
(2) RAMONA CHILDERS	2 00									
DIRECTOR	2.00 0.00	x						0	0	0
(3) MICHAEL GARCIA	0.00	^					\dashv	U	0	<u> </u>
(3) MICIALLI GARCIA	2.00									
PRESIDENT	0.00	$ \mathbf{x} $		х				0	0	0
(4) KAREN GOLDEN	0.00	1					7	<u> </u>		
(:)	2.00									
VICE PRESIDENT	0.00	x						0	0	0
(5) MICHAEL GONZALE										
. ,	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		\vdash	\dashv	0	0	0
(9) CAROL HUMPHREY										
	2.00	١,,		7.7				•	_	•
SECRETARY	0.00	X		X		\vdash	_	0	0	0
(10) THOMAS NOBLE	2.00									
DIDECTOR	0.00	x						0	0	0
DIRECTOR (11) ROBERT SHIELDS	0.00	 ^					\dashv	U	0	<u>U</u>
(II)KODEKI BUTETN2	2.00									
DIRECTOR	0.00	$ \mathbf{x} $						0	0	0
DAA		122	I					<u> </u>	<u> </u>	- 000

Part VII Section A. Officers	s, Directors, Tr	uste	es,	Key	Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ed)			
(A) Name and title	(B) Average hours per week (list any	box	Position do not check more than one ox, unless person is both an fficer and a director/trustee)			is both	n an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other compensate	of	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from the organization and relate organization	on ed	
(12) HAL SUTTON	2.00												
TREASURER	0.00	X		Х				0	0				0
(13) SANDRA WEST DIRECTOR	2.00	x		x				0	0				0
	EFORD	^		^				•	0				
DIRECTOR	2.00	x						0	0				0
(15) DIANE BARTLE													
DIRECTOR	2.00 0.00	x						0	0				0
(16) RODNEY BROWN	2.00												•
DIRECTOR (17) JUDITH FLANA	0.00	X						0	0				0
DIRECTOR	2.00 0.00	x						0	0				0
(18) JAMES HALEY	0.00								<u> </u>				
DIRECTOR	2.00 0.00	х						0	0				0
(19) HALL SUMNER,	111 2.00												
DIRECTOR	0.00	X						0	0				0
1b Sub-total	ets to Part VII	Sec	ction				u u						
d Total (add lines 1b and 1c)							u						
Total number of individuals (ir reportable compensation from	ncluding but not	limit	ed to				abo	ove) who received more that	an \$100,000 of			Yes N	No
3 Did the organization list any fo	ormer officer, di	recto	or, or	r trus	stee,	key	em	ployee, or highest comper	nsated	ſ			
employee on line 1a? <i>If "Yes</i> , For any individual listed on lin organization and related orga											3		<u>X</u>
individual	· ·							•			4		X
5 Did any person listed on line for services rendered to the or	1a receive or ac	crue	con	nper	ısati	on fr	om a	any unrelated organization			5	١,	X
Section B. Independent Contract		103,	COI	пріс	<i>ie</i> 0	CHEC	iuic	o for such person			<u> </u>		
Complete this table for your fit compensation from the organi										, vear			
	(A) business address	OHIP	01136	ation	101	uie c	Jaici		(B) tion of services	year.	Com	(C) pensation	
Name and	Dusiliess address							Безспр	IIIII OI SCIVICES		Com	pensauon	
2 Total number of independent received more than \$100,000									0				

Pa	irt v	Check if Schedule		ntains a	a response	or note to any lin	ne in this Part VIII		
10.10						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ants Ints	1a	Federated campaigns	1a						
g G	b	Membership dues	1b						
Service Revenue Contributions, Gifts, Grants	С	Fundraising events	1c						
ia <u>f</u>	d	Related organizations	1d						
Simi	е	Government grants (contributions)	1e						
ion	f	All other contributions, gifts, grants,							
the sta		and similar amounts not included above	1f	1,	768,972				
ntri d Ci	g	Noncash contributions included in lines 1	a-1f: \$	5					
<u>a 2</u>	h	Total. Add lines 1a-1f			I	1,768,972			
nue					Busn. Code				
eve	2a	PROGRAM SERVICE RE	VENUE			855,385	855,385		
e R	b	BRIDGES RENTAL INC	OME			34,130			34,130
vic	С	MEMBERSHIP DUES				4,485	4,485		
Sel	d								
am	е								
Program 3	f	All other program service reve							
P	g	Total. Add lines 2a-2f			u	894,000			
	3	Investment income (including							
		and other similar amounts)			u	256,210			256,210
	4	Income from investment of ta							
	5	Royalties	<u> </u>		u				
		(i) Real		(ii)	Personal				
	6a	Gross rents							
	b	Less: rental exps.							
	С	Rental inc. or (loss)							
	d	Net rental income or (loss)	<u> </u>		u				
	/a	Gross amount from sales of assets (i) Securities	;	(ii)	Other				
		other than inventory							
	b	Less: cost or other							
		basis & sales exps.							
	С	Gain or (loss)							
		Net gain or (loss)			u				
ne	8a	Gross income from fundraising ev							
en.		(not including \$							
₹e,		of contributions reported on line 1							
-		See Part IV, line 18			088,954				
Other Revenu		Less: direct expenses			297,648				
	С	Net income or (loss) from fun	draising	g events	u	791,306			791,306
	9a	Gross income from gaming activit							
		See Part IV, line 19	а						
		Less: direct expenses							
	С	Net income or (loss) from gar	ming ag	ctivities .	u				
	10a	Gross sales of inventory, less	;						
		returns and allowances	а						
		Less: cost of goods sold	b						
	С	Net income or (loss) from sale	es of in	ventory .					
		Miscellaneous Revenue			Busn. Code				
	11a	MISCELLANEOUS				283,262			283,262
	b	***************************************							
	С	***************************************							
	d	All other revenue							
	е	Total. Add lines 11a-11d				283,262			
	12	Total revenue. See instruction	ons		u	3,993,750	859,870	0	1,364,908

Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must Check if Schedule O contains a resp			отріете соіитп (А).	
	not include amounts reported on lines 6b, Bb, 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		1,868,448	1,385,949	223,294	259,205
8	Pension plan accruals and contributions (include	1,000,110	1,303,713	223 / 23 1	233/203
Ü	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	00,10
11	Fees for services (non-employees):		,		
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 1	7			
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column			4	
	(A) amount, list line 11g expenses on Schedule O.)	125,195	17,893	107,302	
	Advertising and promotion	19,902	18,087	1,815	
13		150,272	130,699	19,573	
14	Information technology				
15	Royalties	188,787	158,150	30,637	
16 17	Occupancy	35,346	22,343	13,003	
18	Travel Payments of travel or entertainment expenses		22,545	15,005	
.0	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.)	050 050	050 050		
а	OTHER PROGRAM EXPENSES	259,270	259,270	22 400	2 020
b	OTHER EXPENSES	94,865	69,537	22,400	2,928
C	REPAIRS AND MAINTENANCE	94,050	93,825	225	
d	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	3,602,709	2,762,658	527,643	312,408
<u>25</u> 26	Joint costs. Complete this line only if the	3,002,109	2,102,030	321,043	J12, 400
_•	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here u 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) (B) Beginning of year End of year 1,898,369 Cash—non-interest bearing 1,249,541 1 Savings and temporary cash investments 2 558,948 592,090 Pledges and grants receivable, net 3 Accounts receivable, net 55,552 9,990 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 32,540 9 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 4,005,880 4,491,801 10c 2,623,916 3,249,674 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 Investments—program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 9,175,205 9,628,708 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 109,875 17 92,860 17 18 18 Grants payable 23,394 23,788 Deferred revenue 19 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 180,000 Unsecured notes and loans payable to unrelated third parties 75,000 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 95,300 127,624 25 of Schedule D 303,569 424,272 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here $\mathbf{u}^{|\overline{\mathbf{X}}|}$ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 6,679,728 7,601,628 27 27 Temporarily restricted net assets 1,892,829 1,303,729 28 28 Permanently restricted net assets 299,079 299,079 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here u complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32

Form **990** (2018)

9,204,436

9,628,708

8,871,636

9,175,205

33

34

33

Total net assets or fund balances

Total liabilities and net assets/fund balances ...

orm	990 (2018) BOYS & GIRLS CLUBS OF THE 57-0811876			Pag	ge 12
Pa	rt 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	3,99	3,7	750
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,60	2,7	709
3	Revenue less expenses. Subtract line 2 from line 1	3	39	91,0	041
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,87	11,6	536
5	Net unrealized gains (losses) on investments	5	_ 5	8,2	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	9,20	4,4	<u> 136</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>		$\perp \perp$
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a		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 in Schedule O and describe any steps taken to undergo such audits		3h		l

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047 **2018**

Open to Public Inspection

u Attach to Form 990 or Form 990-EZ.

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

BOYS & GIRLS CLUBS OF THE

BOYS & GIRLS CLUBS OF THE

Employer identification number

LOWCOUNTRY, INC. 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.) 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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). 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 12q. 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. 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. 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. 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. 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. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (iii) Type of organization (iv) Is the organization (vi) Amount of (v) Amount of monetary organization (described on lines 1-10 listed in your governing support (see other support (see document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E)

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.)

