2024 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.

2024

Accommodations Tax Funds Request Application

Date Received: 08/23/2023 Time Received: 01:42 PM By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 1, 2023

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 5, 2024 Event Location: Lowcountry Celebration Park

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 5, 2024 event to be held at Lowcountry Celebration Park will be the sixteenth year of this premier-cycling event, which benefits Hilton Head Island and the Boys & Girls Club of HHI.

As required by American League of Bicyclists, a "community cycling event" must happen each year in order for HHI to receive consideration in renewing its Bike Friendly Community certification. The growth of Pedal Hilton Head Island supports and validates why HHI can be considered for Platinum certification.

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)

2023 Pedal Hilton Head Island continued to grow as a tourism driver with 722 participants

an **18.75% increase** over the 2022 event (608 participants). Over the past four years, Pedal HHI has increased participation 65.2%

Pedal HHI kicks off National Bike Month (May) and in 2023, the Town of HHI partnered with Pedal Hilton Head Island to form a National Bike Month Expo at Lowcountry Celebration Park. Participation included the Executive Director of the League of American Bicyclists, town staff and elected town officials.

In 2024, Pedal HHI will continue to partner with CAAM Events; a marketing and cycling company that extends our out-of-market reach to upwards of **15,000 new contacts and potential participants**.

- A. Total Number of Physical Tourists Served: 781 (320 participants + 461 family/friend tourists) 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: 366 (150 participants + 216 family/friend visitors) 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: 252

 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): 1399 (722 participants + 677 family/friend tourists/visitors)

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

On-line registration platform provides tourist vs. local metiric based on distance from event.

Registration question asking the number of family/friends accompying participants to event.

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 33 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, 30% African American, 13% Caucasian and 10% 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 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 reduce the magnitude of tourist participation in the 2024 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 and will support the new "Pathway to Platinum" initiative with the League of American Bicyclists. 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.	100	%
2 - Tourism-Related Events Promotion of the arts and cultural events.	0	%
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 2023, we partnered with the gated community of Sea Pines to host a segment of the 62-mile route. Additionally, we renewed our partnership with Kiwanis of Hilton Head Island for an Open House and Free BBQ at the Boys & Girls Club. 350 Pedal HHI participants attend this wonderful evening, which allowed us to showcase our beautiful facilities. On event day, we collaborated with the Town for a Kick-off To Bicycle Month expo at Lowcountry Celebration Park with a Proclamation, assorted vendors/clubs, and hosted the executive director of the League of American Bicyclists who later met with Town staff to initiate a "Pathway to Platinum" Bicycle Friendly Community initiative. 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
- Indigo Run
- Sea Pines CSA
- Palmetto Cycling Coalition
- Kickin' Asphalt Bicycle Club

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) 2023 Pedal Hilton Head Island Funding Sources -Rider Participation \$56,419 Event Sponsors \$42,250

Individual Donations \$33,444

ATAX Grant Funds \$35,000

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

	Government Sources	73%	Private Contributions, Donations and Grants
7%	Corporate Support, Sponsors	10%	Membership, Dues, Subscriptions
9%	Ticket Sales, or Sales and Services	1%	Other

3.	Has the organization requ	ested other	ATAX or	any other	funding fro	om other p	oublic sou	irces c	r
	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 <u>upcoming fiscal year's</u> **operating budget** for the organization.

Budget Provided: Yes

2. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **profit and loss reports** for the organization.

Current fiscal year Profit Loss Report Provided: Yes

Previous fiscal year Profit Loss Reports Provided:

2020-2021- Previous FY 2 2021-2022- Previous FY 1

3. The <u>previous two fiscal years</u> and <u>current year-to-date</u> **balance sheets**.

Current fiscal year Balance Sheet Provided: Yes

Previous fiscal year Balanace Sheets Provided:

2021-2022 - Previous FY 1 2020 - 2021 Balance Sheet - Previous FY 2

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

Current year IRS Form 990 or 990T Provided: Yes

Previous IRS Form 990 or 990T Years Provided:

2021 - Previous FY 1

2020 - Previous FY 2

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.

ou received 2022 or	2023 HHI ATAX funds	
1. List any ATA	X award amounts receive	d in 2022 and/or 2023.
2021	\$22,000.00	Pedal Hilton Head Island
2022	\$30,000.00	Pedal Hilton Head Island
2023	\$35,000.00	Pedal Hilton Head Island
Effectiveness	s Measurement spreadsh	what extent were the objectives achieved? The ATAX eet available in the application portal will show the bal comments. (200 words or less)
Funds w	ere used solely for market	ing Pedal Hilton Head Island – 2023 as outlined in the
marketin	g plan. Marketing goals w ion, including increasing o	ring Pedal Hilton Head Island – 2023 as outlined in the ere achieved by increasing our visitor and tourist our footprint as a tourism driver, all documented by
marketing participal registration of the second sec	g plan. Marketing goals with the succession of t	ere achieved by increasing our visitor and tourist our footprint as a tourism driver, all documented by ess of the organization/event and how did it benefit the
marketing participal registration of the second	g plan. Marketing goals we consider the succession of the successi	ere achieved by increasing our visitor and tourist our footprint as a tourism driver, all documented by ess of the organization/event and how did it benefit the growth in participation from 608 riders in 2022 to a 33% increase in participants from outside the

Follow Town procurement guidelines

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 2023 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.

G. EXECUTIVE SUMMARY

Provide an executive summary using the "ATAX Effectiveness Measurement" form provided via the link on the left, or by utilizing the text area provided below to report uses of the organization's prior ATAX grant, if applicable. If creating your own format, please refer to the "ATAX Effectiveness Measurement" form and use the criteria as a guideline in developing your executive summary below. (1300 words or less)

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

Signature: Russ Whiteford

Title/Position: Board of Directors

Mailing Address: P.O. Box 22267, Hilton Head Island, SC 29925

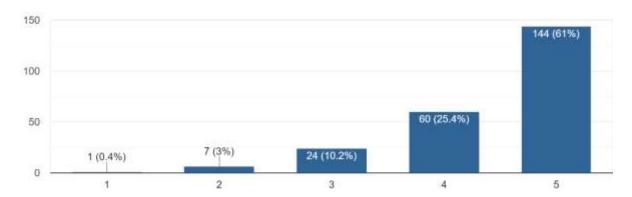
Email Address: rewwhiteford@gmail.com

Office Phone Number:

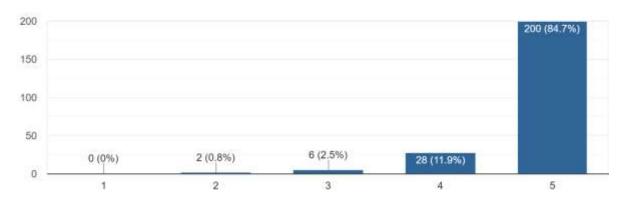
Home Phone Number: 413-531-9204

2023 Pedal Hilton Head Island Post-event Survey 236 Responses (32.7% response rate)

How would you rate your overall experience with Pedal Hilton Head Island? 236 responses

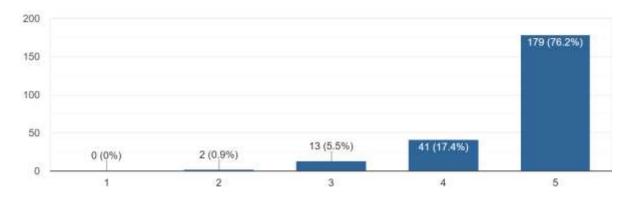


How would you rate the registration process for Pedal Hilton Head Island? 236 responses

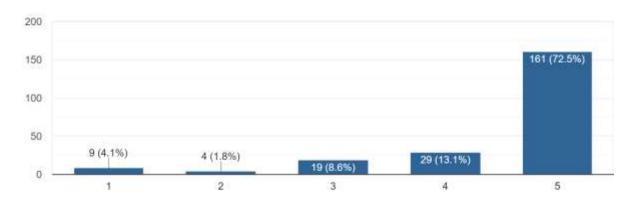


How satisfied were you with communications about the event?

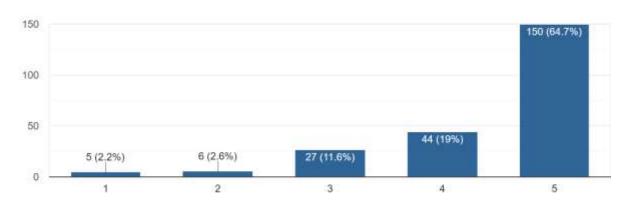
235 responses



How satisfied were you with the event packet being shipped to you prior to the event? 222 responses

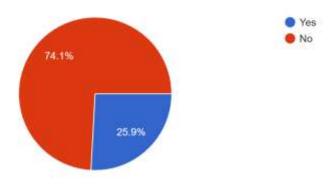


How satisfied are you with this year's t-shirt offered with your registration? 232 responses

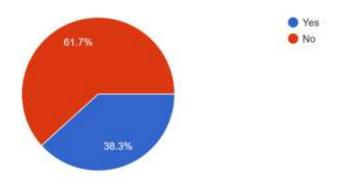


Did you purchase additional merchandise?

232 responses

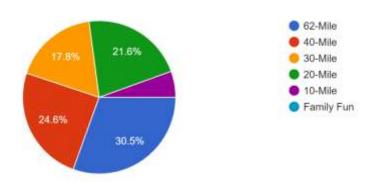


Did you attend "Grill & Chill" on Saturday afternoon at the Boys & Girls Club? 235 responses



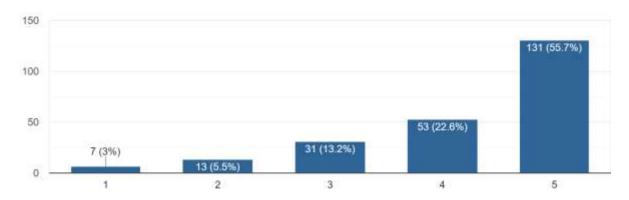
Which route did you ride?

236 responses

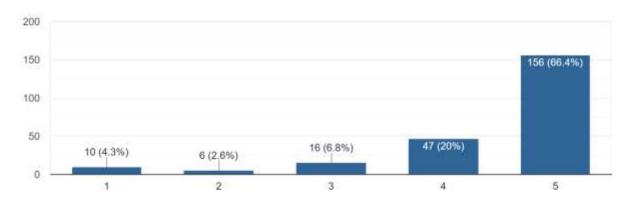


How satisfied were you with your route?

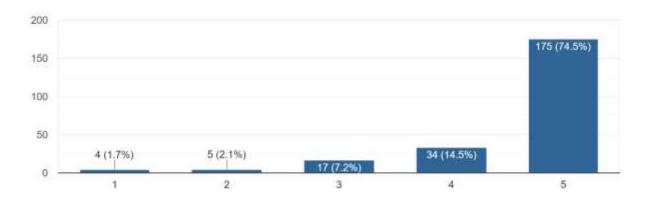
235 responses



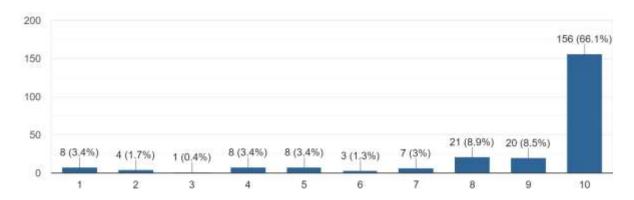
How satisfied were you with the quality of your ride leaders and volunteers on the route? 235 responses



Do you feel that your registration was a good value for your money? 235 responses

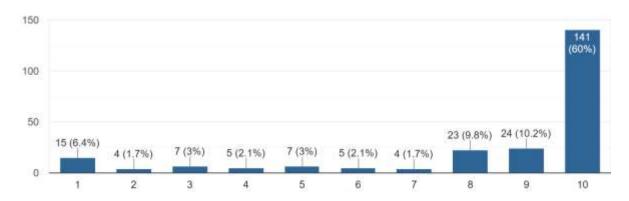


How likely is it that you would recommend Pedal Hilton Head Island to a friend or family member? 236 responses



How likely are you to ride in Pedal Hilton Head Island in 2024 - on Sunday, May 5th during National Bike Month?

235 responses



Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head Island FY22-23 Budget

	TOTAL
	Oct '22 - Sep 23
Ordinary Income/Expense	
Income	
4000 · Raised Revenues from Donations	
4001 ⋅ Donations	
4005 · Donations - General	115,000.00
4065 · Memorials & Bequests	25,000.00
Total 4001 · Donations	140,000.00
Total 4000 · Raised Revenues from Donations	140,000.00
4030 · Special Events Revenue	
4030.1 · Special Event Revenue - Golf	
4032 · Special Event Income - Golf	50,000.00
4032.1 · Special Event Raffle - Golf	7,500.00
Total 4030.1 · Special Event Revenue - Golf	57,500.00
4034 · Special Events - Sporting	145,000.00
4036.1 · Special Event Revenue - Spring	
4036 · Special Events-Spring Fundraise	215,000.00
4036.2 · Special Event -Gala Fund a Need	115,000.00
Total 4036.1 · Special Event Revenue - Spring	330,000.00
Total 4030 · Special Events Revenue	532,500.00
4045 · General Appeals	200,000.00
4050 · Trusts, Foundations & Government	157,000.00
4055 · Endowment Fund Income	120,000.00
4099 · Program & Membership Revenue	
4120 · Program Fees	215,000.00
4122 · Scholarships	-15,000.00
Total 4099 · Program & Membership Revenue	200,000.00
4500 · Miscellaneous Income	
4210 · Rental of Facility	20,000.00
4600 ⋅ Other Grants	15,000.00
Total 4500 · Miscellaneous Income	35,000.00
4995 · Income from United Way	0.00
Total Income	1,384,500.00
Cost of Goods Sold	
5359 · Expenses - Special Events	
5460 · Event Expense - Golf	8,000.00
5461 · Event Expense - Spring Event	50,000.00
5465 · Event Expense - Sporting Events	45,000.00
Total 5359 · Expenses - Special Events	103,000.00
Total COGS	103,000.00
Gross Profit	1,281,500.00
Expense	
5000 · Payroll Expenses	
5005 · Compensation - Full Time	357,407.14
5010 · Compensation - Part Time	245,446.00
•	