Sec	tion A. Public Support						
Caler	ndar 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.")	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 5	Total. Add lines 1 through 3 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	1,393,802	1,905,263	2,763,283	2,190,059	1,837,572	10,089,979
	shown on line 11, column (f)						174,897
6	Public support. Subtract line 5 from line 4.						9,915,082
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) u	(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 11	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 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 th					· · · · · · · · · · · · · · · · · · ·	
	organization, check this box and stop he	-					▶ □
Sec	tion C. Computation of Public S	Support Perce	entage				
<u></u> 14	Public support percentage for 2018 (line 6	6, column (f) divide	d by line 11, colu	mn (f))		14	58.97 %
15	Public support percentage from 2017 Sch	edule A, Part II, lir	ne 14			15	60.46%
16a	33 1/3% support test—2018. If the orga	nization did not ch	eck the box on line	e 13, and line 14 is	s 33 1/3% or more	e, check this	_
	box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test—2017. If the orga	nization did not ch	eck a box on line	13 or 16a, and line	e 15 is 33 1/3% or	more, check	_
	this box and stop here. The organization	qualifies as a pub	olicly supported or	ganization			▶ ∐
17a	10%-facts-and-circumstances test—2	018. If the organiza	ation did not check	c a box on line 13,	16a, or 16b, and	line 14 is	
	10% or more, and if the organization mee	ets the "facts-and-o	circumstances" tes	t, check this box a	and stop here. Ex	oplain in	
	Part VI how the organization meets the "	facts-and-circumsta	ances" test. The o	organization qualifie	es as a publicly so	upported	
	organization						▶ ∐
b	10%-facts-and-circumstances test—2	017. If the organiza	ation did not check	c a box on line 13,	16a, 16b, or 17a,	and line	
	15 is 10% or more, and if the organizatio				-		
	Explain in Part VI how the organization m	neets the "facts-and	d-circumstances"	test. The organizat	tion qualifies as a	publicly	
							▶ ∐
18	Private foundation. If the organization d	id not check a box	on line 13, 16a, 1	l6b, 17a, or 17b, c	heck this box and	see	. \Box
	instructions						▶ ∐

Page 3

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.)

Sec	tion A. Public Support	' '		· •	•	,	
Caler	ndar 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						
с 8	Add lines 7a and 7b						
<u> </u>	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2014	(b) 2015	(a) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2016	(I) TOTAL
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						
С	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	and 12.) First five years. If the Form 990 is for the	ue organization's fi	rst, second, third	fourth, or fifth tax	vear as a section	501(c)(3)	
	organization, check this box and stop he			•	•		▶ □
Sec	tion C. Computation of Public						
15	Public support percentage for 2018 (line 8	3, column (f), divid	led by line 13, col	umn (f))		15	%
16	Public support percentage from 2017 Sch	nedule A, Part III,	line 15			16	%
Sec	tion D. Computation of Investm	nent Income I	Percentage				
17	Investment income percentage for 2018	(line 10c, column	(f), divided by line	13, column (f))		17	%_
18	Investment income percentage from 2017	7 Schedule A, Par	t III, line 17			18	%_
19a	33 1/3% support tests—2018. If the org						, \sqcap
	17 is not more than 33 1/3%, check this b		=			=	
b	33 1/3% support tests—2017. If the org						
20	line 18 is not more than 33 1/3%, check the	-	_	-		_	
20	Private foundation. If the organization d	iiu not check a bo	x on line 14, 19a,	or 190, check this	DOX and see insti	uctions	▶ 🔲

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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- **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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
	2		
	3a		
	3b		
	2-		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
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Sched	ule A (Form 990 or 990-EZ) 2018 BOYS & GIRLS CLUBS OF THE 57-08118	<u> 376 </u>		Page 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		11b		
_	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.	11c		
Sect	ion B. Type I Supporting Organizations	11.0		
500 1	ion B. Type i Supporting Significations		Vaa	No
	Did the directors tweeters as a search such a few as a second of a second of a second of a second of		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? 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.	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? 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.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
2001	the supported organization(s).	1		
Seci	ion 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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sact	ion 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 instruc	tions).		
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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	nstruction	s).	
		1	1	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	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.	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? 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		20		
L	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b		01-		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2018 BOYS & GIRLS CLUBS OF THE		57-0811	.876 Page 6			
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organi	zations	<u> </u>			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on	Nov. 20,	1970 (explain in Part V). See			
instructions. All other Type III non-functionally integrated supporting organizations	must com	plete Sections A throug	h E.			
Section A - Adjusted Net Income	Section A - Adjusted Net Income					
Gection A - Adjusted Net Income		(A) Prior 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 integra	ted Type	III supporting organization	on (see			

Schedule A (Form 990 or 990-EZ) 2018

instructions).

Schedule A (Form 990 or 990-EZ) 2018

8 Breakdown of line 7:a Excess from 2014 .

c Excess from 2016d Excess from 2017e Excess from 2018

b Excess from 2015

	rm 990 or 990-EZ)	2018 BOYS	& GIRLS	CLUBS O	F THE		57-0811876	Page 8
Part VI	Supplement	tal Information	. Provide the	explanations	required by	Part II, line	10; Part II, line 17a o	or 17b; Part
	III, line 12; P	Part IV, Section	A, lines 1, 2, 3	3b, 3c, 4b, 4c	c, 5a, 6, 9a,	9b, 9c, 11a,	11b, and 11c; Part I	V, Section
	B, lines 1 an	id 2; Part IV, Se	ection C, line 1	I; Part IV, Se	Ction D, line:	s 2 and 3; Pa	art IV, Section E, line	es 1c, 2a, 2b
		nd 6. Also comp					6, and 8; and Part \	v, Section E
	111C3 2, 0, ai	10 0. 71130 001115	bioto triis part	Tor arry addit	ional inform	ation. (Occ ii	ioti dottoi io.)	
Part I	I, Line	10 - Other	r Income	Detail				
					1 100	000		
MISC				\$	1,102,	908		
FUNDRA	ISING			Ś	3,239,	316		
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BOYS & GIRLS CLUBS OF THE

57-0811876

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

2018

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, 57-0811876 INC. Organization type (check one): Filers of: Section: Form 990 or 990-EZ **X** 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X 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	·	\$ 96,337	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Name, address, and Zii ++	\$ 55,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Name, address, and En 14	\$ 103,100	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Name, address, and ZIF + 4	\$ 61,854	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ 78,250	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
6		\$ 239,414	Person X Payroll Noncash (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		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
8		\$ 45,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
9		\$ 101,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
10		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
. 11 .		\$ 45,900	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
.12		\$ 68,000	Person X Payroll Noncash (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,

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

Employer identification number Name of the organization BOYS & GIRLS CLUBS OF THE 57-0811876 LOWCOUNTRY, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 4 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? 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. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Held at the End of the Tax Year a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ${f u}$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under 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. b 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 Assets included in Form 990, Part X

c Temporarily restricted endowment **u**

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

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

(i) unrelated organizations (ii) related organizations

b If "Yes" on line 3a(ii), are the related organizations listed as requ

	3a(ı)	2	
	3a(ii)	3	<u> </u>
uired on Schedule R?	3b		
decrease of five de			

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.

Complete if the organization anowered for our form coo, i are iv, into that coo i our coo, i are iv, into to:							
Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value			
	(investment)	(other)	depreciation				
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.)							

Schedule D (Form 990) 2018

57-0811876 Schedule D (Form 990) 2018 BOYS & GIRLS CLUBS OF THE Investments—Other Securities. Part VII 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 (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (A) (B) (C) (D) Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) u 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.) 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 Federal income taxes (1) 103,641 Salaries Payable 23,983 Accrued Expenses (3) (4) (5) (6)(7) (8)

127,624 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u 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 D ((Form 990) 2018	BOYS &	GIRLS C	LUBS OF	THE	57-08118	76 Page 5
Part XIII	(Form 990) 2018 Supplemen	ntal Inform	ation (continu	ıed)			

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

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 LOWCOUNTRY, INC.		Employer identification number 57-0811876				
Part I Fundraising Activities. Complete in Form 990-EZ filers are not required				vered "Yes" on For	m 990, Part IV,	line 17.
1 Indicate whether the organization raised funds through	any of the follow	ing act	ivities	c. Check all that apply.		
a Mail solicitations	e Solicitation	n of no	n-go\	ernment grants		
b Internet and email solicitations	f Solicitation	n of go	vernr	nent grants		
c Phone solicitations	g 🗌 Special fu	ındraisi	ng ev	vents		
d In-person solicitations						
2a Did the organization have a written or oral agreement or key employees listed in Form 990, Part VII) or entity						Yes No
b If "Yes," list the 10 highest paid individuals or entities (for compensated at least \$5,000 by the organization.	fundraisers) purs	uant to	agre	ements under which the	fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Di raiser custo contr contribu	have dy or ol of	(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			•			
List all states in which the organization is registered or registration or licensing.		t contri	bution	ns or has been notified i	it is exempt from	1

Schedule G (Form 990 or 990-EZ) 2018 BOYS & GIRLS CLUBS OF THE 57-0811876 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 SPRING GALA GOLF EVENT (add col. (a) through col. (c)) (event type) (event type) (total number) 765,929 135,675 187,350 1,088,954 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 765,929 135,675 187,350 1,088,954 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 173,399 36,205 88,044 297,648 **9** Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 297,648 791,306 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes % 6 Volunteer labor 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? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2018 BOYS & GIRLS CLUBS OF THE 57-08	11876	Page 3
11	Does the organization conduct gaming activities with nonmembers?	[Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity	_	
	formed to administer charitable gaming?	L	Yes No
13	Indicate the percentage of gaming activity conducted in:	1 1	
а	The organization's facility	13a	%_
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name u		
	Address u		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Г	Yes No
b	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the		. —
	amount of gaming revenue retained by the third party u \$		
С	If "Yes," enter name and address of the third party:		
	Name u		
	Address u		
16	Gaming manager information:		
	Name u		
	Gaming manager compensation u \$		
	Description of services provided ${f u}$		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ${f u}$ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional See instructions.		

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2018

Department of the Treasury Internal Revenue Service

Name of the organization BOYS & GIRLS CLUBS OF THE

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

Employer identification number

LOWCOUNTRY, INC.	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 rev	iew before the 990 is
filed. The Treasurer presents the 990 to the governing	ng board. The board
treasurer authorizes the filing of the 990.	
Form 990, Part VI, Line 15b - Compensation Process for	r Officers
The national chartering organization provides informat	cion relating to a
salary structure for all employees as well as benchma	rk position, salary,
and wage information. Governing board reviews information	ation and makes
decisions accordingly. Annual evaluations are perform	med on all employees
Form 990, Part VI, Line 19 - Governing Documents Disc	
Verbal or written requests and the information is usua	ally sent
electronically.	
•	

SCHEDULE R (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

Employer identification number

57-0811876

					37 00110		
Part I Identification of Disregarded Entities. Complete if the	e organization a	nswered "Yes" o	on Form 990, Pa	rt IV, line 33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	e (state Total	(d) income E	(e) nd-of-year assets	(f) Direct controlling entity	
(1)							
(2)							
(3)							
(4)							
	••						
(5)							
Part II Identification of Related Tax-Exempt Organizations one or more related tax-exempt organizations during the	c. Complete if the tax year.	e organization a	nswered "Yes" o	n Form 990, Pa	art IV, line 34, be	cause it	had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 controlled	a) 512(b)(13) d entity?
(1) BOYS & GIRLS CLUBS OF AMERICA						1.00	
1275 PEACHTREE ST NE 13-5562976 ATLANTA GA 30309-3506	YOUTH DEVE	DC	501C	10	N/A		х
(2)							
(3)							
(4)							
(5)							

Schedule R (Form 990) 2018 BOYS & GIRLS CLUBS OF THE

Part III	ldentification of Related Organiza because it had one or more related	organizations	s trea	ted as a part	nership during	the tax yea	r.	165 (0, Fait i	v, III I	- 5 54,	
	(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 tota income	(g) al Share of end-o year assets	of- D por a	spro- tionate lloc.?	amour of Sci (For	(i) e V—UBI at in box 20 nedule K-1 rm 1065)	General managi partne	or Perong own	(k) centage nership
(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			re	SINO			res	10	
(2)														
(3)														
(4)														
Part IV	Identification of Related Organizatine 34, because it had one or more	tions Taxab	le as	a Corporation	on or Trust. C	Complete if	the organization a	answer	ed "	Yes" o	n Form 9	 90, F	art IV	/,
rait iv	line 34, because it had one or more	related orga	nizati T	ons treated a	s a corporation	n or trust du (e)	ring the tax year.		(g)		(h)			
	Name, address, and EIN of related organization	Primary activ	rity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income		Share	of assets	Percent owners	age	512 con	(i) ction (b)(13) trolled htty?
(1)													Yes	No
(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				_			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X	
b Gift, grant, or capital contribution to related organization(s)				1b		X	
c Gift, grant, or capital contribution from related organization(s)				1c			
d Loans or loan guarantees to or for related organization(s)				1d		X	
e Loans or loan guarantees by related organization(s)				1e		X	
f Dividends from related organization(s)				1f		x	
f Dividends from related organization(s) g Sale of assets to related organization(s)				1g		<u>x</u>	
h Purchase of assets from related organization(s)							
i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s)							
Lease of facilities, equipment, of other assets to related organization(s)	• • • • • • • • • • • • • • • • • • • •			1j		Х	
k Lease of facilities, equipment, or other assets from related organization(s)							
I Performance of services or membership or fundraising solicitations for related organization(s)				11		X	
m Performance of services or membership or fundraising solicitations by related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
o Sharing of paid employees with related organization(s)							
p Reimbursement paid to related organization(s) for expenses				1р		X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)				1r	Х		
s Other transfer of cash or property from related organization(s)				1s		X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cove	red relationships and trans	action thresholds.				
(a)	(b)	(c)	(d)				
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amo	ount involv	/ed		
(1) BOYS & GIRLS CLUBS OF AMERICA	r	11,068	Percentage of d	hiod			
(1) BOYS & GIRLS CLUBS OF AMERICA	T	11,000	referrage of d	ues			
(2)							
(-)							
(3)							
(4)							
(5)							
(6)	I	1					

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)	Are all sec	partners tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets		ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		aging ner?	(k) Percentage ownership
(1)		,	,	res	NO			162	NO		res	NO	
· · · · · · · · · · · · · · · · · · ·													ı
(2)													
													ı
(3)													
													ı
(4)													
······													ı
(5)													
													ı
(6)													
(7)													
······													ı
(8)													
													ı
(9)													
(10)													
													1
(11)													
													ı

Schedule R (F	orm 990) 2018 Supplemen	BOYS & atal Information	GIRLS ation.	CLUBS	OF I	THE		57-0811876 R. See Instruction	Page 5
	Provide add	ditional inforr	nation for	responses	s to qu	estions or	n Schedule	R. See Instruction	ns.
•									

Event Income and Deduction Worksheet

2018

Description SPRING GALA

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number 57-0811876

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. <u>765,929</u>	Advertising and promotion
2. Advertising income	2	Office
3. Circulation income		Printing/publication/postage
4. Other income		Info technology/Maintenance
5. Returns and allowances		Royalties & License Fees
6. Contributions received		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 765,929	Travel & Repairs
8. Cost of Goods Sold	8.	Travel/entertainment (officials)
9. Employment Expense	9.	Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense		
14 Fundraising Expense	173 399	Expense Details - Depreciation Expense:
14. Fundraising Expense15. Total expenses. Add lines 8 through	145 173 399	
16. Net Income/Loss. Line 7 minus Line	145. <u>175,555</u>	On investment property
10. Net IIICOMe/Loss. Line / Illinus Line	136. <u>392,330</u>	On non-investment property Amortization
		Depletion
Expense Details - Cost of Goods Sold:	:	Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs/Maintenance/Other
Section 263A costs		Bad debts
Other costs		Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold	·····	Dividend recd deductions
	·····	Readership costs
Expense Details - Employment Expens	se.	Total Exempt Activity Expense
Compensation of officers		Total Exempt Additity Expende
Other salaries and wages	· · · · · · · · · · · · · · · · · · · 	Expense Details - Fundraising Expense:
Other salaries and wages	· · · · · · · · · · · · · · · · · · ·	
Pension plan contributions		Cash prizes
Other employee benefits	·····	Non-cash prizes
Payroll taxes	· · · · · · · · · · · · · · · · · · ·	Rent and facility costs
Total Employment Expense	· · · · · · · · · · · · · · · · · · · 	Food & beverages (Part II only)
		Entertainment (Part II only)
Expense Details - Fees for Services:		Other direct expenses 173,399
Management		Total Fundraising Expense 173,399
Legal	· · · · · · · · · · · · · · · · · · ·	
Accounting	· · · · · · · · · · · · · · · · · · · 	
Lobbying	· · · · · · · · · · · · · · · · · · · 	
	· · · · · · · · · · · · · · · · · · · 	
Investment management		
Other		
Total Fees for Services	.	
Information is indicated for use on F	Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		

Form **990**

Event Income and Deduction Worksheet

Description HOLIDAY EVENT

Taxpayer Identification Number

2018

57-0811876

BOYS & GIRLS CLUBS OF THE

1. Gross receipts or sales 1. Advertising and promotion 2. Advertising income 2. Office 3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
2. Advertising income 2. Office 3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
6. Contributions received 6. Contributions received Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7 Travel & Repairs	
8. Cost of Goods Sold Travel/entertainment (officials)	
9. Employment Expense 9. Conferences/meetings	
10. Fees for services 10. Interest	
11. Indirect Expense 11 Insurance	
12. Depreciation Expense 12. Total Indirect Expense	
13. Exempt Activity Expense 13.	
14. Fundraising Expense	
15. Total expenses. Add lines 8 through 145 On investment property	
16. Net Income/Loss. Line 7 minus Line 156 On non-investment property	
Amortization	
Depletion	
Expense Details - Cost of Goods Sold: Total Depreciation Expense	
Beginning inventory	
Purchases Expense Details - Exempt Activity Expense:	
Labor Repairs/Maintenance/Other	
Section 263A costs Bad debts	
Other costs Taxes/licenses	
Ending inventory Charitable contributions	
Total Cost of Goods Sold Dividend recd deductions	
Readership costs	
Expense Details - Employment Expense: Total Exempt Activity Expense	
Compensation of officers	
Other salaries and wages Expense Details - Fundraising Expense:	
Pension plan contributions Cash prizes	
Other employee benefits Non-cash prizes	
Payroll taxes Rent and facility costs	
Total Employment Expense Food & beverages (Part II only)	
Entertainment (Part II only)	
Expense Details - Fees for Services: Other direct expenses	
Management Total Fundraising Expense	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T schedule: Allocation of Expense to Program Service Acc	omplishments:
Schedule E First	-
Schedule F Second	
Schedule G Third	
Schedule I All other	
Schedule J	