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head Island FY22-23 Budget

S019 - Employee Costs	F122-23 Bu	TOTAL
5020 - Health Benefits 93,976.68 5025 - Workers Comp Exp 7,697.76 5030 - Retirement/Pension 21,444.44 5050 - Payroll Taxes 46,118.23 5055 - SUTA Taxes 3,026.55 Total 5019 - Employee Costs 172,263.66 Total 5000 - Payroll Expenses 775,116.80 5113 - Advertising, Marketing & Promo 7,000.00 5115 - Operating Supplies 12,000.00 5130 - Housekeeping Supplies 12,000.00 5140 - Medical Supplies 15,000.00 5155 - Program Supplies 15,000.00 5160 - Food Supplies 240.00 5175 - Snack Expense 240.00 5175 - Snack Expense 240.00 5180 - Printing 10,000.00 5185 - Postage 2,500.00 5185 - Postage 2,500.00 5185 - Postage 2,500.00 5185 - Postage 2,500.00 5185 - Postage 3,000.00 5200 - Utilities 5210 - Telephone 16,000.00 5232 - Security 11,000.00 5239 - Building & Ground Maintenance 14,		Oct '22 - Sep 23
5025 · Workers Comp Exp 7,697.76 5030 · Retirement/Pension 21,444.44 5050 · Payroll Taxes 46,118.23 5055 · SUTA Taxes 3,026.55 Total 5019 · Employee Costs 172,263.66 Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 15,000.00 5140 · Medical Supplies 15,000.00 5150 · Program Supplies 240.00 5150 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5185 · Postace 2,500.00 5185 · Postage 2,500.00 5185 · Postage 2,500.00 5185 · Postage 3,500.00 5195 · Postage 4,000.00 5200 · Utilities 57,500.00 5210 · Telephone 16,000.00 5230 · Electric & Gas 43,000.00 5231 · Building & Ground Maintenance 14,000.00	5019 · Employee Costs	
5030 · Retirement/Pension 21,444.44 5050 · Payroll Taxes 46,118.23 5055 · SUTA Taxes 3,026.55 Total 5019 · Employee Costs 172,263.66 Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 15,000.00 5140 · Medical Supplies 10,000.00 5155 · Program Supplies 240.00 5150 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5177 · Meeting Refreshments 240.00 5185 · Postage 2,500.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies · Other 120.00 5210 · Telephone 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5240 · E	5020 · Health Benefits	93,976.68
5050 · Payroll Taxes 46,118.23 5055 · SUTA Taxes 3,026.55 Total 5019 · Employee Costs 172,263.66 Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 12,000.00 5150 · Program Supplies 15,000.00 5150 · Program Activites 10,000.00 5150 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies · Other 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5232 · Security 11,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5240 · Equipment Repairs 5,000.00 5260 ·	5025 · Workers Comp Exp	7,697.76
5055 · SUTA Taxes 3,026.55 Total 5019 · Employee Costs 172,263.66 Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5185 · Postage 2,500.00 5185 · Postage 2,500.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies · Other 120.00 5200 · Utilities 57,500.00 5210 · Telephone 16,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 5235 · Water & Sewer 4,000.00 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 5,0	5030 · Retirement/Pension	21,444.44
Total 5019 · Employee Costs 172,263.66 Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies · Other 120.00 5200 · Utilities 57,500.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5250 · Equipment Repairs 5,000.00 5200 · Bu	5050 · Payroll Taxes	46,118.23
Total 5000 · Payroll Expenses 775,116.80 5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 12,000.00 5150 · Program Supplies 15,000.00 5150 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 57,500.00 5210 · Telephone 16,000.00 5231 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5233 · Building & Ground Maintenance 5240 · Grounds Maintenance 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 8,000.00 5250 · Equipment Repairs 5,000.00 5300 · Insurance - General & Liability 2,035.00 <t< td=""><td>5055 · SUTA Taxes</td><td>3,026.55</td></t<>	5055 · SUTA Taxes	3,026.55
5113 · Advertising, Marketing & Promo 7,000.00 5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5233 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building & Ground Maintenance 67,000.00 5300 · Insurance - Commercial Property 27,050.00 5311 · Insurance - General & Liability 2,035.00 5313 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 <	Total 5019 · Employee Costs	172,263.66
5115 · Operating Supplies 4,000.00 5120 · Office supplies 12,000.00 5130 · Housekeeping Supplies 12,000.00 5140 · Medical Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5315 · Insurance - Flood 11,125.00	Total 5000 · Payroll Expenses	775,116.80
5120 · Office supplies 4,000.00 5130 · Housekeeping Supplies 12,000.00 5140 · Medical Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 8,000.00 5250 · Equipment Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5311 · Insurance - General & Liability 2,035.00 5311 · Insurance - Flood 11,125.00 Total	5113 · Advertising, Marketing & Promo	7,000.00
5130 · Housekeeping Supplies 12,000.00 5140 · Medical Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance - Commercial Property 27,050.00 5310 · Insurance - General & Liability 2,035.00 5314 · Insurance - Flood 11,125.00	5115 · Operating Supplies	
5140 · Medical Supplies 1,000.00 5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5231 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5233 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5250 · Equipment Repairs 8,000.00 5250 · Equipment Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 9,000.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5315 · Insurance - Flood 11,125.00 Total 5300 · In	5120 · Office supplies	4,000.00
5150 · Program Supplies 15,000.00 5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 5250 · Equipment Repairs 5,000.00 5300 · Insurance 67,000.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expe	5130 · Housekeeping Supplies	12,000.00
5155 · Program Activites 10,000.00 5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 5260 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.	5140 · Medical Supplies	1,000.00
5160 · Food Supplies 240.00 5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 5300 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5150 · Program Supplies	15,000.00
5170 · Meeting Refreshments 2,400.00 5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5311 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5155 · Program Activites	10,000.00
5175 · Snack Expense 240.00 5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building & Ground Maintenance 67,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 9,530.00 5311 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5160 · Food Supplies	240.00
5180 · Printing 10,000.00 5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5170 · Meeting Refreshments	2,400.00
5185 · Postage 2,500.00 5115 · Operating Supplies · Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 604,849.00	5175 · Snack Expense	240.00
5115 · Operating Supplies - Other 120.00 Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5301 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 604,849.00	5180 · Printing	10,000.00
Total 5115 · Operating Supplies 57,500.00 5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 67,000.00 5311 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 6048. Conferences & Training 4,000.00	5185 · Postage	2,500.00
5200 · Utilities 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 604,849.00 5048 · Conferences & Training 4,000.00	5115 · Operating Supplies - Other	120.00
5210 · Telephone 16,000.00 5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 5,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 604,849.00 5048 · Conferences & Training 4,000.00	Total 5115 · Operating Supplies	57,500.00
5230 · Electric & Gas 43,000.00 5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Hood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 604,849.00 5048 · Conferences & Training 4,000.00	5200 · Utilities	
5232 · Security 11,000.00 5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5210 · Telephone	16,000.00
5235 · Water & Sewer 8,000.00 Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5230 · Electric & Gas	43,000.00
Total 5200 · Utilities 78,000.00 5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 40,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - General & Liability 2,035.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5232 · Security	11,000.00
5239 · Building & Ground Maintenance 14,000.00 5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5235 · Water & Sewer	8,000.00
5240 · Grounds Maintenance 14,000.00 5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - Commercial Property 27,050.00 5311 · Insurance - General & Liability 2,035.00 5314 · Insurance - Auto 9,530.00 5315 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	Total 5200 · Utilities	78,000.00
5241 · Outside Cleaning&Other Services 40,000.00 5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5239 · Building & Ground Maintenance	
5250 · Equipment Repairs 8,000.00 5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5240 · Grounds Maintenance	14,000.00
5260 · Building Repairs 5,000.00 Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5241 · Outside Cleaning&Other Services	40,000.00
Total 5239 · Building & Ground Maintenance 67,000.00 5300 · Insurance 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5250 · Equipment Repairs	8,000.00
5300 · Insurance 27,050.00 5309 · Insurance - Commercial Property 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5260 · Building Repairs	5,000.00
5309 · Insurance - Commercial Property 27,050.00 5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	Total 5239 · Building & Ground Maintenance	67,000.00
5310 · Insurance - General & Liability 2,035.00 5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5300 ⋅ Insurance	
5311 · Insurance - Auto 9,530.00 5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5309 · Insurance - Commercial Property	27,050.00
5314 · Insurance - Umbrella 15,109.00 5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5310 · Insurance - General & Liability	2,035.00
5315 · Insurance - Flood 11,125.00 Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5311 · Insurance - Auto	9,530.00
Total 5300 · Insurance 64,849.00 5420 · Travel Expense 4,000.00	5314 · Insurance - Umbrella	15,109.00
5420 · Travel Expense 5048 · Conferences & Training 4,000.00	5315 · Insurance - Flood	11,125.00
5048 · Conferences & Training 4,000.00	Total 5300 · Insurance	64,849.00
	5420 · Travel Expense	
5421 · Mileage 1,000.00	5048 · Conferences & Training	4,000.00
	5421 · Mileage	1,000.00

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head Island FY22-23 Budget

	TOTAL
	Oct '22 - Sep 23
5430 · Gas & Oil - Vehicles	1,000.00
Total 5420 · Travel Expense	6,000.00
5600 ⋅ Other Operating Expenses	
5049 · Staff Apparel	1,200.00
5110 · Professional Fees	27,000.00
5340 · Property Tax	6,000.00
5425 · Recruiting Expenses	2,000.00
5440 · Licenses	1,500.00
5450 · Vehicle Repairs	1,500.00
5500 · Dues & Licenses	
5510 · National Dues - Programs	4,000.00
5531 · Membership & Subscription Fees	1,500.00
Total 5500 · Dues & Licenses	5,500.00
5622 · Out of Zone Busing Expenses	1,000.00
5625 · Bank Service Charges	120.00
5627 · Credit Card Fees	6,000.00
5630 · Loan Interest Expense	120.00
5660 · Miscellaneous Expense	5,000.00
5720 · New Equipment	2,400.00
Total 5600 ⋅ Other Operating Expenses	59,340.00
5900 · Allocation to Executive Office	256,111.20
Total Expense	1,370,917.00
Net Ordinary Income	-89,417.00
Other Income/Expense	
Other Income	
4990 ⋅ Income Released From Restricted	
4991 · Restricted Income	
4809 · Scholarship - Restricted	0.00
4901 · Reading Program - Restricted	47,549.00
Total 4991 · Restricted Income	47,549.00
Total 4990 · Income Released From Restricted	47,549.00
Total Other Income	47,549.00
Other Expense	
5800 · Restricted Fund Expenses	
5011 · Payroll Wages - Restricted	43,748.00
5051 · Payroll Taxes - Restricted	3,798.00
Total 5800 · Restricted Fund Expenses	47,546.00
Total Other Expense	47,546.00
Net Other Income	3.00
Net Income	-89,414.00
Planned Usage of the Operating Reserve	89,414.00
Balanced Net Income	0.00

	Jun 23	Budget	\$ Over Budget	Oct '22 - Jun 23	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense							
Income 4000 · Raised Revenues from Donations	1,146.00	11,667.00	-10,521.00	213,115.36	104,999.00	108,116.36	140,000.00
4030 · Special Events Revenue	32,034.00	30,000.00	2,034.00	788,602.39	532,500.00	256,102.39	532,500.00
4045 · General Appeals 4050 · Trusts, Foundations &Government	13,421.00 140,000.00	15,000.00 157,000.00	-1,579.00 -17,000.00	276,882.50 140,000.00	200,000.00 157,000.00	76,882.50 -17,000.00	200,000.00 157,000.00
4055 · Endowment Fund Income	0.00	30,000.00	-30,000.00	0.00	90,000.00	-90,000.00	120,000.00
4099 · Program & Membership Revenue	33,891.00	14,750.00	19,141.00	147,798.09	155,750.00	-7,951.91	200,000.00
4500 · Miscellaneous Income	0.00	1,670.00	-1,670.00	31,259.60	29,990.00	1,269.60	35,000.00
4995 · Income from United Way	0.00			0.00	0.00	0.00	0.00
Total Income	220,492.00	260,087.00	-39,595.00	1,597,657.94	1,270,239.00	327,418.94	1,384,500.00
Cost of Goods Sold 5359 · Expenses - Special Events	8,288.36	5,000.00	3,288.36	164,004.08	103,000.00	61,004.08	103,000.00
Total COGS	8,288.36	5,000.00	3,288.36	164,004.08	103,000.00	61,004.08	103,000.00
Gross Profit	212,203.64	255,087.00	-42,883.36	1,433,653.86	1,167,239.00	266,414.86	1,281,500.00
Expense 5000 · Payroll Expenses	75,851.44	87,760.00	-11,908.56	550,070.82	584,397.23	-34,326.41	775,116.80
5113 · Advertising, Marketing & Promo 5115 · Operating Supplies	177.36 5,291.83	584.00 7,448.00	-406.64 -2,156.17	2,409.04 36,540.31	5,256.00 40,506.00	-2,846.96 -3,965.69	7,000.00 57,500.00
5200 · Utilities	5,294.19	6,501.00	-1,206.81	60,087.69	58,497.00	1,590.69	78,000.00
5239 · Building & Ground Maintenance	9,445.88	5,584.00	3,861.88	66,449.38	50,245.00	16,204.38	67,000.00
5300 · Insurance	5,224.28	5,162.00	62.28	56,855.15	49,363.00	7,492.15	64,849.00
5420 · Travel Expense	5,446.37	502.00	4,944.37	10,222.01	4,494.00	5,728.01	6,000.00
5600 · Other Operating Expenses	1,418.26	5,029.00	-3,610.74	62,171.14	47,253.00	14,918.14	59,340.00
5900 · Allocation to Executive Office	21,342.60	21,342.60	0.00	192,083.40	192,083.40	0.00	256,111.20
Total Expense	129,492.21	139,912.60	-10,420.39	1,036,888.94	1,032,094.63	4,794.31	1,370,917.00
Net Ordinary Income	82,711.43	115,174.40	-32,462.97	396,764.92	135,144.37	261,620.55	-89,417.00
Other Income/Expense							
Other Income 4300 · Investment Income	63,984.69			386,376.09			
4321 · Interest - Capital Campaign 4990 · Income Released From Restricted	888.32 66,911.73	8,839.00	58,072.73	4,573.35 143,310.65	24,753.00	118,557.65	47,549.00
Total Other Income	131,784.74	8,839.00	122,945.74	534,260.09	24,753.00	509,507.09	47,549.00
Other Expense 5700 · Depreciation Expense 5800 · Restricted Fund Expenses	18,567.52 9,374.39	8,839.00	535.39	167,107.68 174,315.05	24,750.00	149,565.05	47,546.00
5881 · Restricted Capital Campaign Exp 7600 · Investment Expenses	46,317.00 0.00			46,317.00 17,001.69			
Total Other Expense	74,258.91	8,839.00	65,419.91	404,741.42	24,750.00	379,991.42	47,546.00
Net Other Income	57,525.83	0.00	57,525.83	129,518.67	3.00	129,515.67	3.00
Net Income	140,237.26	115,174.40	25,062.86	526,283.59	135,147.37	391,136.22	-89,414.00
•							

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense Income							
4000 · Raised Revenues from Donations	1,350.00	1,000.00	350.00	196,047.51	25,000.00	171,047.51	25,000.00
4030 · Special Events Revenue	0.00	500.00	-500.00	610,966.60	377,850.00	233,116.60	377,850.00
4045 · General Appeals 4050 · Trusts, Foundations &Governme	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	160,000.00 140,000.00
4055 · Endowment Fund Income	0.00	22,500.00	-22,500.00	0.00	90,000.00	-90,000.00	90,000.00
4099 · Program & Membership Revenue	10,263.50	14,000.00	-3,736.50	150,121.47	130,175.00	19,946.47	130,175.00
4500 · Miscellaneous Income	72,699.21	3,250.00	69,449.21	427,014.50	39,000.00	388,014.50	39,000.00
4995 · Income from United Way	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total Income	263,512.71	182,750.00	80,762.71	1,967,206.68	962,025.00	1,005,181.68	962,025.00
Cost of Goods Sold 5359 · Expenses - Special Events	2,500.00	0.00	2,500.00	76,689.56	82,360.00	-5,670.44	82,360.00
Total COGS	2,500.00	0.00	2,500.00	76,689.56	82,360.00	-5,670.44	82,360.00
Gross Profit	261,012.71	182,750.00	78,262.71	1,890,517.12	879,665.00	1,010,852.12	879,665.00
Expense 5000 · Payroll Expenses	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 10,891.86	500.00 3,200.00	1,401.68 7,691.86	5,998.73 51,064.94	6,000.00 53,700.00	-1.27 -2,635.06	6,000.00 53,700.00
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	11,946.54	5,050.00	6,896.54	68,441.01	60,600.00	7,841.01	60,600.00
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	89.54	250.00	-160.46	1,097.69	3,000.00	-1,902.31	3,000.00
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	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	30.15 5,000.00 503,000.00	0.00	503,000.00	585.08 234,020.41 778,985.00	0.00 0.00 0.00	585.08 234,020.41 778,985.00	0.00 0.00 0.00
Total Other Income	602,984.60	0.00	602,984.60	1,546,074.51	0.00	1,546,074.51	0.00
Other Expense 5700 · Depreciation Expense	16,843.85			202,126.18	0.00	202,126.18	0.00

	Sep 21	Budget	\$ Over Budget	Oct '20 - Sep 21	YTD Budget	\$ Over Budget	Annual Budget
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 0.00			28,213.23 22,004.57	0.00 0.00	28,213.23 22,004.57	0.00 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