Event Income and Deduction Worksheet

2018

Description **GOLF EVENT**

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number 57-0811876

income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. <u>135,675</u>	Advertising and promotion
2. Advertising income	2	Office
3. Circulation income		Printing/publication/postage
4. Other income		Info technology/Maintenance
5. Returns and allowances		Royalties & License Fees
6. Contributions received		Occupancy/Real Estate Taxes
7. Total revenue. Add lines 1 through 6	7. 135,675	Travel & Repairs
8. Cost of Goods Sold	8.	Travel/entertainment (officials)
9. Employment Expense	9.	Conferences/meetings
10. Fees for services		Interest
11. Indirect Expense		Insurance
12. Depreciation Expense		Insurance
13. Exempt Activity Expense		
14. Fundraising Expense		Expense Details - Depreciation Expense:
15. Total expenses Add lines 8 through		
15. Total expenses. Add lines 8 through 116. Net Income/Loss. Line 7 minus Line 1	156. 99,470	On investment property
10. Net Income/Loss. Line 7 minus Line	100. <u>33,410</u>	On non-investment property Amortization
		Depletion
Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Beginning inventory		
Purchases		Expense Details - Exempt Activity Expense:
Labor		Repairs/Maintenance/Other
Section 263A costs		Bad debts
Other costs	····	Taxes/licenses
Ending inventory		Charitable contributions
Total Cost of Goods Sold		Dividend recd deductions
		Readership costs
Expense Details - Employment Expense	e:	Total Exempt Activity Expense
Compensation of officers		
Other salaries and wages	····	Expense Details - Fundraising Expense:
Pension plan contributions		
Other employee henefits		Cash prizes
Other employee benefits		Non-cash prizes
Payroll taxes		Rent and facility costs
Total Employment Expense		Food & beverages (Part II only)
Evnance Dataile - Face for Consisce.		Entertainment (Part II only) Other direct expenses 36,205
Expense Details - Fees for Services:		
Management		Total Fundraising Expense 36,205
Legal	· · · · · · · · · · · · · · · · · · · 	
Accounting		
Lobbying		
Investment management		
Other		
Total Fees for Services	····	
Information is indicated for use on Fo	orm 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E		First
Schedule F		Second
Schedule G		Third
Schedule I		All other
Schedule J		

Form **990**

Event Income and Deduction Worksheet

Description TASTE OF JASPER

Taxpayer Identification Number

2018

57-0811876

BOYS & GIRLS CLUBS OF THE

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales	1.	Advertising and promotion	
	2	Office	
3. Circulation income	3	Printing/publication/postage	
4. Other income	4		
	5		
	6		
	ough 6 7.	Travel & Repairs	
	8.		
	9	Conferences/meetings	
	10.	Interest	
	11.		
	12.		
	13.		
	14.		
	hrough 1 45.		
	us Line 1 56.		
		Amortization	
		Depletion	
Expense Details - Cost of Goods	s Sold:	Total Depreciation Expense	
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs/Maintenance/Other	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend rect deductions	
Total Gost of Goods Gold		Dividend recd deductions	
Expense Details - Employment	Evnense:	Readership costs Total Exempt Activity Expense	
		Total Exempt Activity Expense	
Other salaries and wages		Expense Details - Fundraising Expense:	
Popeion plan contributions			
Pension plan contributions Other employee benefits		Cash prizes	
Dourell toyon		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
Total Employment Expense		Food & beverages (Part II only)	
Expanse Details - Face for Servi	inna.	Entertainment (Part II only)	
Expense Details - Fees for Servi		Other direct expenses	
Management		Total Fundraising Expense	
Accounting	·····		
Lobbying	·····		
Professional fundraising			
investment management			
Other	·····		
iotal Fees for Services	.		
Information is indicated for us	e on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:	
Schedule E		First	
Schedule F		Second	
Schedule G		Third	
Schedule I		All other	
Schedule J			
<u> </u>			

Form **990**

Event Income and Deduction Worksheet

Description SPORTING EVENT

2018

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BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number 57-0811876

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales	133,468	Advertising and promotion	
2. Advertising income		Office	
3. Circulation income 3		Printing/publication/postage	
4. Other income 4.		Info technology/Maintenance	
5. Returns and allowances5		Royalties & License Fees	
6. Contributions received 6		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7	133,468	Travel & Repairs	
8. Cost of Goods Sold 8		Travel/entertainment (officials)	
9. Employment Expense 9		Conferences/meetings	
10. Fees for services 10.		Interest	
11. Indirect Expense 11.		Insurance	
12. Depreciation Expense 12		Total Indirect Expense	
13. Exempt Activity Expense 13.			
14. Fundraising Expense 14.	29,708	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 through 145.	29,708	On investment property	
16. Net Income/Loss. Line 7 minus Line 156.		On non-investment property	
· 		Amortization	
		Depletion	
Expense Details - Cost of Goods Sold:		Total Depreciation Expense	
Beginning inventory		• • • • • • • • • • • • • • • • • • • •	
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs/Maintenance/Other	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend recd deductions	
		Readership costs	
Expense Details - Employment Expense:		Total Exempt Activity Expense	
Compensation of officers			
Other salaries and wages		Expense Details - Fundraising Expense:	
Pension plan contributions		Cash prizes	
Other employee benefits		Non-cash prizes	
Payroll taxes		Rent and facility costs	
Total Employment Expense		Food & beverages (Part II only)	
Total Employment Expense		Entertainment (Part II only)	
Expense Details - Fees for Services:		Other direct expenses 29	708
Management			708
Logal		Total Fallaraioning Expense	7700
A = = = : : = tile = :			
I also de a			
D () 1 () 1 (
~			
Investment management Other			
Total Fees for Services	-		
Information is indicated for use on Form 990	LT schodulo:	Allocation of Evnonce to Brogram Service Accomplis	hmonto
Schedule E	rı suncudit.	Allocation of Expense to Program Service Accomplis	
Schedule F		First	
Schedule G		Second	
Schedule I		Third	
—		All other	
Schedule J			

Form **990**

Event Income and Deduction Worksheet

Description HOPE AND OPPORTUNITY

Taxpayer Identification Number

2018

57-0811876

BOYS & GIRLS CLUBS OF THE

Income & Expense Summary:		Expense Details - Indirect Expense:	
1. Gross receipts or sales	1.	Advertising and promotion	
	2	Office	
3. Circulation income	3	Printing/publication/postage	
4. Other income	4		
	5		
	6		
	ough 6 7.	Travel & Repairs	
	8.		
	9	Conferences/meetings	
	10.	Interest	
	11.		
	12.		
	13.		
	14.		
	hrough 1 45.		
	us Line 1 56.		
		Amortization	
		Depletion	
Expense Details - Cost of Goods	s Sold:	Total Depreciation Expense	
Purchases		Expense Details - Exempt Activity Expense:	
Labor		Repairs/Maintenance/Other	
Section 263A costs		Bad debts	
Other costs		Taxes/licenses	
Ending inventory		Charitable contributions	
Total Cost of Goods Sold		Dividend rect deductions	
Total Gost of Goods Gold		Dividend recd deductions	
Expense Details - Employment	Evnense:	Readership costs Total Exempt Activity Expense	
		Total Exempt Activity Expense	
Other salaries and wages		Expense Details - Fundraising Expense:	
Popeion plan contributions			
Pension plan contributions Other employee benefits		Cash prizes	
Dourell toyon		Non-cash prizes	
Total Employment Expense		Rent and facility costs	
Total Employment Expense		Food & beverages (Part II only)	
Expanse Dataile - Face for Sami	inna.	Entertainment (Part II only)	
Expense Details - Fees for Servi		Other direct expenses	
Management		Total Fundraising Expense	
Accounting	·····		
Lobbying	·····		
Professional fundraising			
investment management			
Other	·····		
iotal Fees for Services	.		
Information is indicated for us	e on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:	
Schedule E		First	
Schedule F		Second	
Schedule G		Third	
Schedule I		All other	
Schedule J			
<u> </u>			

Event Income and Deduction Worksheet

2018

Description THRIFT SHOP

Name

ame BOYS & GIRLS CLUBS OF THE Taxpayer Identification Number

57-0811876

1. Cross receipts or sales 1. 24,623 3. Criculation income 2. 3. Criculation income 3. 4. Other income 4. 6. Contributions received 6. 5. Returns and allowances 5. 6. Contributions received 6. 6. Contributions 7. Travel feature	Income & Expense Summary:		Expense Details - Indirect Expense:
2. Advertising income 2. Office 3. Circulation income 3. Printingipublication/postage Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. 7. Total revenue. Add lines 1 through 6 7. 24,623 8. Cost of Goods Sold 8. 7. Travel/centertainment (officials) 7. Total revenue. Add lines 1 through 6 7. 24,623 7. Total revenue. Add lines 1 through 6 7. 7. 24,623 7. Travel/centertainment (officials) 7. Conferences/meetings 7. Interest 7. Total revenue. Add lines 1 through 6 7. 7. 24,623 7. Travel/centertainment (officials) 7. Conferences/meetings 7. Line rest 7. Travel/centertainment (officials) 7. Conferences/meetings 7. Interest 7	1. Gross receipts or sales1	24,623	Advertising and promotion
3. Circulation income 3.	2. Advertising income 2		Office
4. Other income 4. S. Returns and allowances 5. Returns and allowances 5. Returns and allowances 5. Revairs and allowances 6. Contributions received 6. Revairs 7. Total revenue. Add lines 1 through 6 7. 24,623 Traveleretrainment (officials) Conferences/meetings Interest 1. Revairs 1. R			Printing/publication/postage
5. Returns and allowances 5. Contributions received 6. 24,623 7. Total revenue. Add lines 1 through 6 7. 24,623 8. Cost of Goods Sold 8 8. Tavel & Repairs Travel & Repairs (Travel & Repairs Sold Sold 8 8. Tavel & Repairs (Travel & Repairs Sold Sold 8 8. Tavel & Repairs (Travel & Repairs Sold Sold 8 8. Tavel & Repairs (Travel & Repairs Sold Sold 8 8. Tavel & Repairs (Travel & Repairs Sold Sold 8 8. Tavel & Repairs (Travel & Repairs Sold Sold Sold Sold Sold Sold Sold Sold			Info technology/Maintenance
6. Contributions received 6. 7. Total revenue. Add lines 1 through 6. 7. 24,623 8. Cost of Goods Sold 8. 9. Employment Expense 9. 10. Interest Insurance Ins			Royalties & License Fees
7. Total revenue. Add lines 1 through 6 7. 24,623 8. Cost of Goods Sold 8. 8 9. Employment Expense 9. 10. 11. Indirect Expense 11. 1. Indirect Expense 12. 12. 12. Expense 13. 14. Fundrising Expense 13. 14. Fundrising Expense 14. 30,251. 15. Total expenses. Add lines 8 through 145. 30,251. 16. Net Income/Loss. Line 7 minus Line 1965,628	6. Contributions received 6		Occupancy/Real Estate Taxes
8. Cost of Goods Sold 8. Travelentariamment (officials) 9. Employment Expense 9. Conferences/meetings 10. Fees for services 10. Indirect Expense 11. Indirect Expense 11. Indirect Expense 11. Indirect Expense 12. Total Indirect Expense 12. Total Indirect Expense 13. Insurance 12. Total Indirect Expense 13. Insurance 14. 30, 251 15. Total expenses. Add lines 8 through 145. 30, 251 16. Net Income/Loss. Line 7 minus Line 1365, 628	7. Total revenue. Add lines 1 through 6 7	24,623	Travel & Repairs
9. Employment Expense 9. Conferences/meetings Interest In			Travel/entertainment (officials)
10. Fees for services 10. Interest Insurance Insuran			Conferences/meetings
11. Insurance 12. Depreciation Expense 13. Exempt Activity Expense 13. 30 , 251 14. Fundraising Expense 14. 30 , 251 15. Total expenses. Add lines 8 through 145. 30 , 251 16. Net Income/Loss. Line 7 minus Line 1365 , 628 Expense Details - Cost of Goods Sold: Expense Details - Employment Expense Details - Employment Expense Details - Employment Expense Details - Employment Expense: Compensation of officers Other salaries and wages Expense Details - Employment Expense: Compensation of officers Other salaries and wages Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Allocation of Expense to Program Service Accomplishments: Expense Details - Fees for Services: Information is indicated for use on Form 990-T schedule: Schedule F Schedule G Schedule G Schedule G Allocation of Expense to Program Service Accomplishments: First Second Third All other	10. Fees for services 10.		Interest
12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. 30,251 15. Total expenses. Add lines 8 through 145. 30,251 16. Net Income/Loss. Line 7 minus Line 1365,628 Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Chiter costs Ending inventory Total Cost of Goods Sold Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Charitable contributions Dividend rect deductions Readership costs Cher salaries and wages Pension plan contributions Other employee benefits Payorl taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Repairs/Maintenance/Other Bad debts Total Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Total Exempt Activity Expense: Cher salaries and wages Pension plan contributions Other employee benefits Non-cash prizes Rent and facility costs Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Rent and facility costs Food & Everages (Part II only) Entertainment (Part II only) Cher increase and sold part of Expense and part			Insurance
13. Exempt Activity Expense 14. 30 , 251 15. Total expenses. Add lines 8 through 145. 30 , 251 16. Net Income/Loss. Line 7 minus Line 1365,628 Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Chericosts Chericosts Chore costs Compensation of officers Other employee benefits Persion plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Management Legal Accounting Lobbying Investment management Other Total Fees for Services Information is indicated for use on Form 990-T schedule: Schedule G Schedu			Total Indirect Expense
14. Fundraising Expense 14. 30 , 251 S. Total expenses. Add lines 8 through 145. 30 , 251 On investment property On non-investment property Amortization Depletion Dep	13. Exempt Activity Expense 13		
15. Total expenses. Add lines 8 through 145. 30 , 251. On investment property 16. Net Income/Loss. Line 7 minus Line 1565 , 628 Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Total Depreciation Expense Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Taxes/licenses Endring inventory Total Cost of Goods Sold Dividend reed deductions Readership costs Total Exempt Activity Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fendraising Expense: Cash prizes Total Employment Expense Expense Details - Fendraising Expense: Cash prizes Total Fundraising Expense: Cash prizes Allocation of Expense of Program Service Accomplishments: Total Fees for Services Information is indicated for use on Form 990-T schedule: Schedule F Schedule F Schedule G Schedule I All other	14. Fundraising Expense 14.	30,251	Expense Details - Depreciation Expense:
16. Net Income/Loss. Line 7 minus Line 1965 / 528 Continue	15. Total expenses. Add lines 8 through 1 45.	30,251	On investment property
Expense Details - Cost of Goods Sold: Espining inventory Purchases Labor Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Expense Details - Employment Expense: Total Expense Details - Fundraising Expense: Compensation of officers Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fees for Services: Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Expense Details - Fundraising Expense Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T schedule: Exchedule E Schedule F Schedule G Schedule I All other			On non-investment property
Expense Details - Cost of Goods Sold: Beginning inventory Purchases Labor Section 263A costs Other costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Cash prizes Rent and facility costs Total Employment Expense Total Employment Expense Other employee benefits Payroll taxes Total Employment Expense Total Employment Expense Total Employment Expense Total Employment Expense Cash prizes Rent and facility costs Total Employment Expense Expense Details - Fendraising Expense: Cash prizes Rent and facility costs Total Employment Expense Total Employment Expense Total Employment Expense Total Fendraising Expense Details - Fees for Services: Total Fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T schedule: Schedule E Schedule G Schedule G Schedule I All other		_	Amortization
Expense Details - Cost of Goods Sold: Purchases Labor Repairs/Maintenance/Other Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Other costs Ending inventory Total Cost of Goods Sold Readership costs Expense Details - Employment Expense: Compensation of officers Other salers and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Food & beverages (Part II only) Expense Details - Fees for Services: Total Fees for Services Information is indicated for use on Form 990-T schedule: Information is indicated for use on Form 990-T schedule: Schedule F Schedule I Schedule I Schedule I Schedule I Schedule I All other I other Schedule I Schedule I Schedule I All other I other Schedule I Schedule I All other I other I Schedule I Schedule I All other I other Schedule I Schedule I All other I other I I other I ot			Depletion
Beginning inventory Purchases	Expense Details - Cost of Goods Sold:		Total Depreciation Expense
Purchases Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Section 263A costs Bad debts Cher costs Taxes/licenses Ending inventory Charitable contributions Dividend recd deductions Readership costs Expense Details - Employment Expense: Total Exempt Activity Expense Compensation of officers Cither salaries and wages Expense Details - Fundraising Expense: Cash prizes Cother employee benefits Non-cash prizes Payroll taxes Rent and facility costs Total Employment Expense Food & beverages (Part II only) Expense Details - Fees for Services: Other direct expenses 30 , 251 Management Cother (India) Legal Accounting Lobbying Professional fundraising Investment management Cither Total Fees for Services Information is indicated for use on Form 990-T schedule: Schedule E Schedule F Schedule I Schedule I All other All	Beginning inventory		
Labor Repairs/Maintenance/Other Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Repairs/Naintenance/Other Repairs/Maintenance/Other Total Cost of Goods Sold Dividend recd deductions Readership costs Total Exempt Activity Expense Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Cash prizes Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Rent and facility costs Total Employment Expense Food & beverages (Part II only) Entertainment (Part II only) 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 E Schedule G Schedule I All other	Purchases		Expense Details - Exempt Activity Expense:
Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Rent and facility costs Total Employment Expense Food & beverages (Part II only) Entertainment (Part II only) Entertainment (Part II only) Entertainment (Part II only) 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 E Schedule G Schedule I Schedule I All other	Labor		Repairs/Maintenance/Other
Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Pension plan contributions Other employee benefits Pood & beverages (Part II only) Entertainment (Part II only) Entertainment (Part II only) Expense Details - Fees for Services: Other direct expenses 30 , 251 Total Fundraising Expense 30 , 251 Total Fundraising Expense Information is indicated for use on Form 990-T schedule: Information is indicated for use on Form 990-T schedule: Schedule E Schedule E Schedule G Schedule I Allocation of Expense to Program Service Accomplishments: First Second Third All other	Section 263A costs		Bad debts
Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Total Exempt Activity Expense Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Other direct expenses Accounting 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 G Schedule I All other	Other costs		Taxes/licenses
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 - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Total Employment Expense Expense Details - Fees for Services: Total Employment Expense Expense Details - Fees for Services: Total Fundraising Expense 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 I All other	Ending inventory		Charitable contributions
Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Food & beverages (Part II only) Expense Details - Fees for Services: Other direct expenses Accounting Lobbying Professional fundraising Investment management Other Total Fees for Services Information is indicated for use on Form 990-T schedule: Information is indicated for use on Form 990-T schedule: Schedule F Schedule G Schedule I Schedule I Schedule I All other	Total Cost of Goods Sold		Dividend recd deductions
Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Pessional 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: Information is indicated for use on Form 990-T schedule: Schedule F Schedule G Schedule I All other			Readership costs
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 F Schedule G Schedule I Schedule I Schedule I Schedule S Schedule S Schedule I Schedule S Schedule S Schedule I Schedule S Schedule I Schedule S Schedule I Schedule S Schedule I Schedule S Schedule S Schedule I Schedule S Schedule S Schedule S Schedule I Schedule S Sc	Expense Details - Employment Expense:		Total Exempt Activity Expense
Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Entertainment (Part II only) Other direct expenses 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 I All other			
Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Poda beverages (Part II only) 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 S	Other salaries and wages		Expense Details - Fundraising Expense:
Other employee benefits Payroll taxes Rent and facility costs Food & beverages (Part II only) 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 Sched	Pension plan contributions		Cash prizes
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 Rent and facility costs Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses 30,251 Total Fundraising Expense 30,251 Allocation of Expense to Program Service Accomplishments: First Second Third All other	Other employee benefits	_	Non-cash prizes
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 I Food & beverages (Part II only) Entertainment (Part II only) Other direct expenses 30,251 Total Fundraising Expense 30,251 Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Payroll taxes		Rent and facility costs
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	Total Employment Expense		Food & beverages (Part II only)
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Information is indicated for use on Form 990-T schedule: Schedule E Schedule F Schedule G Schedule I Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Fees for Services		
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Schedule E First Schedule F Second Schedule G Third Schedule I All other	Information is indicated for use on Form 990-	T schedule:	Allocation of Expense to Program Service Accomplishments:
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Schedule G Third Schedule I All other	Schedule F		Second
Schedule I All other	—		Third
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Form **990**