	Sep 22	Budget	\$ Over Budget	Oct '21 - Sep 22	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense Income							
4000 · Raised Revenues from Donations	1,150.00	2,500.00	-1,350.00	339,882.67	100,000.00	239,882.67	100,000.00
4030 · Special Events Revenue	0.00	0.00	0.00	1,009,370.10	466,000.00	543,370.10	466,000.00
4045 · General Appeals 4050 · Trusts, Foundations &Governme	1,500.00 0.00	2,000.00 170,000.00	-500.00 -170,000.00	374,637.50 162,946.13	180,000.00 170,000.00	194,637.50 -7,053.87	180,000.00 170,000.00
4055 · Endowment Fund Income	0.00	30,000.00	-30,000.00	0.00	120,000.00	-120,000.00	120,000.00
4099 · Program & Membership Revenue	13,147.00	10,750.00	2,397.00	172,760.71	150,325.00	22,435.71	150,325.00
4500 · Miscellaneous Income	1,000.00	3,750.00	-2,750.00	35,916.34	45,000.00	-9,083.66	45,000.00
4995 · Income from United Way	2,126.59	7,300.00	-5,173.41	2,126.59	7,300.00	-5,173.41	7,300.00
Total Income	18,923.59	226,300.00	-207,376.41	2,097,640.04	1,238,625.00	859,015.04	1,238,625.00
Cost of Goods Sold 5359 · Expenses - Special Events	11,188.00	0.00	11,188.00	181,390.93	92,000.00	89,390.93	92,000.00
Total COGS	11,188.00	0.00	11,188.00	181,390.93	92,000.00	89,390.93	92,000.00
Gross Profit	7,735.59	226,300.00	-218,564.41	1,916,249.11	1,146,625.00	769,624.11	1,146,625.00
Expense 5000 · Payroll Expenses	37,833.65	79,628.90	-41,795.25	711,038.99	798,270.65	-87,231.66	798,270.65
5113 · Advertising, Marketing & Promo 5115 · Operating Supplies	3,363.80 17,588.27	600.00 3,150.00	2,763.80 14,438.27	6,811.69 64,309.66	7,200.00 58,130.00	-388.31 6,179.66	7,200.00 58,130.00
5200 · Utilities	9,317.29	6,200.00	3,117.29	72,714.24	82,100.00	-9,385.76	82,100.00
5239 · Building & Ground Maintenance	8,731.97	5,500.00	3,231.97	76,388.39	66,000.00	10,388.39	66,000.00
5300 · Insurance	4,996.52	4,736.09	260.43	66,825.82	54,499.46	12,326.36	54,499.46
5420 · Travel Expense	362.82	450.00	-87.18	3,780.47	5,400.00	-1,619.53	5,400.00
5600 · Other Operating Expenses	7,398.04	3,095.00	4,303.04	58,189.70	47,490.00	10,699.70	47,490.00
5900 · Allocation to Executive Office	11,250.00	11,250.00	0.00	135,000.00	135,000.00	0.00	135,000.00
Total Expense	100,842.36	114,609.99	-13,767.63	1,195,058.96	1,254,090.11	-59,031.15	1,254,090.11
Net Ordinary Income	-93,106.77	111,690.01	-204,796.78	721,190.15	-107,465.11	828,655.26	-107,465.11
Other Income/Expense Other Income 4300 · Investment Income	-180,757.59			-448,142.35			
4321 · Interest - Capital Campaign 4862 · HH Capital Campaign Restricted 4990 · Income Released From Restricted	34.32 -32,300.00 7,533.00	4,902.17	2,630.83	372.80 -7,434.74 125,279.06	76,857.38	48,421.68	76,857.38
Total Other Income	-205,490.27	4,902.17	-210,392.44	-329,925.23	76,857.38	-406,782.61	76,857.38

	Sep 22	Budget	\$ Over Budget	Oct '21 - Sep 22	YTD Budget	\$ Over Budget	Annual Budget
Other Expense 5700 · Depreciation Expense 5800 · Restricted Fund Expenses	25,485.87 7,991.48	1,902.17	6,089.31	225,940.52 153,917.60	43,107.38	110,810.22	43,107.38
5881 · Restricted Capital Campaign Exp 7600 · Investment Expenses	-468,620.44 40.00			29,260.90 21,232.72			
Total Other Expense	-435,103.09	1,902.17	-437,005.26	430,351.74	43,107.38	387,244.36	43,107.38
Net Other Income	229,612.82	3,000.00	226,612.82	-760,276.97	33,750.00	-794,026.97	33,750.00
Net Income	136,506.05	114,690.01	21,816.04	-39,086.82	-73,715.11	34,628.29	-73,715.11

Boys & Girls Clubs of the Lowcountry, Inc.

Hilton Head - Statement of Assets, Liabilities & Net Assets

As of June 30, 2023 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restr	ricted	20R HH Restricted	TOTAL
ASSETS					
Current Assets					
Checking/Savings					
1000 · Cash Accounts	106.185.90	0.00		0.00	106 195 00
1025 · HH Operating Reserve 1027 · HH Capital Campaing MoneyMarket	121,333.41	0.00		193,501.65	106,185.90 314,835.06
1050 · Petty Cash	250.00	0.00		0.00	250.00
1090 · SSB Operating-Deposit Account	717,727.96	0.00		0.00	717,727.96
1091 · SSB Operating - Payable Acct	-77,667.79	0.00		0.00	-77,667.79
1093 · SSB Restricted Funds	0.00	0.00		339,490.36	339,490.36
1095 · SSB Payroll	-4,441.02	0.00	_	0.00	-4,441.02
Total 1000 · Cash Accounts	863,388.46		0.00	532,992.01	1,396,380.47
1100 · Endowment Accounts		405.000.45		0.700.50	400.050.05
1075 · Capital Group x4720	0.00	125,260.15		6,796.52	132,056.67
1060 · Wells Fargo 2200-3195	1,142,014.32	75,000.00		0.00	1,217,014.32
1062 · Wells Fargo 1167-7761 1069 · Fidelity HH Endowment	73,395.45 1,332,554.68	0.00 0.00		0.00 0.00	73,395.45 1,332,554.68
1079 · Fidelity HH - Capital Reserve	818,915.65	0.00		0.00	818,915.65
1089 · Fidelity HH- Operating Reserve	515,292.02	0.00		0.00	515,292.02
Total 1100 · Endowment Accounts	3,882,172.12	200,2	60.15	6,796.52	4,089,228.79
Total Checking/Savings	4,745,560.58	200,2	60.15	539,788.53	5,485,609.26
Other Current Assets					
1211 · United Way Promise to Give	0.00		0.00	4,097.74	4,097.74
1350 · Prepaid Special Event Expenses	11,813.00		0.00	0.00	11,813.00
Total Other Current Assets	11,813.00		0.00	4,097.74	15,910.74
Total Current Assets	4,757,373.58	200,2	60.15	543,886.27	5,501,520.00
Fixed Assets					
1515 · Outdoor Pavilion	368,794.39		0.00	0.00	368,794.39
1500 · Building	4,501,943.45		0.00	0.00	4,501,943.45
1501 · Leasehold Improvements	316,851.96		0.00	0.00	316,851.96
1505 · Ballfield	1,977.00		0.00	0.00	1,977.00
1510 · Equipment	578,334.39		0.00	0.00	578,334.39
1520 · Furnishings	28,833.70		0.00	0.00	28,833.70
1530 · Transportation Equipment	89,971.00		0.00	0.00	89,971.00
1550 · Accumulated Depreciation	-3,675,422.12		0.00	0.00	-3,675,422.12
1560 · Land	240,000.00		0.00	0.00	240,000.00
Total Fixed Assets	2,451,283.77		0.00	0.00	2,451,283.77
TOTAL ASSETS	7,208,657.35	200,2	60.15	543,886.27	7,952,803.77
LIABILITIES & EQUITY					
Liabilities Current Liabilities					
Accounts Payable					
2000 · Accounts Payable	-5,280.18		0.00	0.00	-5,280.18
Total Accounts Payable	-5,280.18		0.00	0.00	-5,280.18
Credit Cards					
2200 · Bank of America Cards Payable					
2200.20 · BOA MC - Hilton Head 8531	-94.05	0.00		0.00	-94.05
2200.55 · BOA MC - White 2990	45.30	0.00	_	0.00	45.30
Total 2200 · Bank of America Cards Payable	-48.75		0.00	0.00	-48.75
2250 · Visa Payable 2250.04 · Visa - AngieE SS 5690	-124.98	0.00		0.00	-124.98
Total 2250 · Visa Payable	-124.98		0.00	0.00	-124.98
Total Credit Cards	-173.73		0.00	0.00	-173.73
Other Current Liabilities					
2340 · Deferred Revenue-Special Events	7,414.98		0.00	0.00	7,414.98

Boys & Girls Clubs of the Lowcountry, Inc.

Hilton Head - Statement of Assets, Liabilities & Net Assets

As of June 30, 2023 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restricted	20R HH Restricted	TOTAL
2400 · Payroll Liabilities				
2010 · WH - United Way	574.00	0.00	0.00	574.00
2045 · Health Insurance Deferral	-1,027.64	0.00	0.00	-1,027.64
2050 · Other Payroll Deductions	200.00	0.00	0.00	200.00
2090 · Accrued Vacation	13,227.92	0.00	0.00	13,227.92
2095 · Wages Payable	19,219.84	0.00	0.00	19,219.84
Total 2400 · Payroll Liabilities	32,194.12	0.00	0.00	32,194.12
Total Other Current Liabilities	39,609.10	0.00	0.00	39,609.10
Total Current Liabilities	34,155.19	0.00	0.00	34,155.19
Total Liabilities	34,155.19	0.00	0.00	34,155.19
Equity				
3000 · Net Unrestricted Assets	217,230.94	0.00	0.00	217,230.94
3020 · Net Assets - Permanently Restr	0.00	75,000.00	0.00	75,000.00
3030 · Net Board Designated Assets	3,242,814.86	0.00	0.00	3,242,814.86
3035 · Release fr. Board Desig Endow	60,000.00	0.00	0.00	60,000.00
3040 · Transfer of Net Assets	0.00	100,621.39	6,796.52	107,417.91
3050 · Net Property & Equipment Assets	2,618,223.47	0.00	0.00	2,618,223.47
3200 · Temp. Restricted Net Assets	0.00	0.00	1,110,764.63	1,110,764.63
3900 · Unrestricted Fund Balance	458,342.30	0.00	-497,429.12	-39,086.82
Net Income	577,890.59	24,638.76	-76,245.76	526,283.59
Total Equity	7,174,502.16	200,260.15	543,886.27	7,918,648.58
TOTAL LIABILITIES & EQUITY	7,208,657.35	200,260.15	543,886.27	7,952,803.77

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 2022 - 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	843.52	0.00	0.00	843.52
1027 · HH Capital Campaing MoneyMar	21,363.41	0.00	235,245.30	256,608.71
1050 · Petty Cash	250.00	0.00	0.00	250.00
1090 · SSB Operating-Deposit Account	802,198.51	0.00	0.00	802,198.51
1091 · SSB Operating - Payable Acct	-11,157.39	0.00	0.00	-11,157.39
1093 · SSB Restricted Funds	0.00	0.00	371,236.67	371,236.67
Total 1000 · Cash Accounts	813,498.04	0.00	606,481.97	1,419,980.01
1100 · Endowment Accounts				
1060 · Wells Fargo 2200-3195	1,051,676.98	75,000.00	0.00	1,126,676.98
1062 · Wells Fargo 1167-7761	57,601.94	0.00	0.00	57,601.94
1069 · Fidelity HH Endowment	1,135,795.06	0.00	0.00	1,135,795.06
1079 · Fidelity HH - Capital Reserve	498,893.40	0.00	0.00	498,893.40
1089 · Fidelity HH- Operating Reserve	498,847.48	0.00	0.00	498,847.48
Total 1100 · Endowment Accounts	3,242,814.86	75,000.00	0.00	3,317,814.86
Total Checking/Savings	4,056,312.90	75,000.00	606,481.97	4,737,794.87
Other Current Assets				
1211 · United Way Promise to Give	0.00	0.00	6,853.54	6,853.54
1300 · Prepaid Expenses	532.01	0.00	0.00	532.01
Total Other Current Assets	532.01	0.00	6,853.54	7,385.55
Total Current Assets	4,056,844.91	75,000.00	613,335.51	4,745,180.42
Fixed Assets				
1515 · Outdoor Pavilion	368,794.39	0.00	0.00	368,794.39
1500 · Building	4,501,943.45	0.00	0.00	4,501,943.45
1501 · Leasehold Improvements	316,851.96	0.00	0.00	316,851.96
1505 · Ballfield	1,977.00	0.00	0.00	1,977.00
1510 · Equipment	578,334.39	0.00	0.00	578,334.39
1520 · Furnishings	28,665.72	0.00	0.00	28,665.72
1530 · Transportation Equipment	89,971.00	0.00	0.00	89,971.00

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 2022 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric	20R HH Restricted	TOTAL
1550 · Accumulated Depreciation 1560 · Land	-3,508,314.44 240,000.00	0.00 0.00	0.00 0.00	-3,508,314.44 240,000.00
Total Fixed Assets	2,618,223.47	0.00	0.00	2,618,223.47
TOTAL ASSETS	6,675,068.38	75,000.00	613,335.51	7,363,403.89
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 2000 · Accounts Payable	42,174.15	0.00	0.00	42,174.15
Total Accounts Payable	42,174.15	0.00	0.00	42,174.15
Credit Cards 2200 · Bank of America Cards Payable 2200.20 · BOA MC - Hilton Head 8531	-751.17	0.00	0.00	-751.17
Total 2200 · Bank of America Cards Pa	-751.17	0.00	0.00	-751.17
2250 · Visa Payable 2250.4 · Visa - AngieE SS 5690	3,962.89	0.00	0.00	3,962.89
Total 2250 · Visa Payable	3,962.89	0.00	0.00	3,962.89
Total Credit Cards	3,211.72	0.00	0.00	3,211.72
Other Current Liabilities 2340 · Deferred Revenue-Special Events 2400 · Payroll Liabilities	7,414.98	0.00	0.00	7,414.98
2010 · WH - United Way 2045 · Health Insurance Deferral 2090 · Accrued Vacation 2095 · Wages Payable	375.00 -240.92 6,302.04 19,219.84	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	375.00 -240.92 6,302.04 19,219.84
Total 2400 · Payroll Liabilities	25,655.96	0.00	0.00	25,655.96
Total Other Current Liabilities	33,070.94	0.00	0.00	33,070.94
Total Current Liabilities	78,456.81	0.00	0.00	78,456.81

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 2022 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric	20R HH Restricted	TOTAL
Total Liabilities	78,456.81	0.00	0.00	78,456.81
Equity				
3000 · Net Unrestricted Assets	-419,340.18	0.00	0.00	-419,340.18
3020 · Net Assets - Permanently Restr	0.00	75,000.00	0.00	75,000.00
3030 · Net Board Designated Assets	2,712,671.43	0.00	0.00	2,712,671.43
3035 · Release fr. Board Desig Endow	60,000.00	0.00	0.00	60,000.00
3050 · Net Property & Equipment Assets	2,361,876.55	0.00	0.00	2,361,876.55
3200 · Temp. Restricted Net Assets	0.00	0.00	696,859.53	696,859.53
3900 · Unrestricted Fund Balance	1,423,061.47	0.00	413,905.10	1,836,966.57
Net Income	458,342.30	0.00	-497,429.12	-39,086.82
Total Equity	6,596,611.57	75,000.00	613,335.51	7,284,947.08
TOTAL LIABILITIES & EQUITY	6,675,068.38	75,000.00	613,335.51	7,363,403.89

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 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	500,416.02	0.00	0.00	500,416.02
1027 · HH Capital Campaing MoneyMar	325,047.00	0.00	420,352.35	745,399.35
1050 · Petty Cash	250.00	0.00	0.00	250.00
1090 · SSB Operating-Deposit Account	873,138.18	0.00	0.00	873,138.18
1091 · SSB Operating - Payable Acct	-326,079.96	0.00	0.00	-326,079.96
1093 · SSB Restricted Funds	0.00	0.00	691,212.03	691,212.03
1095 · SSB Payroll	-656.76	0.00	0.00	-656.76
Total 1000 · Cash Accounts	1,372,114.48	0.00	1,111,564.38	2,483,678.86
1100 · Endowment Acounts				
1060 · Wells Fargo 2200-3195	1,283,742.31	75,000.00	0.00	1,358,742.31
1062 · Wells Fargo 1167-7761	37,351.85	0.00	0.00	37,351.85
1069 · Fidelity HH Endowment	1,265,577.27	0.00	0.00	1,265,577.27
Total 1100 · Endowment Acounts	2,586,671.43	75,000.00	0.00	2,661,671.43
Total Checking/Savings	3,958,785.91	75,000.00	1,111,564.38	5,145,350.29
Other Current Assets				
1211 · United Way Promise to Give	0.00	0.00	2,289.05	2,289.05
1250 · Accts Receivable	0.00	0.00	153,260.30	153,260.30
1300 · Prepaid Expenses	11,388.72	0.00	0.00	11,388.72
1370 · Construction in Progress	17,363.00	0.00	0.00	17,363.00
Total Other Current Assets	28,751.72	0.00	155,549.35	184,301.07
Total Current Assets	3,987,537.63	75,000.00	1,267,113.73	5,329,651.36
Fixed Assets				
1515 · Outdoor Pavilion	368,794.39	0.00	0.00	368,794.39
1500 · Building	4,280,352.83	0.00	0.00	4,280,352.83
1501 · Leasehold Improvements	69,802.13	0.00	0.00	69,802.13
1505 · Ballfield	1,977.00	0.00	0.00	1,977.00
1510 · Equipment	572,214.40	0.00	0.00	572,214.40
1520 · Furnishings	28,665.72	0.00	0.00	28,665.72