Event Income and Deduction Worksheet

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

Description MAHJONG EVENT

2018

Taxpaver Identification Number

57-0811876

Income & Expense Summary: **Expense Details - Indirect Expense:** 1. Gross receipts or sales 1. ___ 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. _

BOYS & GIRLS CLUBS OF THE

13. Exempt Activity Expense 13. **14.** Fundraising Expense **14.** _ **15. Total expenses.** Add lines 8 through 1**45.** 16. Net Income/Loss. Line 7 minus Line 156.

Expense Details - Cost of Goods Sold:

Beginning inventory ______ Purchases ______ 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 ______ Accounting ____ Lobbying _____ Professional fundraising Investment management ___________ Total Fees for Services_____

Information is indicated for use on Form 990-T schedule:

	Schedule	Ε
	Schedule	F
	Schedule	G
	Schedule	I
	Schedule	J

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:

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

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:

Allocation of Expense to Program Service Accomplishments:

First	 	
Second	 	
Third	 	
All other	 	

Event Income and Deduction Worksheet

2018

Description HABERSHAM PLANTATION PARTY

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

57-0811876

1. Advertising and promotion 2. Advertising income 3. Circulation income 3. Circulation income 4. Info technology/Maintenance 5. Returns and allowances 6. Contributors received of 6. Contributors received of 6. Contributors received of 7. Total revenue. Add lines it through 6. 7. Travel & Repairs 8. Cost of Goods Sold 8. Travel/enternament (officials) 9. Employment Expense 9. Conferences/meetings 10. Indirect Expense 11. Indirect Expense 12. 12. Expense Add lines 8 through 145. 1. Insurance 14. Indirect Expense 15. Total revenue. Add lines 8 through 145. 1. Insurance 16. Not Incomfuse. Line 7 minus Line 156. On non-investment property 16. Not Incomfuse. Line 7 minus Line 156. On non-investment property 17. Depreciation Expense 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Expense 18. Cost of Goods Sold: 18. Expense Details - Expense Details - Cost of Goods Sold: 18. Expense Details - Expense Details - Cost of Goods Sold: 18. Expense Details - Expense Details - Cost of Goods Sold: 18. Expense Details - Find Expense Details - Find Expense Details - Expense Details - Find Expense Details - Expense Details - Find Find Find Details Details - Expense D	Income & Expense Summary:	Expense Details - Indirect Expense:
2. Adversing income 2. Office	1. Gross receipts or sales 1.	Advertising and promotion
3. Circulation income 3. Printingpublication/postage Printingpub	2. Advertising income 2.	Office
4. Other income 4. Info technology/Maintenance. 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Tarvel & Repairs 7. Total revenue. Add lines 1 through 6 7. Tavel/entertainment (officials) 9. Employment Expense 9. Conferences/meetings 10. Inferest 11. Indirect Expense 11. Insurance 11. Indirect Expense 11. Insurance 12. Deprociation Expense 12. Total Indirect Expense 13. Expense Details - Deprociation Expense 13. Insurance 14. Fundraising Expenses 14. Expense Details - Deprociation Expenses 15. Total expenses. Add lines 8 through 145. On investment property 16. Net Income/Loss. Line 7 minus Line 1956. On investment property 17. Total Capenses. Add lines 8 through 145. On investment property 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Cost of Goods Sold: 18. Expense Details - Fundraising Expense: Expense Details - Fees for Services Total Expense Details - Fees for Services Information is indicated for use on Form 990-T schedule: Schedule F Schedule F Schedule F Schedule F Schedule F Schedule F Allocation of Expense to Program Service Accomplishments: First Schedule G Schedule F Allocation of Expense to Program Service Accomplishments: First Schedule F Schedule		Printing/publication/postage
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7. Total revenue. Add lines 1 through 6 7. 8. Cost of Goods Sold 8 8. 9. Employment Expense 9. 10. Fees for services 10. 11. Indirect Expense 11. 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundinating Expense 14. 15. Total expenses. Add lines 8 through 145. 16. Net Income/Loss. Line 7 minus Line 196. Expense Details - Cost of Goods Sold: Expense Details - Expense Details - Exempt Activity Expense: Repaira/Maintenance/Other Bad debts Expense Details - Exempt Activity Expense: Repaira/Maintenance/Other Bad debts Expense Details - Expense Details - Exempt Activity Expense: Repaira/Maintenance/Other Bad debts Expense Details - Expense Details - Exempt Activity Expense: Repaira/Maintenance/Other Bad debts Expense Details - Expense Detai		Occupancy/Real Estate Taxes
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9. Employment Expense 9. Conferences/meetings Interest In		
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11. Insurance 12. Depreciation Expense 12. 13. Exempt Activity Expense 13. 14. Fundraising Expense 14.		
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Schedule I All other	☐ Schedule G	This and
	☐ Schedule I	All all are
	☐ Schedule J	

Event Income and Deduction Worksheet

Description BLUFFTON ARTFULLY PREPARED

Name

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

2018

57-0811876

1. Advertising and promotion 2. Advertising income 3. Circulation income 4. Other income 5. Returns and allowances 6. Contributions received 6. Contributions received 6. Contributions received 7. Total revenue, Add lines I through 6. 7. Travel & Repairs 7. Total revenue, Add lines I through 6. 7. Travel & Repairs 7. Total revenue, Add lines I through 6. 7. Travel & Repairs 7. Trav	Income & Expense Summary:	Expense Details - Indirect Expense:
2. Advertishing income 2. Office 3. Circulation income 3. Printing-publication/postage Info technology/Maintenance 5. Returns and allowances 5. Roystess & License Fees Cocupancy/Real Estate Taxes 7. Total revenue. Add lines 1 through 6 7. Total revenue. Add lines 8 through 14 1. Indirect Expense 9. Conferences/meetings 11. Indirect Expense 9. Conferences/meetings 11. Indirect Expense 9. Insurance 12. Total Indirect Expense 13. Expense Details - Depreciation Expense 14. Expense Details - Depreciation Expense: 15. Total expenses. Add lines 8 through 145. 16. Net IncomeRuss. Line 7 minus Line 196. 17. Total Depreciation Expense Expense Details - Cost of Goods Sold: 18. Repairs Maintenance/Other 18. Repairs Mainte	1. Gross receipts or sales 1.	Advertising and promotion
4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Returns and allowances 5. Contributions received 6. Occupancy/Real Estate Taxes 7. Total revenue. Add lines 1 through 6. 7. 8. Cost of Goods Sold 8. Travel & Repairs 1. Indirect Expense 9. Conferences/meetings 1. Indirect Expense		Office
4. Other income 4. Info technology/Maintenance. 5. Returns and allowances 5. Royaltes & License Fees 6. Contributions received 6. Travel & Repairs 7. Total revenue. Add lines 1 through 6. 7. Total revenue. Add lines 1 through 6. 7. Travel/entertainment (officials) 9. Employment Expense 9. Conferences/meetings 10. Interest 11. Indirect Expense 12. Total Indirect Expense 13. Insurance 13. Expense Add lines 8 through 145. On investment property 14. Fundraising Expense 14. Expense Details - Depreciation Expenses 15. Total expenses. Add lines 8 through 145. On investment property 16. Net Income/Loss, Line 7 minus Line 136. On investment property 16. Net Income/Loss, Line 7 minus Line 136. On investment property 17. Total Cost of Goods Sold: Expense Details - Cost of Goods Sold: Total Expense Details - Cost of Goods Sold: Total Expense Details - Expense D		Printing/publication/postage
5. Returns and allowances 5. Royaltes & License Fees 6. Contributions received 6. Contributions received 6. Concupancy/Real Estate Taxes 7. Total revenue. Add lines 1 through 6. 7. Total Indirect Expense 9. Conformocos/meetings Interest 1. Indirect Expense 9. 11. Indirect Expense 9. 12. 12. Total Indirect Expense 9. 13. 14. Fundraising Expense 9. 14. 15. Total expenses. Add lines 8 through 145. 16. Net Income/Loss. Line 7 minus Line 136. 16. On investment property 1. Amontization 1. Depisition 1. Depisition 1. Total 1. Deptectation Expense 1. 15. Total Expenses. 15. Total Expenses 15. 15. Total Expenses 15. 15. Total Expenses 15		Info technology/Maintenance
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7. Total revenue. Add lines 1 through 6 7. 8. Cost of Goods Sold 8. 9. Employment Expense 9. 10. Frees 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 145. 16. Net Income/Loss. Line 7 minus Line 156. Expense Details - Cost of Goods Sold: Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Bad debts Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Expense Details - Expense Details - Exempt Activity Expense: Repairs/Maintenance/Other Expense Details - Employment Expense: Compensation of officers Other salines and wages Pension plan contributions Other adrice Activity Expense Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Non-cash prizes Non-cash prizes Total Employment Expense Expense Details - Fendraining Expense: Cash prizes Total Fundraising Expense Total Fundraising Expense Information is indicated for use on Form 990-T schedule: Information is indicated for use on Form 990-T schedule: First Schedule F Schedule F Schedule G Schedule		Occupancy/Real Estate Taxes
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10. Fees for services 10. Interest Insurance 11. Indirect Expense 11. Insurance 12. Depreciation Expense 12. 13. Exempt Activity Expense 13.		Conferences/meetings
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12. Depreciation Expense 12. Total Indirect Expense 13. 13. Exempt Activity Expense 14. On investment property 15. Total expenses. Add lines 8 through 145. On investment property 16. Net Income/Loss. Line 7 minus Line 136. On peletion Depletion D		
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14. Fundraising Expense 14. Expense Details - Depreciation Expense:		<u> </u>
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Purchases	Beginning inventory	
Labor Repairs/Maintenance/Other Section 263A costs Other costs Ending inventory Total Cost of Goods Sold Dividend recd deductions Readership costs Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Renatural facility costs Non-cash prizes Rent and facility costs Rent and facility costs Total Employment Expense Food & beverages (Part II only) 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 All other	Purchases	Expense Details - Exempt Activity Expense:
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Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Readership costs Expense Details - Fundraising Expense: Cash prizes Non-cash prizes Payroll taxes Pension plan contributions Other employee benefits Payroll taxes Payroll taxes Total Employment Expense Food & beverages (Part II only) Expense Details - Fees for Services: Other direct expenses 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 All other	Total Cost of Goods Sold	Dividend recd deductions
Expense Details - Employment Expense: Compensation of officers Other salaries and wages Pension plan contributions Other employee benefits Payroll taxes Total Employment Expense Rent and facility costs Total Employment Expense Pension Services: Total Employment Expense Pension 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 F Schedule G Schedule I All other Third All other		Readership costs
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Payroll taxes Total Employment Expense Food & beverages (Part II only) Entertainment (Part II only) Entertainment (Part II only) Cher direct expenses 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 All other	Other employee benefits	Non-cash prizes
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 I Food & beverages (Part II only) Entertainment (Part II only) Other It only Entertainment (Part II only) Other It only Entertainment (Part II only) Other direct expenses Total Fundraising Expense Allocation of Expense to Program Service Accomplishments: First Second Third All other	Payroll taxes	Rent and facility costs
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	Total Employment Expense	Food & heverages (Part II only)
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 All other Other Third All other	Total Employment Expense	Entertainment (Part II only)
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 All other Total Fundraising Expense	Expanse Details - Fees for Services:	Other direct expenses
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 All other	• • • • • • • • • • • • • • • • • • • •	Total Fundraising Expanse
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 All other	Logol	
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 Allocation of Expense to Program Service Accomplishments: First Second Third All other	•	
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 Allocation of Expense to Program Service Accomplishments: First Second Third All other	Labbuing	
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 Allocation of Expense to Program Service Accomplishments: First Second Third All other	Drefessional fundraising	
Other Total Fees for Services Information is indicated for use on Form 990-T schedule: Schedule E Schedule F Schedule G Schedule I All other	Investment management	
Information is indicated for use on Form 990-T schedule: Schedule E Schedule F Schedule G Schedule I Allocation of Expense to Program Service Accomplishments: First Second Third All other		
Information is indicated for use on Form 990-T schedule: Schedule E Schedule F Schedule G Schedule I Allocation of Expense to Program Service Accomplishments: First Second Third All other	Total Face for Comings	
Schedule E First Schedule F Second Schedule G Third Schedule I All other	lotal rees for Services	
Schedule F Schedule G Schedule I Schedule I Schedule I Second Third All other	Information is indicated for use on Form 990-T sche	dule: Allocation of Expense to Program Service Accomplishments:
Schedule F Second Schedule G Third Schedule I All other	Schedule E	First
Schedule G Third Schedule I All other	Schedule F	Second
Schedule I All other	Schedule G	Third
	Schedule I	
	Schedule J	

Event Income and Deduction Worksheet

2018

Description RAFFLE

Name

Taxpayer Identification Number

57-0811876

BOYS & GIRLS CLUBS OF THE

1. Gross receipts or sales 1. Advertising and promotion 2. Advertising income 2. Office 3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
2. Advertising income 2. Office 3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
3. Circulation income 3. Printing/publication/postage 4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
4. Other income 4. Info technology/Maintenance 5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
5. Returns and allowances 5. Royalties & License Fees 6. Contributions received 6. Occupancy/Real Estate Taxes	
6. Contributions received 6. Contributions received Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 through 6 7 Travel & Repairs	
8. Cost of Goods Sold Travel/entertainment (officials)	
9. Employment Expense 9. Conferences/meetings	
10. Fees for services 10. Interest	
11. Indirect Expense 11 Insurance	
12. Depreciation Expense 12. Total Indirect Expense	
13. Exempt Activity Expense 13.	
14. Fundraising Expense	
15. Total expenses. Add lines 8 through 145 On investment property	
16. Net Income/Loss. Line 7 minus Line 156 On non-investment property	
Amortization	
Depletion	
Expense Details - Cost of Goods Sold: Total Depreciation Expense	
Beginning inventory	
Purchases Expense Details - Exempt Activity Expense:	
Labor Repairs/Maintenance/Other	
Section 263A costs Bad debts	
Other costs Taxes/licenses	
Ending inventory Charitable contributions	
Total Cost of Goods Sold Dividend recd deductions	
Readership costs	
Expense Details - Employment Expense: Total Exempt Activity Expense	
Compensation of officers	
Other salaries and wages Expense Details - Fundraising Expense:	
Pension plan contributions Cash prizes	
Other employee benefits Non-cash prizes	
Payroll taxes Rent and facility costs	
Total Employment Expense Food & beverages (Part II only)	
Entertainment (Part II only)	
Expense Details - Fees for Services: Other direct expenses	
Management Total Fundraising Expense	
Legal	
Accounting	
Lobbying	
Professional fundraising	
Investment management	
Other	
Total Fees for Services	
Information is indicated for use on Form 990-T schedule: Allocation of Expense to Program Service Acc	omplishments:
Schedule E First	-
Schedule F Second	
Schedule G Third	
Schedule I All other	
Schedule J	