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 2021 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric	20R HH Restricted	TOTAL
1530 · Transportation Equipment 1550 · Accumulated Depreciation 1560 · Land	89,971.00 -3,305,062.60 240,000.00	0.00 0.00 0.00	0.00 0.00 0.00	89,971.00 -3,305,062.60 240,000.00
Total Fixed Assets	2,346,714.87	0.00	0.00	2,346,714.87
TOTAL ASSETS	6,334,252.50	75,000.00	1,267,113.73	7,676,366.23
LIABILITIES & EQUITY Liabilities Current Liabilities Accounts Payable 2000 · Accounts Payable	19,911.72	0.00	0.00	19,911.72
Total Accounts Payable	19,911.72	0.00	0.00	19,911.72
Credit Cards 2200 · Bank of America Cards Payable 2200.20 · BOA MC - Hilton Head 8531	-582.26	0.00	0.00	-582.26
Total 2200 · Bank of America Cards Pa	-582.26	0.00	0.00	-582.26
2350 · Sam's Club Card	-300.32	0.00	0.00	-300.32
Total Credit Cards	-882.58	0.00	0.00	-882.58
Other Current Liabilities 2340 · Deferred Revenue-Special Events 2345 · Deferred Revenue 2400 · Payroll Liabilities 2045 · Health Insurance Deferral	51,000.00 300.00 1,887.53	0.00 0.00	0.00 0.00	51,000.00 300.00 1,887.53
2090 · Accrued Vacation 2095 · Wages Payable	8,725.23 30,504.01	0.00 0.00	0.00 0.00	8,725.23 30,504.01
Total 2400 · Payroll Liabilities	41,116.77	0.00	0.00	41,116.77
2701 · Accrued Expenses - Other	3,399.53	0.00	0.00	3,399.53
Total Other Current Liabilities	95,816.30	0.00	0.00	95,816.30
Total Current Liabilities	114,845.44	0.00	0.00	114,845.44

Boys & Girls Clubs of the Lowcountry, Inc. Hilton Head - Statement of Assets, Liabilities & Net Assets As of September 30, 2021 - Modified Cash Basis

	20 HH Operating	20PR HH Perm Restric	20R HH Restricted	TOTAL
Total Liabilities	114,845.44	0.00	0.00	114,845.44
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	1,504,201.26	0.00	570,253.20	2,074,454.46
Total Equity	6,219,407.06	75,000.00	1,267,113.73	7,561,520.79
TOTAL LIABILITIES & EQUITY	6,334,252.50	75,000.00	1,267,113.73	7,676,366.23

Crowley Wechsler & Associates LLC 1411 Queen Street Beaufort, SC 29902 843-379-1065

July 28, 2023

CONFIDENTIAL

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC. 10 PINCKNEY COLONY RD, SUITE 103 BLUFFTON, SC 29909

Dear:

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Crowley Wechsler & Associates LLC

Filing Instructions

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended September 30, 2022

Federal Filing Instructions

Your Form 990 for the year ended 9/30/22 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

Crowley Wechsler & Associates LLC 1411 Queen Street Beaufort, SC 29902

Important: Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning 10/01 , 2021, and ending

9/30 20 22

Department of the Treasury

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

2021

OMB No. 1545-0047

Internal Revenue Service

u Go to www.irs.gov/Form8879TE for the latest information. BOYS & GIRLS CLUBS OF THE

LOWCOUNTRY, INC.

EIN or SSN 57-0811876

Name and title of officer or person subject to tax JAMES WENTWORTH EXECUTIVE DIRECTOR

Part I Type of Return and Return Information

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

1a Form 990 check here		X	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,713,304
2a Form 990-EZ check here				Total revenue, if any (Form 990-EZ, line 9)		
3a Form 1120-POL check here		Ц	b	Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here		Ц	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here		Ц	b	Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here				Total tax (Form 990-T, Part III, line 4)		
7a Form 4720 check here				Total tax (Form 4720, Part III, line 1)		
8a Form 5227 check here			b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here		П	b	Tax due (Form 5330, Part II, line 19)	9b	
	•		b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part II Declaration and	Si	an	əfii	re Authorization of Officer or Person Subject to Tay		

Declaration and Signature Authorization of Officer or Person Subject to Tax

I am a person subject to tax with respect to (name Under penalties of perjury, I declare that |X| I am an officer of the above entity or of entity) , (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c)

the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

X Lauthorize Crowley Wechsler & Associates LLC to enter my PIN

do not enter all zeros

on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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 conse

Signature of officer or person subject to tax

} 07/28/23

Certification and Authentication

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

57312460008

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Richard D Crowley, CPA

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

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 2021 Open to Public Inspection

A	For the	2021 calendar year, or tax year beginning $10/01/2$	21 , and ending (09/30/2	2					
В	Check if app	olicable: C Name of organization BOYS & GIRLS CLT	UBS OF THE			D Employe	r identification number			
	Address cha	ange LOWCOUNTRY, INC.	LOWCOUNTRY, INC.							
\equiv	Name chang	Doing business as	0, 00110,0							
=	· ·	Number and street (or P.O. box if mail is not delivered to street	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 10 PINCKNEY COLONY RD, SUITE 103							
$\overline{}$	Initial return/ Final return/					043-0	689-2618			
	terminated						4 000 014			
\Box	Amended ref	Elurration SC 299 F Name and address of principal officer:	09		I	G Gross rec	eipts\$ 4,962,814			
Ħ	Application p				H(a) Is this a g	roup return for	subordinates? Yes X No			
ш	, ipplioditori i	olumb whitworth			H(b) Are all su	ibordinatos ino	luded? Yes No			
		10 PINCKNEY COLONY RD	20000		''		See instructions			
_	_		29909	7	- " '*	, attaorra not	occ mondonorio			
	Tax-exempt		4947(a)(1) or	527	1					
	Website: L			T	H(c) Group ex					
	Form of org			L Ye	ear of formation: $oldsymbol{1}$.905	M State of legal domicile: SC			
	art I	Summary								
a)	1 Bri	iefly describe the organization's mission or most significant	t activities:							
Š	:	To provide guidance to youth.								
rna										
Governance										
	1	neck this box u if the organization discontinued its opera	4 \			ا م ا	1 7			
ა ბ თ		umber of voting members of the governing body (Part VI, lin				. 3	17 17			
Activities	4 Nu	umber of independent voting members of the governing boo	dy (Part VI, line 1b)							
ξ		tal number of individuals employed in calendar year 2021 ((Part V, line 2a)				142 130			
Ā		tal number of volunteers (estimate if necessary)				6				
		tal unrelated business revenue from Part VIII, column (C),					0			
	b Ne	et unrelated business taxable income from Form 990-T, Par	rt I, line 11		Prior Ye		Current Year			
_	8 Co	ontributions and grants (Part VIII, line 1h)		4,211	2,914,013					
nue		ogram service revenue (Part VIII, line 2g)	500,663		550,956					
ķ		vestment income (Part VIII, column (A), lines 3, 4, and 7d)		97,170		198,619				
Revenue		her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c,		705,467		1,049,716				
	1	otal revenue – add lines 8 through 11 (must equal Part VIII,		l l		7,511	4,713,304			
	1	rants and similar amounts paid (Part IX, column (A), lines 1					0			
	1	enefits paid to or for members (Part IX, column (A), line 4)					0			
Ś	1	alaries, other compensation, employee benefits (Part IX, col			1,98	0,422	2,463,143			
use	16a Pro	ofessional fundraising fees (Part IX, column (A), line 11e)			-		0			
Expenses	b To	otal fundraising expenses (Part IX, column (D), line 25) u	312,04	12						
ũ	17 Oth	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e			1,18	0,490	1,394,064			
		tal expenses. Add lines 13-17 (must equal Part IX, column			3,16	0,912	3,857,207			
	19 Re	evenue less expenses. Subtract line 18 from line 12				6,599	856,097			
Net Assets or Fund Balances					Beginning of Cu		End of Year			
sset	20 To	tal assets (Part X, line 16)			11,628		11,735,115			
et A	21 To	tal liabilities (Part X, line 26)				6,334	260,208			
		et assets or fund balances. Subtract line 21 from line 20			11,43	1,979	11,474,907			
	art II	Signature Block								
	•	Ilties of perjury, I declare that I have examined this return, includin t, and complete. Declaration of preparer (other than officer) is bas					y knowledge and belief, it is			
	1	, and complete. Deciditation of proparer (other than officer) to back	Sea off all lillofffiation of	Willon propare	Thas arry know	Todge.				
e:		Signature of officer				Date				
Sig	- 1	,		DVD/III			D			
He	re	JAMES WENTWORTH Type or print name and title		EXECUI	TAF DI	RECTO	K			
		Print/Type preparer's name Preparer's s	signature		Date	Check	if PTIN			
Pai							□ "			
	F		D Crowley, CPA		<u> </u>	S/23 self-em	ployed P00640699 26-1860008			
	Only	Firm's name } Crowley Wechsler & 1411 Queen Street	ADDUCTACES	, 111		Firm's EIN }	70-T000000			
	· 1	D)			Dhana r-	843-379-1065			
Max		Firm's address } Beautort, SC 29902 St discuss this return with the preparer shown above? See in				Phone no.	X Yes No			

Form 990 (2021) BOYS & G	IRLS CLUBS OF TH	E 57-08118	76 Pag	e 2
	Program Service Accom	•	Г	$\overline{}$
•		e or note to any line in this Part	<u> IIIL</u>	
1 Briefly describe the organiza				
To provide guid	ance to youtn.			
•				
*				
2 Did the organization undertak	ce any significant program service	es during the year which were not listed	on the	
_				No
If "Yes," describe these new	services on Schedule O.			
3 Did the organization cease of	onducting, or make significant ch	anges in how it conducts, any program		
services?			Yes 🗓 Yes	No
If "Yes," describe these chan	ges on Schedule O.			
	=	for each of its three largest program s		
	=	required to report the amount of grants	and allocations to others,	
the total expenses, and revel	nue, if any, for each program ser	vice reported.		
4a (Code:) (Expense	s \$ 2.890.219 in	cluding grants of \$) (Revenue \$ 550,956	<u>5</u>)
The purpose of	contributing to	the quality of life	and well being of	·. /
disadvantaged yo	outh from the ag	es of 6 to 18. Pro	vide social,	
recreational, a	nd sports facili	ties under adult su	pervision and by	
providing behav	ioral guidance.			
•				
•				
4b (Code:) (Expense	s\$ in	cluding grants of \$) (Revenue \$	
•				
•				
• • • • • • • • • • • • • • • • • • • •				
4c (Code:) (Expense	s\$ in	cluding grants of \$) (Revenue \$.)
N/A				
•				
*				
•				
•				
11.04				
4d Other program services (Des		\	•	
(Expenses \$ 4e Total program service expen	including grants of \$\frac{9}{2,890,21}\$		ψ)	
rown program service expen				

			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	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	١.		٦,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		х
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		22
•	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? <i>If "Yes,"</i>			
•	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			
	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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			٦,
	"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	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
13	for any foreign organization? If "Von" complete School 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			
	and the second of the facility of the second	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	'		<u></u>
• •	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	<u> </u>		 -
	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?			
-	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		Х
			000	

_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		res	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	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		<u> </u>
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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a		05-		
	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	230		<u> </u>
20	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		<u> </u>
	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 the 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		X
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 line 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	• • • • • • • • • • • • • • • • • • • •	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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			.
20	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 on Schedule O for Part VI, lines 11b and	20	v	
D.	19? Note: All Form 990 filers are required to complete Schedule O. art V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
_ F	Check if Schedule O contains a response or note to any line in this Part V			
	Check if Ochequie O contains a response of hote 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 1a 13		163	140
b	Enter the number reported in box 3 of 1 offin 1030. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) with backap witholding rates to reportable payments to venders and	10	x	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (con	tinue	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	142			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ırns?		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		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial			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	Acco	unts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	action	?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to					
	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	ions o	r			
	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	good	S			
	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 w					
	required to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		-		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization appropriate transport of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of the contribution of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, boats, airplanes, or other vehicles, did the organization of cars, airplanes, airpla			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintai		=			
9	sponsoring organization have excess business holdings at any time during the year?			8		
	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any tayable distributions under section 49662			9a		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:			30		
а	1 1 1 1 1	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:	100				
··		11a				
b	Gross income from members or snareholders Gross income from other sources. (Do not net amounts due or paid to other sources	Πū				
~	and at any and a day and a street thought	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo		41?	12a		
b		12b	*			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	le the approximation licensed to increase wildfield health plane in many them are 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		13c				
14a	Did the expeniention receive any neumants for indeer tenning continue during the tay year?			14a		Х
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 remund					
	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	me?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage					
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and fo	ra"N	Vo"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See	instru	iction
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following] :		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	<u>ie Co</u>		
			Yes	No
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b				
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		.
a	The organization's CEO, Executive Director, or top management official	15a	v	X
b	Other officers or key employees of the organization	15b	Х	
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a		400		v
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		X
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16h		
500	organization's exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed 11. SC			
17 18	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)			
18				
	(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)			
10				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records u			
	AMES WENTWORTH 10 PINCKNEY COLONY RD			
		-68	9-2	61 R

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	nd
	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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

DIRECTOR	(A) Name and title	(B) Average hours per week	box	c, unle cer ar	ess per nd a c	ition more rson	than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
(1) CHRIS PROTZ 0.00 DIRECTOR 0.00 (2) BRUCE ANDREWS 2.00 DIRECTOR 0.00 X 0.00 X 0.00 D (3) DIANE BARTLETT 2.00 VICE PRESIDENT 0.00 X 0.00 X 0.00 D O (4) JACQUELYN BOWLER DIRECTOR 0.00 X 0.00 X 0.00 D O (5) RAMONA CHILDERS 2.00 DIRECTOR 0.00 X 0.00 D DIRECTOR 0.00 D DIRECTOR 0.00 X 0.00 D DIRECTOR 0.00 D DIRECTOR 0.00 X 0.00 D DIRECTOR 0.00 D DIRECTOR 0.00 D DIRECTOR 0.00 X 0.00 D DIRECTOR 0.00 D D D D D D D D D D D D D		hours for related organizations below	Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	1099-MISC/	1099-MISC/	organization and
DIRECTOR 0.00	(1) CHRIS PROTZ										
DIRECTOR O.00 X O O O								х	123,800	0	0
DIRECTOR 0.00 X 0 0 0 0	(2) BRUCE ANDREWS										
O	·····································		v						0	0	0
VICE PRESIDENT		0.00	^						0	<u> </u>	<u> </u>
VICE PRESIDENT 0.00 X X X 0 0 0 (4) JACQUELYN BOWLER 2.00 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 (7) JEFFREY GRIME 2.00 0 0 0 0 0 0 DIRECTOR 0.00 X X 0 0 0 0 0 (8) SUSAN HENDERSON 2.00 0 0 0 0 0 0 (9) JOSEPH E. HUDSON 2.00 0 0 0 0 0 0 DIRECTOR 0.00 X 0 0 0 0 0 0 010 CAROL HUMPHREY 0	(9) = = = = = = = = = = = = = = = = = = =	2.00									
DIRECTOR 0.00 X 0 0 0		0.00	Х		Х				0	0	0
DIRECTOR 0.00 X 0 0 0 0	(4) JACQUELYN BOWLE										
Section Sect	DIRECTOR		X						0	0	0
DIRECTOR 0.00 X 0 0 0 0											
Column											
Director 0.00 X 0 0 0 0 0 0 0 0		0.00	X						0	0	0
DIRECTOR 0.00 X 0 0 0 0 0 (7) JEFFREY GRIME 2.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(6) LEE GARGIS										
COLUMN C	D-TD-T-CMOD		,,							•	
DIRECTOR 0.00 X X 0 0 0 0		0.00	<u>X</u>						0	0	0
DIRECTOR 0.00 X X 0 0 0 0 0 (8) SUSAN HENDERSON 2.00 DIRECTOR 0.00 X 0 0 0 0 0 0 (9) JOSEPH E. HUDSON 2.00 DIRECTOR 0.00 X 0 0 0 0 (10) CAROL HUMPHREY	(/)UEFFREI GRIME	2 00									
(8) SUSAN HENDERSON 2.00 DIRECTOR 0.00 X 0 0 0 (9) JOSEPH E. HUDSON DIRECTOR 0.00 X 0 0 0 (10) CAROL HUMPHREY	DIRECTOR		x		x				0	0	0
2.00 0 0 0 0 0 0 0 0											
(9) JOSEPH E. HUDSON 2.00 DIRECTOR 0.00 X 0 0 0 (10) CAROL HUMPHREY	.,										
2.00 0 0 0 0 0 0 0 0			X						0	0	0
DIRECTOR 0.00 X 0 0 0 0 (10) CAROL HUMPHREY	(9) JOSEPH E. HUDSO										
(10) CAROL HUMPHREY										_	
		0.00	X						0	0	0
2.00	(10) CAROL HUMPHREY	2 00									
SECRETARY 0.00 X X 0 0	SECRETARY		v		v				0	0	0
(11) HALL SUMNER, III			<u>^</u>							<u> </u>	<u> </u>
2.00											
PRESIDENT 0.00 X X X 0 0	PRESIDENT		x		X				0	0	0 Form 990 (2021)

Pai	T VII Section A. Officer	s, Directors, 11	ust	ees,	ney	EII	ipioy	ees	s, and highest Compens	ated Employees (continu	ea)			
	(A) Name and title	(B) Average hours per week	Position (do not check more than on box, unless person is both a officer and a director/trustee						(D) Reportable compensation from the	(E) Reportable compensation from related		(F) mated of oth	amount er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	org	from ti anizatio	he	S
(12) JAMES H. BRE	NNAN, II 2.00	I											
DIR	ECTOR	0.00	x						0	0				0
(13) ROBIN PRICE	2.00												
DIR	ECTOR	0.00	x						0	0				0
(14) MOLLIE SANDM													
DIR	ECTOR	2.00 0.00	x						0	0				0
(15) ROBERT SHIEL	DS												
DIR	ECTOR	2.00 0.00	$ _{\mathbf{x}}$						o	0				0
(16														
 TO E	ASURER	2.00 0.00	x		x				0	0				0
(17		EFORD	^		Λ					0				
	ECHOD	2.00	.							0				0
DIK	ECTOR	0.00	X						0	0				
1b	Subtotal							u	123,800					
c d	Total from continuation she Total (add lines 1b and 1c)							u u	123,800					
2	Total number of individuals (ir reportable compensation from	ncluding but not	limit	ed to						an \$100,000 of				
3	Did the organization list any for	ormer officer, d	irect	or, tr	uste	e, ke	ey er	nplo	oyee, or highest compensa	ted	Г		Yes	No
4	employee on line 1a? If "Yes, For any individual listed on lin	" complete Sche	dule	Jfc	or su	ch ii	ndivid	dual				3	Х	
7	organization and related orga													37
5	individual	1a receive or ac	crue	cor	 nper	 nsati	on fr	om a	any unrelated organization	or individual	·····	4		<u> </u>
Conti	for services rendered to the c		Yes,	," coi	mple	te S	chea	lule	J for such person			5		X
1	on B. Independent Contrac Complete this table for your f	ive highest com	pens	ated	inde	eper	dent	cor	ntractors that received more	e than \$100,000 of				
	compensation from the organ	ization. Report of (A) d business address	omp	ensa	ation	for	the c	aler		ithin the organization's tax (B) tion of services	year.		(C) mpensati	
	Name and	d business address							Descript	tion of services	-	Coi	mpensati	on
											\longrightarrow			
-														
											\longrightarrow			
												_		
				-	-									
2	Total number of independent										-			
	received more than \$100,000	of compansation	n fr	nm th	20.0	raan	izatio	nı	•	0				

Pa	irt V			of Revenue nedule O co		a resp	onse or not	te to any line in	this Part VIII		
						<u> </u>		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	nainns		1a						
g G	b	Membership du	es		1b						
Š, A	c	Fundraising eve	ents		1c						
ᆲ	d	Related organiz	ations		1d						
S, imi	e	Government grants (d			1e		147,723				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts n	, gifts, gi not includ	rants, led above	1f	2,	766,290				
Ĕδ	g	Noncash contributions lines 1a-1f			1g	¢					
200	h	Total. Add lines					u	2,914,013			
<u> </u>	<u></u>	Totali /taa iii loo	<i>,</i> 14 1	•			Business Code	, - ,			
e	2a	PROGRAM SE	ERVIC	E REVENUE			240000 0040	532,506	532,506		
≥ ′	b							17,200	-		17,200
Program Service Revenue	c	MEMBERSHIP						1,250	1,250		
eve	d							•	•		
5	e										
₫	f	All other progra									
	ı	Total. Add lines					u	550,956			
		Investment inco						-			
		other similar am	nounts)	•	•	u	198,619			198,619
	4	Income from inv	estme	ent of tax-exen	npt bon	d proceed	ds u				
	5	Royalties			•						
		•		(i) Real			Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incon	ne or ((loss)			u				
	7a Gross amount from			(ii) Other						
		other than inventory	7a								
ne	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
Re	С	Gain or (loss)	7c								
ē	d	Net gain or (los	s)				u				
Other	ı	Gross income from									
		(not including \$									
		of contributions re									
		1c). See Part IV, I	ine 18		8a	1,	273,599				
	b	Less: direct exp	enses	.	8b		249,510				
	С	Net income or (loss) f	from fundraisin	g even	ts	u	1,024,089			1,024,089
	9a	Gross income fi	rom ga	aming							
		activities. See P	art IV	, line 19	9a						
	b	Less: direct exp	enses	;	9b						
	С	Net income or (loss) f	rom gaming a	ctivities		u				
	10a	Gross sales of i	invent	ory, less							
		returns and allo	wance	es	10a						
	b	Less: cost of go	ods s	old	10b						
	С	Net income or (loss) f	rom sales of i	nventor	y	u				
<u>s</u>							Business Code				
e e	11a	MISCELLANE	ous					25,627			25,627
<u>a</u>	b	*************									
Miscellaneous Revenue	С										
≅ SiS	d	All other revenu									
		Total. Add lines	11a-	-11d			u	25,627			
	12	Total revenue.	See	instructions			u	4,713,304	533,756	0	1,265,535

Part IX Statement of Functional Expenses

20 Institution amounts reported on fines 6t) 20 Total expenses Program errords Program error	Sectio	Check if Schedule O contains a resp			отрієте соіитп (А).	
and carcelit government. See Part IV. Inc 21 Grants and other assistance to demostic individuals. See Part IV, line 22 Grants and other assistance to floreign organizations, foreign governments, and freeign individuals. See Part IV, lines 15 and 16 Benefitis paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of induded above in dispatilled persons described in section 4958(c)(3)(8) Compensation of induded above in dispatilled persons described in section 4958(c)(3)(8) Compensation of induded above in dispatilled persons described in section 4958(c)(3)(8) Compensation of induded above in dispatilled persons described in section 4958(c)(3)(8) Compensation of induded above in dispatilled persons described in section 4958(c)(3)(8) Compensation 401(k) and 403(k) employer conflictuoins of the seathers and warges Compensation 401(k) and 403(k) employer conflictuoins of the seathers and variety of the employee benefits Compensation 401(k) and 403(k) employer conflictuoins Compensation 401(k) and 403(k) employ		ot include amounts reported on lines 6b, 7		(B) Program service	Management and	(D) Fundraising expenses
2 Grants and other assistance to domestic individuals. See Part IV, line 12 and firety individuals. See Part IV, line 15 and 16 person described in section 4958(0)(1) and person described in 4958(0) and person 4958(0)(1) and 4930(1) employer contributions (notice section 40(1)) and 4930(1) employer contributions (notice secti		·		·		·
individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lins 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation of current officers, directors, trustees, and key employees Compensation and included above to disqualified persons (as other work) and persons described in section 4998((7)) and persons described in the section 4998((7)) and persons described in the section 4998((7)) and 4						
3 Graits and other assistance to freeign apparators, robing poternoise, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation in clincided above to disqualified persons (as defined under section 4958(0)(0)) and possors described in section 4958(0)(0) and disple employee contributions (include section 4010) and 4030b employer contributions) 9 Other employee benefits 1 Feas for services (nonemployees): 1 Feas for services (nonemployees): 2 Payroll taxes 1 164,798 1 134,147 3 0,651 1 Feas for services (nonemployees): 3 Management b Legal 1 Legal 1 Legal 1 Legal 2 Accounting 1 Lobbying 2 Princissonal fundraking services. See Part IV, line 7 Investment management fees 9 (initial file file granul excess): 10% of the 25, column (N) amort, it is frag services of Schelar (1). 1 Accounting 1 Lobbying 1 Lobbying 2 Accounting 1 Lobbying 2 Investment that granules cocks: 10% of the 25, column (N) amort, it is frag services of Schelar (1). 2 Accounting 1 Lobbying 2 Information technology 3 Lobbying 4 Information technology 5 Reyaltes 6 Compenses 6 Conferences, conventions, and meetings 1 Interest 1 Legal 1 Lega						
Comparizations, foreign queerments, and foreign individuals. See Part IV, lines 15 and 16						
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6 Compensation not included above to disqualified persons (as defined under section 4958(p(3))) and persons discribed in section 4958(p(3)) and persons discribed in section 4958(p(3)) and 4958(p(3)) an		· I				
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Section 401(k) and 403(h) employer contributions 221,422			2,076,923	1,429,771	370,054	277,098
Other employee benefits	8	Pension plan accruals and contributions (include				
10 Payroll taxes						
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b Legal c Accounting d Lobbyring e Professional fundraising services. See Part IV, line of fundership for the professional fundraising services. See Part IV, line of fundership for the professional fundraising services. See Part IV, line of fundership for the professional fundraising services. See Part IV, line of fundership for the professional fundraising and promotion of the professional fundraising and fundraising solicitation. Check here up of the professional fundraising solicitation. Ch		· · · · · · · · · · · · · · · · · · ·				
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organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here u if		Total functional expenses. Add lines 1 through 24e	3,857,207	2,890,219	654,946	312,042
following SOP 98-2 (ASC 958-720)		organization reported in column (B) joint costs from a combined educational campaign and				

Р	art 2	X Balance Sheet Check if Schedule O contains a response or not	te to any	line in this Part X			П
		Officer in Octional O Contains a response of no	ic to arry		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,900,533	1	2,376,956
	2	Savings and temporary cash investments			-	2	
	3	Pledges and grants receivable, net		·····	130,413	3	115,776
	4	Accounts receivable, net	l l	48,023	4	-	
	5	Loans and other receivables from any current or form			-		
		trustee, key employee, creator or founder, substantial					
		controlled entity or family member of any of these per	sons			5	
	6	Loans and other receivables from other disqualified p					
ts		under section 4958(f)(1)), and persons described in s	section 49	958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net				7	
Ÿ	8	Inventories for sale or use		·····		8	
	9	Prepaid expenses and deferred charges		·····	36,565	9	22,355
	10a	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	9,456,199			
	b	Less: accumulated depreciation	10b	5,105,195	4,096,815	10c	4,351,004
	11	Investments—publicly traded securities			4,398,601	11	4,351,004 4,869,024
	12	Investments—other securities. See Part IV, line 11			-	12	-
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			17,363	15	
	16	Total assets. Add lines 1 through 15 (must equal line			11,628,313	16	11,735,115
	17	Accounts payable and accrued expenses			38,027	17	11,735,115 116,215
	18	Grants payable	l l	•	18		
	19	Deferred revenue	53,500	19	31,177		
	20	Tax-exempt bond liabilities	•	20			
	21	Escrow or custodial account liability. Complete Part IV			21		
S	22	Loans and other payables to any current or former of					
Liabilities		trustee, key employee, creator or founder, substantial					
apil		controlled entity or family member of any of these per				22	
Ë	23	Secured mortgages and notes payable to unrelated the	nird partie	es		23	
	24	Unsecured notes and loans payable to unrelated third				24	
	25	Other liabilities (including federal income tax, payables	•				
		parties, and other liabilities not included on lines 17-2					
		of Schedule D			104,807	25	112,816
	26	Total liabilities. Add lines 17 through 25			196,334		260,208
'n		Organizations that follow FASB ASC 958, check			-		-
Ç		and complete lines 27, 28, 32, and 33.					
Fund Balances	27	Al () () () () () () ()			9,543,801	27	9,864,592
B	28				1,888,178	28	9,864,592 1,610,315
pur		Organizations that do not follow FASB ASC 958,	check h	ere u	•		
		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current funds			29		
ets	30	Paid-in or capital surplus, or land, building, or equipm				30	
Assets	31	Retained earnings, endowment, accumulated income,	or other	funds		31	
Net /	32	Total and annotation found belonger			11,431,979	32	11,474,907
Z	33	Total liabilities and net assets/fund balances			11,628,313	33	11,735,115

Form **990** (2021)

orm	990 (2021) BOYS & GIRLS CLUBS OF THE 57-0811876			Page 1	12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			black
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,7	13,30	4
2	Total expenses (must equal Part IX, column (A), line 25)	2		57 , 20	
3	Revenue less expenses. Subtract line 2 from line 1	3		56 , 09	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		31,97	
5	Net unrealized gains (losses) on investments	5	-8	13,16	9
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	11,4	74 , 90'	<u>7</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>	
				Yes N	0
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 on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u> </u>
	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	<u> </u>	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis 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	$\perp \perp$	_
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	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	$\perp \perp \perp$	
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	<u> </u>	3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

BOYS & GIRLS CLUBS OF THE

LOWCOUNTRY - TNC - 57

Employer identification number 57-0811876

Pa	art l	Reas	on for Public Charity	/ Status. (All organization	ns mus	t comp		uctions.
			-	se it is: (For lines 1 through 12			· /	
1	ΓĬ		•	sociation of churches described	•	•	,	
2	П	•	·)(A)(ii). (Attach Schedule E (Fo		•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
3	П			rice organization described in s			A)(iii).	
4	Н	-		d in conjunction with a hospita				e hospital's name.
-	ш	city, and stat						,
5		•		of a college or university owne	d or oper	ated by a	governmental unit described	in
-	ш	_	(b)(1)(A)(iv). (Complete Pa	-			. 9	
6				governmental unit described in	section	170(b)(1)(A)(v).	
7	X	-	on that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support f	from a go	vernment	al unit or from the general pu	blic
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Pa	art II.)			
9		-	_	scribed in section 170(b)(1)(A of agriculture (see instructions)			-	=
10		An organizat receipts from support from	activities related to its exer gross investment income a	npt functions, subject to certain d unrelated business taxable 30, 1975. See section 509(a)(exceptio income (I	ns; and (ess secti	 no more than 331/3% of its on 511 tax) from businesses 	
11		. ,	· ·	exclusively to test for public sa	, , ,		,	
12	П	•	•	exclusively for the benefit of, to	•			rposes of
	_	•	•	tions described in section 509	•			•
		the box on lir	nes 12a through 12d that de	escribes the type of supporting	organizati	on and c	omplete lines 12e, 12f, and 12	<u>2g</u> .
	а	the supp	orted organization(s) the por	perated, supervised, or controlle wer to regularly appoint or elec	t a majori			giving
			= =	complete Part IV, Sections A				
	b	control of	management of the suppo	upervised or controlled in conn rting organization vested in the e Part IV, Sections A and C.				•
	С	Type III	functionally integrated. A	supporting organization operatistructions). You must comple				d with,
	d		• , , ,	ed. A supporting organization of				zation(s)
	u	that is no	ot functionally integrated. Th	e organization generally must smust complete Part IV, Secti	satisfy a	distributio	n requirement and an attentive	` '
	е	_ ·	,	ceived a written determination f				
			3	on-functionally integrated suppo				
	f	Enter the nu	mber of supported organiza	tions				
	g	Provide the f	ollowing information about	the supported organization(s).				
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the disted in you docur	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				abore (650 monacae.is))	Yes	No	in our doubling)	indiadalono)
(A)								
(B)								
(C)								
(D)								
(E)								

Page 2

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,132,459	1,768,972	2,100,190	2,883,871	2,689	,336	11,574,828
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	68,600	65,600	66,600		,600	325,000
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	2,190,059	1,837,572	2,165,790	2,950,471	2,755	,936	11,899,828
	shown on line 11, column (f)							1,576,542
6	Public support. Subtract line 5 from line 4.							10,323,286
	tion B. Total Support				ı			
Caler	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202		(f) Total
7	Amounts from line 4	2,190,059	1,837,572	2,165,790	2,950,471	2,755	,936	11,899,828
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	214,797	290,340	101,496	94,826	114	,167	815,626
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.)	1,189,608	1,372,216	1,061,722	1,238,307	1,299	,226	6,161,079
11	Total support. Add lines 7 through 10							18,876,533
12	Gross receipts from related activities, etc.	. (see instructions)					12	3,177,997
13	First 5 years. If the Form 990 is for the	organization's first,						
	organization, check this box and stop he	ere						>
Sec	tion C. Computation of Public	Support Perce	ntage					
14	Public support percentage for 2021 (line	6, column (f) divide	d by line 11, colur	mn (f))			14	54.69 %
15	Public support percentage from 2020 Sch	nedule A, Part II, lir	ne 14			l	15	58.49 %
16a	33 1/3% support test—2021. If the orga				s 33 1/3% or more	e, check this	i	
	box and stop here. The organization qua							► X
b	33 1/3% support test—2020. If the orga				e 15 is 33 1/3% or	more, chec	k	
	this box and stop here. The organization		• • • • •					▶ ⊔
1/a	10%-facts-and-circumstances test—2	-						
	10% or more, and if the organization me				-			
	Part VI how the organization meets the forganization							▶ □
b	10%-facts-and-circumstances test—2	020. If the organization	ation did not check	a box on line 13,	16a, 16b, or 17a,	and line		
	15 is 10% or more, and if the organization				-	-		
	in Part VI how the organization meets the	e facts-and-circums	stances test. The	organization qualifi	es as a publicly s	upported		. —
	organization							▶ ∐
18	Private foundation. If the organization of	lid not check a box	on line 13, 16a, 1	6b, 17a, or 17b, cl	heck this box and	see		
	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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) u	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(5) 2010	(0) 2010	(u) 2020	(0) 2021	(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 on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he			•		. , . ,	▶ □
Sec	tion C. Computation of Public		entage		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	
15	Public support percentage for 2021 (line 8			umn (f))		15	%
16	Public support percentage from 2020 Sch						%
Sec	tion D. Computation of Investm	nent Income F	Percentage				
17	Investment income percentage for 2021			13, column (f))		17	%
	nvestment income percentage from 2020	Schedule A, Part I	II, line 17			18	%
19a	33 1/3% support tests—2021. If the org	anization did not o	check the box on l	ne 14, and line 15	is more than 33	1/3%, and line	
	17 is not more than 33 1/3%, check this b	=	=			=	▶ ⊔
b	33 1/3% support tests—2020. If the org						
	line 18 is not more than 33 1/3%, check t		-	-		-	. \square
20	Private foundation. If the organization of	lid not check a box	x on line 14, 19a,	or 19b, check this	box and see instr	uctions	▶

Supporting Organizations Part IV

(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

- 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 box 12a or 12b in Part I, answer lines 4b and 4c 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).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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.)