Event Income and Deduction Worksheet

Description MISC EVENTS

Name Descri

BOYS & GIRLS CLUBS OF THE

Taxpayer Identification Number

2018

57-0811876

Income & Expense Summary:			Expense Details - Indirect Expense:	
1. Gross receipts or sales		20,528	Advertising and promotion	_
2. Advertising income	2		Office	
3. Circulation income			Printing/publication/postage	
4. Other income			Info technology/Maintenance	
5. Returns and allowances			Royalties & License Fees	
6. Contributions received	6		Occupancy/Real Estate Taxes	
7. Total revenue. Add lines 1 throug	h 6 7.	20,528	Travel & Repairs	
8. Cost of Goods Sold			Travel/entertainment (officials)	
9. Employment Expense			Conferences/meetings	
10. Fees for services	10		Interest	
11. Indirect Expense			Insurance	
12. Depreciation Expense			Total Indirect Expense	
13. Exempt Activity Expense	13			
14. Fundraising Expense	14	24,171	Expense Details - Depreciation Expense:	
15. Total expenses. Add lines 8 throu	ıgh 1 45.	24,171	On investment property	
16. Net Income/Loss. Line 7 minus L			On non-investment property	
			Amortization	
			Depletion	
Expense Details - Cost of Goods So	old:		Total Depreciation Expense	
Beginning inventory				
Purchases			Expense Details - Exempt Activity Expense:	
Labor			Repairs/Maintenance/Other	
Section 263A costs			Bad debts	
Other costs			Taxes/licenses	
Ending inventory			Charitable contributions	
Total Cost of Goods Sold			Dividend recd deductions	
			Readership costs	
Expense Details - Employment Exp	ense:		Total Exempt Activity Expense	
Compensation of officers				
Other salaries and wages			Expense Details - Fundraising Expense:	
Pension plan contributions			Cash prizes	
Other employee benefits			Non-cash prizes	_
Payroll taxes			Rent and facility costs	_
Total Employment Expense			Food & beverages (Part II only)	
			Entertainment (Part II only)	
Expense Details - Fees for Services	t :		Other direct expenses	24,171
Management	-		Total Fundraising Expense	24,171
Logal				
A				
I alaborina				
D () () () ()				
Investment management	· · · · · · · · · · · · · · · · · · ·			
Other Total Fees for Services				
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Information is indicated for use o	n Form 990-T	schedule:	Allocation of Expense to Program Service Ac	complishments:
Schedule E	5.111 556-1			=
Schedule F			First	
Schedule G			Second	_
Schedule I			Third All other	
Schedule J			All other	

Form **990**

Event Income and Deduction Worksheet

Description LOWCOUNTRY EVENT

BOYS & GIRLS CLUBS OF THE

2018

Taxpayer Identification Number

57-0811876

Use this worksheet to verify data entered for a specific activity on your form 990/990EZ Income & Expense Summary: **Expense Details - Indirect Expense:**

1. Gross receipts or sales1.	Advertising and promotion
2. Advertising income 2.	
3. Circulation income 3.	
4. Other income 4.	
5. Returns and allowances 5.	Royalties & License Fees
6. Contributions received 6.	
7. Total revenue. Add lines 1 through 6 7.	Travel & Repairs
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.	<u> </u>
14. Fundraising Expense 14.	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through 145.	On investment property
16. Net Income/Loss. Line 7 minus Line 156.	On non-investment property
	Amortization
	Depletion
Expense Details - Cost of Goods Sold:	Total Depreciation Expense
Beginning inventory	· · · · · · · · · · · · · · · · · · ·
Purchases	Expense Details - Exempt Activity Expense:
Labor	Repairs/Maintenance/Other
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
	Readership costs
Expense Details - Employment Expense:	Total Exempt Activity Expense
Compensation of officers	
Other salaries and wages	Expense Details - Fundraising Expense:
Pension plan contributions	Cash prizes
Other employee benefits	Non-cash prizes
Payroll taxes	Rent and facility costs
Total Employment Expense	Food & beverages (Part II only)
	Entertainment (Part II only)
Expense Details - Fees for Services:	Other direct expenses
Management	
Legal	_
Accounting	_
Lobbying	_
Professional fundraising	_
Investment management	_
Other	_
Total Fees for Services	
Information is indicated for use on Form 990-T schedule:	Allocation of Expense to Program Service Accomplishments:
Schedule E	First
Schedule F	Second
Schedule G	Third
Schedule I	All other
Schedule J	··············· ·

Form **990/990PF**

Rent Income and Deduction Worksheet

Description BRIDGES RENTAL INCOME

2018

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

Expenses (see details on worksheets below): 2. Fees for services 3. Direct Expense 4. Direct Expense 5. Total expenses. Add lines 8 through 12 5. Net Income/Loss. Line 7 minus Line 13 6. Net Income/Loss. Line 7 minus Line 13 6. 34 , 1 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	enses (see details on worksheets below): set for services	Expenses (see details on worksheets below): Fees for services	l. Gross rents	1	34,130
Depreciation Expense	Specialis Spense	Depreciation Expense 3 4 5 5 5 5 5 5 5 5 5	Expenses (see details on worksheets below):		
Depreciation Expense	Specialis Spense	Depreciation Expense 3 4 5 5 5 5 5 5 5 5 5	. Fees for services	2	
Direct Expense	A	Direct Expense			
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Other expenses		Total Direct Expense	Other expenses	·····	
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formation is being used for the following Form 990-T schedules: Schedule C Schedule E Expense Allocation to Program Service Accomplishments First Second	Schedule C First	Schedule C First Schedule E Second	Schedule C Schedule E	First Second	

9 Other expenses

Fundraising Other Events SCHEDULE G 2018 (Form 990 or 09/30/19 990-EZ) 10/01/18 , and ending For calendar year 2018, or tax year beginning Employer Identification Number Name BOYS & GIRLS CLUBS OF THE 57-0811876 LOWCOUNTRY, INC. (a) Other event (b) Other event (c) Other event (d) Total other events SPORTING EVENT THRIFT SHOP MISC EVENTS (add col. (a) through col. (c)) (event type) (event type) (event type) Revenue 133,468 24,623 20,528 187,350 1 Gross receipts 2 Less: Charitable contributions **3** Gross income (line 1 minus line 2) 133,468 24,623 20,528 187,350 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food/beverages 8 Entertainment

30,251

24,171

88,044

29,708

	CHEDULE G Form 990 or		2018				
	990-EZ)	F	For calendar year 2018, or tax year	ar beginning 10/01	_/18 , and ending (09/30/19	2010
Nan						Employer	dentification Number
	OWCOUNTRY		CLUBS OF THE INC.			57-081	.1876
			(a) Other event	(b) Other event	(c) Other ev	ent	
			hunt fish shoot				(d) Total other events (add col. (a) through
ē		-	(event type)	(event type)	(event type)	1	col. (c))
Revenue	1 Gross receipts	5	8,731				
œ	2 Less: Charitab contributions	ole					
	3 Gross income (line 1 minus line	2)	8,731				
	(iiile i iiilius iiile	<i>3 2)</i>	0,731				
	4 Cash prizes	_					
	5 Noncash prize	es					
ses	6 Rent/facility co	osts					
Expenses	7 Food/beverage	es					
Direct I	8 Entertainment						
	Linchamment	-					
	9 Other evnense	20	3.914				

57-0811876

Federal Statements

6/3/2020 9:25 AM

FYE: 9/30/2019

Description					
		Amount		Acquired after 6/30/75	US Obs (\$ or %)
INTEREST ON NR	\$		14		
OTHER INTEREST	т				
		17,019	14		
Total	\$	17,019			

Taxable Dividends from Securities

Description						
	 Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
DIVIDENDS						
	\$ 93,354		14			
Total	\$ 93,354					

57-0811876

FYE: 9/30/2019

Federal Statements

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

Description	 Total Expenses	 Program Service	Ma 	nagement & General	 Fund Raising
SERVICE AND PROFESSIONAL FEES	\$ 125,195	\$ 17,893	\$	107,302	\$
Total	\$ 125,195	\$ 17,893	\$	107,302	\$ 0

Federal Statements

6/3/2020 9:25 AM

FYE: 9/30/2019

57-0811876

Schedule A, Part II, Line 1(e)

Description	Amount
TRUST AND FOUNDATIONS OTHER CONTRIBUTIONS UNITED WAY	\$ 153,574 1,549,681 65,717
Total	\$ 1,768,972

Federal Statements

FYE: 9/30/2019

57-0811876

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
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	1.50.000	
BREEDLOVE FOUNDATION	160,000	
THE GEORGE T LEWIS, JR 2001 FOUNDATI	51 000	
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	111 156
BEVERLY J. LASHER IRREVOCABLE TRUST	447,415	111,156
KENNETH R. CAMPBELL	45,900	
LOWCOUNTRY ANNIE OAKLEYS	68,000	62 741
GEORGE T LEWIS JR FOUNDATION	400,000	63,741
Total	\$ 3,107,375	\$ 174,897

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Federal Statements

FYE: 9/30/2019

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST ON NR	\$
OTHER INTEREST	17,019
DIVIDENDS	93,354
REALIZED GAINS	145,837
BRIDGES RENTAL INCOME	34,130
Total	\$\$

Schedule A, Part II, Line 10(e)

Description		Amount
MISCELLANEOUS	\$	283,262
SPRING GALA		765,929
HOLIDAY EVENT		
GOLF EVENT		135,675
TASTE OF JASPER		
SPORTING EVENT		133,468
HOPE AND OPPORTUNITY		04 602
THRIFT SHOP		24,623
MAHJONG EVENT HABERSHAM PLANTATION PARTY		
BLUFFTON ARTFULLY PREPARED		
RAFFLE		
MISC EVENTS		20,528
LOWCOUNTRY EVENT		20,020
hunt fish shoot		8,731
Total	_ \$	1,372,216
	=	

Federal Statements

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FYE: 9/30/2019

57-0811876

Schedule A, Part II, Line 12 - Current year

Description	 Amount
PROGRAM SERVICE REVENUE	\$ 855,385
MEMBERSHIP DUES	 4,485
Total	\$ 859,870



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