		Yes	No
	1		
	·		
	_		
	2		
	3a		
	3b		
	30		
	3с		
	4a		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	7		
	8		
	9a		
	9b		
	9с		
	30		
	10a		
	10b		
che	dule A	(Form 9	90) 2021

	t IV Supporting Organizations (continued)			i ago o
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	on 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			
<u> </u>	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	I		
			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	2		
2	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on 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 instruction	15)		
a	The organization satisfied the Activities Test. Complete line 2 below.	.07.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance)	structio	ns).	
2	Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

emergency temporary reduction (see instructions).

(see instructions).

Sched Par	ule A (Form 990) 2021 BOYS & GIRLS CLU Type III Non-Functionally Integrated 509(a)(57-0811 izations (continued)	
	tion D – Distributions	o, capporang organ	<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	nization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
	From 2017			
С	From 2018			
	From 2019			
	From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
-	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
•	and 4c.			
8	Breakdown of line 7:			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

 	Supplemental III, line 12; Part IB, lines 1 and 2; 3a, and 3b; Part lines 2, 5, and 6	IV, Section A, Part IV, Secti V, line 1; Part J. Also comple	lines 1, 2, 3b, ion C, line 1; I t V, Section B te this part fo	3c, 4b, 4c, Part IV, Sec , line 1e; Pa r any addition	5a, 6, 9a, 9b, tion D, lines 2 art V, Section D	9c, 11a, 11b, a and 3; Part IV,), lines 5, 6, and	nd 11c; Part IV, Section E, lines d 8; and Part V,	Section 1c, 2a, 2b,
Part II	, Line 10	- Otner	Income D	etall				
MISC				\$	4,982,15	3		
FUNDRAI	SING			\$	1,178,92	6		

BOYS & GIRLS CLUBS OF THE

57-0811876

Page 8

DAA Schedule A (Form 990) 2021

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

u Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

u Go to www.irs.gov/Form990 for the latest information. Employer identification number Name of the organization 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), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2021)

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
.1		\$ 250,000	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
2		\$ 196,346	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
3		\$ 180,946	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
4		\$ 157,000	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
5		\$ 111,100	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
6		\$ 103,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

BOYS & GIRLS CLUBS OF THE

Part I	art 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		\$ 102,000	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		\$ 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				
9		\$ 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a)	(b)	(c)	(d)				
10	Name, address, and ZIP + 4	Total contributions \$ 72,451	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		\$ 69,491	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		\$ 66,167	Person X Payroll Noncash (Complete Part II for noncash contributions.)				

BOYS & GIRLS CLUBS OF THE

BOYS	& GIRLS CLUBS OF THE	57	<u>-0811876</u>
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
13		\$ 60,000	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
		\$	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.)
(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)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
·		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury

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.

Open to Public

Internal Revenue Service

Inspection

OMB No. 1545-0047

	of the organization		Employer identification number	
	OYS & GIRLS CLUBS OF THE		F7 00110F6	
	OWCOUNTRY, INC. Int I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	57-0811876	
Г	Complete if the organization answered "Yes" or	n Form 990. Part IV. line 6.	or Accounts.	
	Genipiote ii iiio organii anonoroa ii oo or	(a) Donor advised funds	(b) Funds and other accoun	nts
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	nat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	cclusive legal control?	Yes	s No
6	Did the organization inform all grantees, donors, and donor advisors i			_
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		
	conferring impermissible private benefit?		Yes	s No
Pa	art II Conservation Easements.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply).		
	Preservation of land for public use (for example, recreation or ed	'H		
	Protection of natural habitat	Preservation of a certified hi	istoric 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 cor		
	easement on the last day of the tax year.		Held at the End of the	ne Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		. 2b	
С	Number of conservation easements on a certified historic structure in		. 2c	
d	Number of conservation easements included in (c) acquired after 7/25	5/06, and not on a		
_			2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organization	zation during the	
	tax year u			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo		☐ Yes	s 🗆 No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling		🗀	ы Пио
0		of violations, and emorcing conservation	reasements during the year	
7	Amount of expenses incurred in monitoring, inspecting, handling of vi	inlations, and enforcing concentration and	comente during the year	
′		iolations, and enforcing conservation eas	sements during the year	
Q	u \$	y the requirements of section 170/h)(4)(F	3)(i)	
Ü	and section 170(h)(4)(B)(ii)?			s \square No
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.	<u> </u>		
Pa	art III Organizations Maintaining Collections of Ar		er Similar Assets.	
	Complete if the organization answered "Yes" or			
1a	If the organization elected, as permitted under FASB ASC 958, not to	report in its revenue statement and bala	ance sheet works	
	of art, historical treasures, or other similar assets held for public exhib	bition, education, or research in furtheran	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			
	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		provide the	
	following amounts required to be reported under FASB ASC 958 relative			
а	Revenue included on Form 990, Part VIII, line 1		u \$	
b	Assets included in Form 990, Part X		u \$	

Part VI Land, Buildings, and Equipment.

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

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

complete in the organization and record from coopy and the first coopy and the								
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value				
1a Land	(275,977	'	275,977				
b Buildings		7,594,467		3,381,188				
c Leasehold improvements		448,664		436,187				
d Equipment		892,029	704,949	187,080				
e Other		245,062	174,490	70,572				
Total. Add lines 1a through 1e. (Column (d) mus	4,351,004							

Schedule D (Form 990) 2021

Schedule D (F	Form 990) 2021 BOYS & GIRLS CLUBS OF	THE	57-0811876	Page 3
Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" or	Form 990, Part IV,	line 11b. See Form 990	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of va	
(1) Financial	derivatives			
	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(F)</u>				
(G)				
	(h)(D) liss 40)			
Part VIII	n (b) must equal Form 990, Part X, col. (B) line 12.) u Investments – Program Related.			
rait VIII	Complete if the organization answered "Yes" or	Form 990 Part IV	line 11c See Form 990	Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of va	
		(4, 44	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets. Complete if the organization answered "Yes" or	Form 000 Part IV	line 11d See Form 000	Part V line 15
	(a) Description	11 OIIII 990, Fait IV,	ille 11d. See Folli 990	(b) Book value
(1)	(a) Societion			(b) Book Value
(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.	- Farres 000 Dart IV	line 44e en 44f Cee Fee	000 Dawl V
	Complete if the organization answered "Yes" or line 25.	1 Form 990, Part IV,	line The or Th. See For	m 990, Pan X,
1.	(a) Description of liability			(b) Book value
_ (/	income taxes			
	ries Payable			70,762
	ied Expenses			42,054
(4)				
(5)				
(6)				
<u>(7)</u>				
(8) (9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		u	112,816
	uncertain tax positions. In Part XIII, provide the text of the for	otnote to the organization'		

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

Sche	dule D (Form 990) 2021 BOYS & GIRLS CLUBS OF THE		57-081187	5	Page 4
Pa	Irt XI Reconciliation of Revenue per Audited Financial Stater	ments Wi	th Revenue per	Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part IV,	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	3,966,735
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-813,169		
b	Donated services and use of facilities	2b	66,600		
С	Recoveries of prior year grants	2c			
d		2d			
е	Add lines 2a through 2d			2e	-746,569
3	Subtract line 2e from line 1			3	4,713,304
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	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,713,304
Pa	art XII Reconciliation of Expenses per Audited Financial State	ements V	/ith Expenses p	er Ret	urn.
	Complete if the organization answered "Yes" on Form 990,				
1	Total expenses and losses per audited financial statements			1	3,923,807
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	66,600		
b		2b			
С					
d	Other (Describe in Part XIII.)	2d			
	Add lines 2a through 2d			2e	66,600
3	Subtract line 2e from line 1			3	3,857,207
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			
	Add lines 4a and 4b			4c	

Part XIII Supplemental Information.

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

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 a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code and classified by the Internal Revenue Service as other than a private foundation. Management has determined that the Organization does not have any uncertain tax positions and associated unrecognized benefits that materially impact the financial statements or related disclosures. Since tax matters are subject to some degree of uncertainty, there can be no assurance that the Organization's tax return will not be challenged by taxing authorities and that the Organization will not be subject to additional tax, penalties, and interest as a result of such challenge. Generally, the Organization's tax returns remain open for three years

3,857,207

Schedule D (Form 990)	2021	BOYS	& GIRL	S CLUE	SS OF	THE		57-08118	76	Page 5
Part XIII	Suppl	emen	tal Infor	mation (co	ontinued)						
subsec	quent	to	their	filing	g for	exami	nation	by	government	authorities	•
• • • • • • • • • • • • • • • • • • • •											
• • • • • • • • • • • • • • • • • • • •											

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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

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 Inspection

nis parting acting acting of normal of government to the control of the control o	art. ivities n-gov vernm ng ev uding ession agree di fund- have dy or ol of titions?	vered "Yes" on Formula and the control of the contr	tees, s?	Yes No (vi) Amount paid to (or retained by)
of nor of government of government of government to government governmen	ivities n-gov vernm ng ev uding ession agree d fund- have dy or ol of tions?	rernment grants nent grants rents officers, directors, trust nal fundraising services rements under which the	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
of noi of governments of governments of l (inclused in professional to liii) Did raiser custod controcontribut	n-gov vernming ev uding ession agree d fund- have dy or ol of tions?	rernment grants nent grants rents officers, directors, trust nal fundraising services rements under which the	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
of government of government to (iii) Did raiser custod contribut	uding ession agreed fundhave by or bl of tions?	nent grants rents officers, directors, trust nal fundraising services ements under which the	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
draisir I (inclu h profi ant to (iii) Did raiser custod contribui	iding ession agreed thave by or boll of tions?	officers, directors, trust nal fundraising services ements under which the	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
l (inclu h profe ant to (iii) Did raiser custod contribut	agreed fund-have by or bill of tions?	officers, directors, trust nal fundraising services ements under which the (iv) Gross receipts	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
(iii) Did raiser custod contribut	agree d fund- have dy or ol of tions?	nal fundraising services ements under which the (iv) Gross receipts	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
(iii) Did raiser custod contribut	agree d fund- have dy or ol of tions?	nal fundraising services ements under which the (iv) Gross receipts	e fundraiser is to be (v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
(iii) Did raiser custod contro contribut	fund- have dy or of of tions?	(iv) Gross receipts	(v) Amount paid to (or retained by) fundraiser listed in	(or retained by)
raiser custod contro contribut	have dy or of of tions?		(or retained by) fundraiser listed in	(or retained by)
Yes	No		coi. (i)	organization
	- 1			
 				
1 1	▶			
contrik	oution	s or has been notified	it is exempt from	
	contril	Yes No		Yes No

Schedule G (Form 990) 2021 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 SPORTING EVENT (add col. (a) through col. (c)) (event type) (event type) (total number) 950,826 203,133 115,590 1,269,549 1 Gross receipts 2 Less: Contributions 3 Gross income (line 1 minus 950,826 203,133 115,590 1,269,549 line 2) 4 Cash prizes 5 Noncash prizes 6 Rent/facility costs Expenses 7 Food and beverages 8 Entertainment 158,941 50,035 28,094 237,070 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 237,070 1,032,479 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	dule G (Form 990) 2021 BOYS & GIRLS CLUBS OF THE 57-0811876			Page 3
11	Does the organization conduct gaming activities with nonmembers?		, I	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:			_
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			
	7.44.000 62			
15a	Does the organization have a contract with a third party from whom the organization receives gaming			
Iou			П,	Yes No
h	If "Yes," enter the amount of gaming revenue received by the organization u \$ and the		Ш	103 🗀 110
b	amount of gaming revenue retained by the third party u \$			
_	If "Yes," enter name and address of the third party:			
C	in res, enter name and address of the third party.			
	Nome va			
	Name u			
	A delegan			
	Address u			
40	Oranica management informations			
16	Gaming manager information:			
	Name u			
	Gaming manager compensation u \$			
	Description of services provided ${f u}$			
	Director/officer			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		П.	🗆
_	retain the state gaming license?		Ш	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 \$	/:::\ - ·-	-1 (-)	
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 i	niorm	ation	
	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.

| 2021

OMB No. 1545-0047

Open to Public

Inspection

u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUBS OF THE

Employer identification number 57-0811876

LOWCOUNTRY, INC.

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 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 1b explain 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? 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 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? X **b** Participate in or receive payment from a supplemental nonqualified retirement plan? Х c Participate in or receive payment from an equity-based compensation arrangement? 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a Х **b** Any related organization? If "Yes" on line 5a or 5b, describe in Part III. 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: Х **a** The organization? 6a X **b** Any related organization? If "Yes" on line 6a or 6b, describe in Part III. 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 X 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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.

	(B) Breakdown of W-2	and/or 1099-MISC and/or 1		(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)		
CHRIS PROTZ (i)	· · · · · · · · · · · · · · · · · · ·	0	0	0		 		
1 DIRECTOR (iii	0	0	0	0	0	0	0	
(i)	•							
(i)								
3 (")								
_4 (i)								
(1)								
5 (r.								
_6 (ii)	• · · · · · · · · · · · · · · · · · · ·							
(i) 7								
(i) 8								
(i)								
(i)	•							
(i)	•							
(i)							_	
12 (ii)	•							
(i) 13								
(i) 14								
(i)								
(i)								
16 (ii	•							

Schedule J (F	orm 990) 2021	BOYS &	GIRLS CLUE	SS OF THE	57	7-0811876			Page 3
Part III	Suppleme	ntal Informa	GIRLS CLUE						
Provide the	information	explanation,	or descriptions re	equired for Part I	, lines 1a, 1b, 3,	, 4a, 4b, 4c, 5a, 5	b, 6a, 6b, 7, and	B, and for Part II.	Also complete this part
for any add	ditional inforr	nation.	-	•					
•									
• • • • • • • • • • • • • • • • • • • •									

SCHEDULE 0 (Form 990)

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 Form 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 CI	LUBS FOR PROGRAM ACTIVITIES,
CLUB ADMINISTRATION, AND FUNDRAISING EFFORTS.	
Form 990, Part VI, Line 11b - Organization's P	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 Pro	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 reviews	s information and makes
decisions accordingly. Annual evaluations are	e performed on all employees
Form 990, Part VI, Line 19 - Governing Docume	nts Disclosure Explanation
Verbal or written requests and the information	i 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.

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

2021
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

Part I Identification of Disregarded Entities. Complete if the	e organization a	nswered "Yes" o	on Form 990, Pa	art IV, line 33	3.		
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	le (state Total	(d) income	(e) End-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	complete if the end of the second	e organization a	nswered "Yes" o	n Form 990,	Part IV, line 34, be	ecause 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 stat (if section 501(c)(Section 5 controlled	1) 12(b)(13) d entity?
(1) BOYS & GIRLS CLUBS OF AMERICA						100	
1275 PEACHTREE ST NE 13-5562976 ATLANTA GA 30309-3506	YOUTH DEVE	DC	501C	10	N/A		x
(2)							
(3)							
(4)							
(5)			1				

Schedule R (Form 990) 2021 BOYS & GIRLS CLUBS OF THE 57-0811876 Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) (c) (e) Predominant (g) (h) (i) (j) (k) Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Dispro-Code V-UBI General or Percentage income (related, related organization entity year assets ownership income domicile portionate amount in box 20 managing unrelated, (state or alloc.? of Schedule K-1 partner? excluded from foreign (Form 1065) tax under country) sections 512-514) Yes No Yes No (1) (2) (3) (4) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (c) (f) (g) (h) Section Legal domicile Direct controlling Name, address, and EIN of related organization Primary activity Share of total Share of Type of entity Percentage 512(b)(13) income end-of-year assets ownership (state or (C corp, S corp controlled foreign country) or trust) entity? Yes No (1) (2) (3) (4)

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one	or more related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a		Х
b Gift, grant, or capital contribution to related organization(s)				1b		Х
c Gift, grant, or capital contribution from related organization(s)				1c		Х
d Loans or loan guarantees to or for related organization(s)				1d		Х
e Loans or loan guarantees by related organization(s)				1e		Х
f Dividends from related organization(s)				1f		Х
g Sale of assets to related organization(s)				1g		Х
h Purchase of assets from related organization(s)				1h		Х
i Exchange of assets with related organization(s)				1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
I Performance of services or membership or fundraising solicitations for related organization(s)			11		х
m Performance of services or membership or fundraising solicitations by related organization(s))			1m		х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		Х
Sharing of paid employees with related organization(s)				10		х
p Reimbursement paid to related organization(s) for expenses				1р		Х
q Reimbursement paid by related organization(s) for expenses				1q		Х
r Other transfer of cash or property to related organization(s)				1r		Х
s Other transfer of cash or property from related organization(s)				1s		Х
2 If the answer to any of the above is "Yes," see the instructions for information on who must of	complete this line, including cover	ered relationships and trans	saction thresholds.			
(a)	(b)	(c)	(d)			
Name of related organization	Transaction	Amount involved	Method of determining am	ount invol	ved	
	type (a-s)					
(1)						
(2)						
(3)						
(4)						
(5)						
(0)						
(6)						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	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	
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Sched	lule R (F	orm 990) 2021	BOY	S &	GIRLS	CLUBS	OF	THE		57-0811876	Page 5
	t VII	Suppleme Provide ad	ntal Ir Iditiona	nforma I inform	tion. nation for	response	s to c	questions	on Schedule	R. See instructions.	

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				
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 program 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)(d) and 501(c)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,333,716 including grants of \$) (Revenue \$ The purpose of contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	1 Briofly			te to any line in this Fait in	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E27 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? If "Yes," describe these changes on Schedule O. 4 Describe the organization program service accomplishments for each of list three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 2,333,716 including grants of \$) (Revenue \$ The purpose of contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A					
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If "Ves," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program 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 contributing to the quality of life and well being of disadvantaged youth from the ages of 6 to 18. Provide social, recreational, and sports facilities under adult supervision and by providing behavioral guidance. 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A	prior Fo	orm 990 or 990-EZ?			Yes X No
services?	If "Yes	describe these new services or	Schedule O.		
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4b (Code:) (Expenses \$ including grants of \$) (Revenue \$\$ N/A	provi	ding behavioral			
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	4d Other	ornaram services (Describe on S	chedule ())		
Ad Other program services (Describe on Schedule O.)	-) (Ravanua \$	1
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			2,333,716	, (Nevenue ψ	,
Ad Other program convices (Describe on Schedule O.)	-			\ /Davaa •	\
) (Revenue \$	
(Expenses \$ including grants of \$) (Revenue \$)	-το rotal p	ogiani odivido expenses u	2,333,1±0		

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. Bert 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 around an other arounds to be for describing in this ideals are		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			
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? Х 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.						_	o	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. 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	, unle	Pos check ess pe	more rson i	than o	n an	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations		(F) mated a of other	er ation	
	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)		janizatio		
(12) JAMES H. BRE	2.00												•
DIRECTOR (13) ROBIN PRICE	2.00	X						0	0				0
DIRECTOR	0.00	x						0	0				0
(14) MOLLIE SANDM	AN 2.00 0.00	x						0	0				0
(15) ROBERT SHIEL	DS .	21											
DIRECTOR	2.00 0.00	x						0	0				0
(16) HAL SUTTON TREASURER	0.00	x		x				0	0				0
	EFORD	^						0	0				
DIRECTOR	2.00 0.00	x						0	0				0
1b Subtotal							u	106,941					
c Total from continuation she d Total (add lines 1b and 1c)							u u	106,941					
Total number of individuals (ir reportable compensation from	ncluding but not	limit	ed to	tho	se li	sted			an \$100,000 of			V l	
3 Did the organization list any for employee on line 1a? If "Yes	ormer officer, d	irecto	or, tr	uste or su	e, ke ch ir	ey er	mplo dual	yee, or highest compensa	ted		3	Yes	No
employee on line 1a? <i>If "Yes,</i> 4 For any individual listed on line organization and related organization and related organization."	nizations greate	r tha	n \$1	150,0	000?	If "Y	es,'	complete Schedule J for			4		х
individual5 Did any person listed on line	1a receive or ac	crue	cor	nper	ısatio	on fro	om a	any unrelated organization					
for services rendered to the contract Section B. Independent Contract		Yes,	" coi	mple	te S	chea	lule	J for such person			5		X
Complete this table for your fi compensation from the organi	ive highest comp									. voor			
	(A) business address	στιμ	G1130	auom	101	uie c	Jaiei		(B) tion of services	year.	Cor	(C) npensatio	 on
2 Total number of independent	contractors (incl	udin	g hu	t not	limi	ted t	n th	ose listed above) who					
received more than \$100,000									0				

Pa	irt V			of Revenue nedule O con	tains	a response or i	note to any line in	this Part VIII		
		- Check II	- 001	iodalo o con	tall 10	a respense or r	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts st	12	Federated camp	naian		1a					
ira oui	h	Membership du			1b					
s, C Am	6	Fundraising eve			1c					
3ift ar	٦ ا	Related organiz			1d					
ii,	ŭ	Government grants (d			1e	181,51	5			
r Sign	f	All other contributions,					_			
buti	-	and similar amounts n			1f	2,982,69	6			
ĘÒ	a	Noncash contributions	include	d in lines 1a-1f	1g		-			
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add lines					3,164,211			
						Business Co				
e G	2a	PROGRAM SE	ERVIC	E REVENUE			468,495	468,495		
ë Zi	b	BRIDGES RE	NTAL	INCOME			29,580			29,580
Program Service Revenue	С	MEMBERSHIP	DUE	ES			2,588	2,588		
ran Reve	d									
rog F	e									
Δ.	f	All other program								
	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	1			
	5	Royalties				u	ı			
				(i) Real		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental inc. or (loss)	6с							
	d	Net rental incom	ne or	(loss)		u	ı			
	l la	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							
	ı	Gain or (loss)	7с							
ther	ı	Net gain or (loss				u	L			
δ	8a	Gross income from		raising events						
		(not including \$								
		of contributions re		on line 1c).	_	764 50				
	١.	See Part IV, line 1			8a	764,58				
		Less: direct exp			8b	102,15	CC2 430			662,430
	ı			_	event	s u	002,430			002,430
	ya	Gross income from	-	ing activities.	0-					
		See Part IV, line 1			9a 9b					
		Less: direct exp Net income or (
	ı	Gross sales of i	•		ivilles	u	L			
	IVa	returns and allo		00	10a					
	h	Less: cost of go			10a					
	ı	Net income or (' u				
·C		. NOT INCOMINE OF	.000)	Jaics of and	or itory	Business Co				
Miscellaneous Revenue	11a	MISCELLANE	OUS				43,037			43,037
ane	b	*								==,::
	c									
Ais R	d	All other revenu								
_	ı	Total. Add lines					43,037			
		Total revenue.					4 44		C	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	•		omplete 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			САРСПОСО	general expenses	скропосо
	and domestic governments. See Part IV, line 21				
2	_				
	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		1,697,003	1,193,414	268,308	235,281
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	149,260	84,485	34,758	30,017
10	Payroll taxes	134,159	112,997	21,162	
11					
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 12	7			
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	180,198	16,804	163,394	
12	Advertising and promotion	13,749	10,175	526	3,048
13	· · · · · · · · · · · · · · · · · · ·	121,494	106,984	14,510	
14	Information technology				
15	Royalties	150 530	144 040	05 500	
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 Payments to efficience				
21	Payments to affiliates	217 671	217 671		
22 23	Depreciation, depletion, and amortization	317,671 109,503	317,671 98,248	11,255	
24	Insurance Other expenses. Itemize expenses not covered	109,303	90,240	11,233	
24	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 EXPENSES	88,258	73,691	13,813	754
b	REPAIRS AND MAINTENANCE	84,338	84,338	13/013	751
C	OTHER PROGRAM EXPENSES	82,131	82,131		
d	· · · · · · · · · · · · · · · · · · ·	02/131	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		_,,0	300,000	
	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,	,871	11,591,175	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge	57,600	57,600	68,600	65,600		,600	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	2,763,283 2,190,059 1,837,572 2,165,790 2,950,4		1,837,572 2,165,790		,471	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) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	$\overline{}$	/f) Total	
		(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,	,4/1	11,907,175	
ō	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						-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				<u></u>		
	•			(0)					
14	Public support percentage for 2020 (line of	o, column (1) alvide	a by line 11, colu	mn (t))			14 15	58.49 % 60.13 %	
15	Public support percentage from 2019 Sch 33 1/3% support test—2020. If the orga	nedule A, Part II, III	ed the box on lin			L		60.13 %	
10a	box and stop here. The organization qua			zotion				> X	
b	33 1/3% support test—2019. If the organization que								
D	this box and stop here. The organization				, 10 13 33 1/3/0 UI	more, orietr	`	▶ □	
17a	10%-facts-and-circumstances test—2				16a. or 16b. and	line 14 is			
	10% or more, and if the organization me	•							
	Part VI how the organization meets the "				-	-			
	organization							▶ □	
b	10%-facts-and-circumstances test—2								
	15 is 10% or more, and if the organization	=							
	in Part VI how the organization meets the				•				
	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	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	, ,				1		.,
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	•		urth, or fifth tax ye		. , . ,		>
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	%
Sec	tion D. Computation of Investm							
17	Investment income percentage for 2020 ((line 10c, column	(f), divided by line	13, column (f))			17	%_
18 li	nvestment income percentage from 2019 S						18	%_
19a	33 1/3% support tests—2020. If the org	anization did not	check the box on				Э	_
	17 is not more than 33 1/3%, check this b	oox and stop here	e. The organizatio	n qualifies as a pu	ublicly supported of	organization		▶ ∐
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	-	_	•		_		_
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.)

		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 gar	or 990-	EZ) 2020
,. 5	550		, _5_0

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
.1		\$ 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 it the organization	Tarioworda Too on	onni oco, i ait iv, iii	10 1 1a. 000 1 01111 00	70, 1 dit 71, iii 10 10.
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

		OYS & GIRLS CLUBS OF	' THE	57-0811876	Page
Part VII		 Other Securities. organization answered "Yes" on 	Form 990 Part IV	line 11h See Form 99	N Part X line 12
		n of security or category	(b) Book value	(c) Method of	
		name of security)	(b) book value	Cost or end-of-year	
1) Financial	derivatives				
(A) Other					
(C)					
(D)					
(-)					
(C)					
(0)					
(H)					
	n (h) must egual Fo	rm 990, Part X, col. (B) line 12.) u			
Part VIII		- Program Related.			
i dit viii		e organization answered "Yes" on	Form 990, Part IV.	line 11c. See Form 99	0. Part X. line 13.
		ption of investment	(b) Book value	(c) Method of	· · · · · · · · · · · · · · · · · · ·
	(,,		(.,	Cost or end-of-year	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Fo	rm 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets				
	Complete if the	e organization answered "Yes" on	Form 990, Part IV,	line 11d. See Form 99	0, Part X, line 15.
	•	(a) Description			(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
		rm 990, Part X, col. (B) line 15.)		u	
Part X	Other Liabilit				
		e organization answered "Yes" or	Form 990, Part IV,	line 11e or 11f. See Fo	orm 990, Part X,
	line 25.				
l	(a) D	escription of liability			(b) Book value
` '	income taxes				
()	ries Payable				70,049
()	ed Expenses	1			34,758
(4)					
(5)					
(6)					
(7)					
(8)					
(0)					

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
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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

Schedule D (Form 990) 2020	BOYS	& GIRLS	CLUBS	OF	THE	<u>57-0811876</u>	Page 5
Part XIII	Suppleme	ntal Info	& GIRLS ormation (co	ntinued)				
_								

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

(add col. (a) through

		gross receipts	greater than 40,000.										
			(a) Event #1			(b) Event #			(c) Other events	(d) To	otal events	S	
			SPRING GALA		SF	PORTING	EVENT	2			. (a) throu	ıgh	
ne		(event type)				(event type)			(total number)	CC	ol. (c))		_
Revenue	1	Gross receipts	435,9	57		1	43,198		185,427		764,	582	<u>2</u>
	2	Less: Contributions											
	3	Gross income (line 1 minus				_							
		line 2)	435,9	<u>57</u>		1	43,198		185,427		764 <u>,</u>	582	<u>2</u>
	4	Cash prizes											_
	5	Noncash prizes											
Expenses	6	Rent/facility costs											_
Direct Exp	7	Food and beverages .											_
Ä	8	Entertainment											_
	9	Other direct expenses	45,5	90			34,794		21,768	:	102,	15	<u>2</u>
	10	Direct expense summany	. Add lines 4 through 9 in colu	ımn	(d)				•		102,	15:	2
			ubtract line 10 from line 3, colu						>		662,	43	<u></u>
P		III Gaming. Com	plete if the organization	n an	swer	ed "Yes" or	Form 990	, Pa	art IV, line 19, or re				_
		\$15,000 on Fo	orm 990-EZ, line 6a.										
e			(a) Bingo			(b) Pull tabs/ir			(c) Other gaming		gaming (a		
Revenue						bingo/progressive	bingo			col. (a) the	ough col.	(c))	_
Re	4	Gross revenue											
		Gioss revenue											_
es	2	Cash prizes											
Expenses													
Ä	3	Noncash prizes											_
Direct	4	Rent/facility costs											
	5	Other direct expenses			_	_							_
	6	Volunteer labor	Yes %	6		Yes	%		Yes % No				
	7	Direct expense summary	. Add lines 2 through 5 in colu	umn	(d)				>				
	8	Net gaming income sumr	mary. Subtract line 7 from line	1, c	columr	n (d)			>				
_	_												
а	ls t		ne organization conducts gam o conduct gaming activities in							E	Yes	·I	No
													• •
		ere any of the organization Yes," explain:	a's gaming licenses revoked, s	suspe	ended	, or terminated	during the ta	x yea	ar?		Yes		No

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.	0.0		
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		Х
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	IISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)–(D)		
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	(11)								
	[0].								
10	(11)								
	(1)								
11	(11)								
40	(i) (ii)								
12	(i)								
40	\frac{\fin}}}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\firac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}}{\f								
13	(i)								
14	('') (ii)								
14	(i)								
15	('') (ii)								
10	(i)								
16	('') (ii)								
IV	(")			l .	l	l .	l		

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 CLUBS OF THE 57-0811876 Page 2 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Part III because it had one or more related organizations treated as a partnership during the tax year. (b) (c) (e) Predominant (g) (h) (i) (j) (k) Direct controlling Name, address, and EIN of Primary activity Legal Share of total Share of end-of-Dispro-Code V-UBI General or Percentage income (related, related organization entity year assets ownership income domicile portionate amount in box 20 managing unrelated, (state or alloc.? of Schedule K-1 partner? excluded from foreign (Form 1065) tax under country) sections 512-514) Yes No Yes No (1) (2) (3) (4) Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (c) (f) (g) (h) Section Legal domicile Direct controlling Name, address, and EIN of related organization Primary activity Share of total Share of Type of entity Percentage 512(b)(13) income end-of-year assets ownership (state or (C corp, S corp controlled foreign country) or trust) entity? Yes No (1) (2) (3) (4)

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

						.,	
	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				1a		X
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity							
b Gift, grant, or capital contribution to related organization(s)							
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)													
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(4)													
······													ı
(5)													
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(6)													
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(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

BOYS & GIRLS CLUBS OF THE

Description SPRING GALA

2020

Taxpayer Identification Number 57-0811876

Income & Expense Summary:		Expense Details - Indirect Expense:
1. Gross receipts or sales	1. <u>435,957</u>	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 6	7. <u>435,957</u>	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		Insurance
12. Depreciation Expense		Total Indirect Expense
13. Exempt Activity Expense	13	
14. Fundraising Expense	14. <u>45,590</u>	Expense Details - Depreciation Expense:
15. Total expenses. Add lines 8 through	145. <u>45,590</u>	On investment property
16. Net Income/Loss. Line 7 minus Line 1	156. <u>390,367</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 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	e:	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 45,590
Legal		Total Fundraising Expense 45,590
Accounting		<u> </u>
1.11.2		
B () 1 () 1 (
Investment management		
Other		
Total Face for Complete		
Information is indicated for use on Fo	orm 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

Description HOLIDAY EVENT

BOYS & GIRLS CLUBS OF THE

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

Part V, Debt Financing

Part VI, Controlled Org Income

Part VIII, Exploited Activities

Part IX, Advertising Income

Part VII, Investments for C(7)(9)(17)

2020

Taxpaver Identification Number

57-0811876

Allocation of Expense to Program Service Accomplishments:

Third _____

Second _____

.......

First

All other

Income & Expense Summary: **Expense Details - Indirect Expense:** Advertising and promotion 1. Gross receipts or sales 1. _ Office ______ Printing/publication/postage ______ 3. Circulation income 3. Info technology/Maintenance____ **4.** Other income **4.** _ 5. Returns and allowances _____5. _ Royalties & License Fees Occupancy/Real Estate Taxes 6. Contributions received 6. ___ 7. Total revenue. Add lines 1 through 6 7. Travel & Repairs ______ Travel/entertainment (officials) 8. Cost of Goods Sold 8. _ Conferences/meetings ______ 9. Employment Expense 9. _ **10.** Fees for services _______**10.** _ Interest _____ 11. Indirect Expense 11. Total Indirect Expense ______ 12. Depreciation Expense 12. _ 13. Exempt Activity Expense 13. 14. Fundraising Expense 14. Expense Details - Depreciation Expense: **15. Total expenses.** Add lines 8 through 1**45.** On investment property On non-investment property 16. Net Income/Loss. Line 7 minus Line 156. Amortization _____ Depletion _____ Total Depreciation Expense_ Expense Details - Cost of Goods Sold: Beginning inventory ______ Expense Details - Exempt Activity Expense: Purchases _____ Repairs and Maintenance Section 263A costs ______ Bad debts _____ Other costs Taxes/licenses Charitable contributions ______ Ending inventory ______ Total Cost of Goods Sold Dividend recd deductions Readership costs ______ Other expenses _____ Expense Details - Employment Expense: Compensation of officers Total Exempt Activity Expense Other salaries and wages Pension plan contributions **Expense Details - Fundraising Expense:** Other employee benefits Cash prizes _____ 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 Accounting ____ Lobbying _____ Professional fundraising _____ Investment management _______ Total Fees for Services

Form **990**

Event Income and Deduction Worksheet

2020

Description **GOLF EVENT**

Name

Taxpayer Identification Number

57-0811876

BOYS & GIRLS CLUBS OF THE

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 / Hillias 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
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 Expense12.	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

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 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	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 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	<u>-</u>
Purchases	Expense Details - Exempt Activity Expense:
Purchases	Repairs and Maintenance
Labor	Rad debts
Section 263A costs	Bad debts
Other costs	Taxes/licenses
Ending inventory	Charitable contributions
Total Cost of Goods Sold	Dividend recd deductions
Faces But the Foods and Faces	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

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 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, So	chedule 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
Funanca Details - Face for Comitace		
Expense Details - Fees for Services:		
Accounting	······	
Legal	······	
Commissions	·····	
Management Color Professional 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		
T		
Printing & Publication		
Advertising		
Insurance		
Utilities		
Supplies		
Other expenses		
Total Direct Expense		

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 -387,219 309,978 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 Iden 57-0813	tification Number

_	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	154,524	136,935	125,195	136,642	180,198	
Occupancy costs	175,477	184,867	188 , 787	167,632	172,732	
Depreciation and depletion		274,614	301,822	316,400	317,671	
Other expenses	755,963	720,080	772,432	762,289	509,889	
Total expenses	3,202,737	3,267,632	3,602,709	3,548,131	3,160,912	
Excess or (Deficit)	1,027,392	791,836	391,041	309,978	1,306,599	
Total exempt revenue	4,230,129	4,059,468	3,993,750	3,858,109	4,467,511	
Total unrelated revenue						
Fotal excludable revenue	1,524,446	1,765,946	2,224,778	1,554,778	1,303,300	
Total Assets		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	

20800 BOYS & GIRLS CLUBS OF THE

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					

20800 BOYS & GIRLS CLUBS OF THE

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		Management & General		Fund Raising	
SERVICE AND PROFESSIONAL FEES	\$ 180,198	\$	16,804	\$	163,394	\$		
Total	\$ 180,198	\$	16,804	\$	163,394	\$	0	

20800 BOYS & GIRLS CLUBS OF THE

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		<u> </u>	D Employer	identification number			
		pplicable.		2 Impleyer lucininealien maniser				
\square	Address c	· ·		0	011006			
	Name cha	nge Doing business as	5 / "	57-0811876				
\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 number 843-689-2618				
	rillar retur Final retur			045-(007-2010			
	terminated				2 267 614			
	Amended	BLUFFTON SC 29909		G Gross receipts \$ 3,967,63				
\equiv		r Name and address of principal diffeet.	⊔(a) Is this a gro	a group return for subordinates? Yes X No				
	Application	pending CHRIS PROTZ	in(a) is this a give					
		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	mation aumbo	,11			
			ear of formation: 1					
			ear of formation:	905	M State of legal domicile: SC			
_ P	art I	Summary						
	1 E	Briefly describe the organization's mission or most significant activities:						
ė		To provide guidance to youth.						
Governance								
Ĩ								
š	2 0	Check this box u if the organization discontinued its operations or disposed of more than 25	% of its not ass	ente				
	1				16			
త	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	16			
Activities		Number of independent voting members of the governing body (Part VI, line 1b)						
Ξ	5 7	otal number of individuals employed in calendar year 2019 (Part V, line 2a)			243			
Aci		Total number of volunteers (estimate if necessary)		6	300			
	7a 1	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0			
	l d	Net unrelated business taxable income from Form 990-T, line 39		. 7b	0			
			Prior Yea		Current Year			
4	8 (Contributions and grants (Part VIII, line 1h)	1,768	3,972	2,303,331			
Ĭ		Program service revenue (Part VIII, line 2g)	894	4,000	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)	3,333	3,730				
		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			
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			
xpenses	b⊺	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						
ũ		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		3,548,131			
		Revenue less expenses. Subtract line 18 from line 12		1,041	309,978			
-Se		Novonuo 1000 expenses. Gubuada IIIIe 10 IIOIII IIIIle 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			
Asse Bal	24 7	Fold PolyProgram (Post V. Post 00)		1,272	713,321			
net/	21 1		9,204		9,578,840			
		Net assets or fund balances. Subtract line 21 from line 20	9,404	1,430	9,3/0,040			
_ P	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	TVE DIE	RECTOR	•			
110	10	Type or print name and title		CECTON	<u> </u>			
			Data		□., DTIN			
Da!			Date	Check	if PTIN			
Paid		Richard D Crowley, CPA Richard D Crowley, CPA	02/08/	/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	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
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		٦,	
	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	x	
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 Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	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	Х	
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 9c2 If "Vos" complete Cabadula C. Port II	18	x	
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	<u> </u>	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										
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?										
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	25b		X							
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										
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.							
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 (Contain	<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	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												
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?			5a		X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction					X							
С	If "Vee" to line Fe or Fh. did the expenientian file Form 2006 T2												
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	old 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	S											
	required to file Form 8282?			7c									
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?												
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?												
g	If the organization received a contribution of qualified intellectual property, did the organization file Fol												
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the												
9			8										
		the sponsoring organization make any taxable distributions under section 4966?											
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	Enter the amount of reserves on hand	13c											
14a	Did the organization receive any payments for indoor tanning services during the tax year?					Х							
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 X 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	o not o	Pos check ess pe	c) ition more rson i	than one s both an or/trustee)	(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	₹.								
DIRECTOR	1.00	x					0	o	0
(4) RODNEY BROWN									
DIRECTOR	1.00	x					0	0	0
(5) RAMONA CHILDERS	0.00	1						J	•
DIRECTOR	1.00	x					0	0	0
(6) JUDITH FLANAGAN	0.00	1							<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		х			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	Average hours per week (list any Position Position (do not check more than obox, unless person is both officer and a director/trust						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	((F) Estimated amount of other compensation from the organization and		
	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	0.00	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 shee	•						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											5	Х	
Section B. Independent Contractor 1 Complete this table for your fi		0000	tod i	indo	aand	lont d	oontr	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.		(0)	
Name and	(A) business address							Descript	(B) ion of services		Comp	(C) pensation	
							_						
2 Total number of independent received more than \$100,000								se listed above) who	0				

57-0811876 Form 990 (2019) BOYS & GIRLS CLUBS OF THE Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (D) Revenue excluded (B) Related or exempt (C) Unrelated function revenue business revenue from tax under sections 512-514 Grants 1a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1c **d** Related organizations 1d e Government grants (contributions) 203,141 1e f All other contributions, gifts, grants, and similar amounts not included above 2,100,190 1f **g** Noncash contributions included in lines 1a-1f 1g \$ 2,303,331 h Total. Add lines 1a-1f. u Business Code 497,265 497,265 Program Service Revenue PROGRAM SERVICE REVENUE BRIDGES RENTAL INCOME 28,335 28,335 3,800 3,800 MEMBERSHIP DUES f All other program service revenue 529,400 g Total. Add lines 2a-2f. Investment income (including dividends, interest, and other similar amounts) 73,161 73,161 Income from investment of tax-exempt bond proceeds 5 Royalties (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b c Rental inc. or (loss) d Net rental income or (loss) u 7a Gross amount from (i) Securities (ii) Other sales of assets 7a other than inventory Revenue **b** Less: cost or other basis and sales exps. 7b c Gain or (loss) 7с Other d Net gain or (loss) 8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 8a 902,536 **b** Less: direct expenses 109,505 8b 793,031 793,031 c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold 10b **c** Net income or (loss) from sales of inventory iscellaneous Revenue 159,186 MISCELLANEOUS 159,186 11a

159,186

501,065

3,858,109

u

u

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d .

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	33,420	± , 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			

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		21			
_ω 2	22	Loans and other payables to any current or former office					
Liabilities		trustee, key employee, creator or founder, substantial co					
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	3,8		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,54		
3	Revenue less expenses. Subtract line 2 from line 1	3		09,9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,20		
5	Net unrealized gains (losses) on investments	5	(64,4	<u> 126</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,5	78,8	340
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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		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 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		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)

3

2,165,790

10,861,967

Schedule A (Form 990 or 990-EZ) 2019

Total. Add lines 1 through 3

1,905,263

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,859,663 2,705,683 2,132,459 1,768,972 2,100,190 10,566,967 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 45,600 57,600 57,600 68,600 65,600 295,000

2,190,059

1,837,572

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)

2,763,283

348,527 Public support. Subtract line 5 from line 4 . . 10,513,440 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Amounts from line 4 1,905,263 2,763,283 2,190,059 1,837,572 2,165,790 10,861,967 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 133,738 similar sources 214,797 290,340 172,549 101,496 912,920 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 1,118,950 968,295 1,189,608 1,372,216 1.061.722 (Explain in Part VI.) 5,710,791 11 **Total support.** Add lines 7 through 10 17,485,678

Gross receipts from related activities, etc. (see instructions) 12 12 2,173,158 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Sec	tion C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	60.13%
15	Public support percentage from 2018 Schedule A, Part II, line 14	15	58.97%
16a	33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this		

box and **stop here.** The organization qualifies as a publicly supported organization b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check

this box and **stop here.** The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is

10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

organization 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

Schedule A (Form 990 or 990-EZ) 2019

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

Page 5

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			
	, , , , , , , , , , , , , , , , , , ,		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 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	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 As	sets (c	ontinu	ed)	<u> </u>	
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	cant use of its			•		
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 Part					
	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?			Yes	<u> </u>	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 amo	ount on	Form			
1a	Is the organization an agent, trustee, custoo					_	_	_	,	
	included on Form 990, Part X?					L	Yes	· L	No	
b	b If "Yes," explain the arrangement in Part XIII and complete the following table:									
						Aı	mount			
С	Beginning balance				1c					
d	Additions during the year				1d					
	Distributions during the year									
f	Ending balance				1f		_		_	
	2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?									
	If "Yes," explain the arrangement in Part XII	I. Check here if the exp	planation has been pro	ovided on Part XIII		<u></u>				
Pa	ert V Endowment Funds.			. B. / . P 40						
	Complete if the organization				l					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		(e) Four			
	1a Beginning of year balance 3,249,674 2,623,916 2,804,801 1,598,568 1,490,127									
b	Contributions	200,028	502,000		1,142	,9/8		54,	470	
С	Net investment earnings, gains, and	161 540	005 133	021 868	140	005	-	. 4	-00	
	losses	161,542	205,133	231,767	142	,295		84,	628	
	Grants or scholarships									
е	Other expenditures for facilities and	43.000	60,000	205 602	60	640	-	01		
,	programs	43,000 29,986	60,000	395,682		,648			111	
	Administrative expenses	3,538,258	21,375	16,970		,392	1 5		546	
_	End of year balance		3,249,674	2,623,916	2,804	, 801	1,5	90,	300	
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%								
22	Are there endowment funds not in the possi	•	ion that are hold and a	administered for the						
Ja	organization by:	ession of the organizat	ion that are new and a	durinistered for the			Г	Yes	No	
	· ·					Г	3a(i)	162	X	
	(i) Unrelated organizations						Ba(ii)		X	
h	(ii) Related organizations	zatione lieted as require	ad on Schedule P2			····· }	3b		- 21	
4	Describe in Part XIII the intended uses of the					L	JD			
Pa	art VI Land, Buildings, and Equ		whient funds.			-				
1 0	Complete if the organization	•	on Form 990 Part	IV line 11a See	Form 990 F	Part X I	ne 10)		
	Description of property	(a) Cost or other ba			Accumulated) Book v			
	2000.paon o proporty	(investment)	(other	''	epreciation	"	, 200			
12	Land		,	5,977	·		27	5 - 9	977	
	Land Buildings				,745,172	7	,35			
2	Leasehold improvements			8,832	4,767				065	
	Equipment		83	7,285	587,784				501	
	Other	200		5,062	140,205				557	
	I. Add lines 1a through 1e. (Column (d) must				<u> </u>		,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, F	Part X, line 12.
	(a) Description of security or category	(b) Book valu	, ,	
	(including name of security)		Cost or end-of-ye	ar 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.	·		
2 20 2 2 22	Complete if the organization answered "Yes" on	Form 990. Part	IV. line 11c. See Form 990. F	art X. line 13.
	(a) Description of investment	(b) Book valu	I	
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(1) (5) (5) (6) (7) (7) (7) (7)	-		
	n (b) must equal Form 990, Part X, col. (B) line 13.) u			
Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 000 Port	IV line 11d See Form 000 F	Part V lina 15
	(a) Description	TOITI 990, Fait	TV, lille 11d. See 1 ollil 990, F	(b) Book value
(1)	(a) Docomplion			(b) Book value
(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.			
	Complete if the organization answered "Yes" on	Form 990, Part	IV, line 11e or 11f. See Form	990, Part X,
	line 25.			Ι
1.	(a) Description of liability			(b) Book value
	income taxes			456 22
	ed Expenses			456,23
	ries Payable			87,39
(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 =				
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.									
	Complete if the organization answered "Yes" on Form 990.	, Part IV, line	12a.						
1	Total revenue, gains, and other support per audited financial statements			1	3,988,135				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	64,426							
b		65,600							
С									
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.)								

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	1eater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Tatal
			SPRING GALA (event type)	SPORTING EVENT (event type)	(total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 (Gross receipts	624,097	113,125	165,314	902,536
	3 (Less: Contributions Gross income (line 1 minus	624,097	113,125	165,314	902,536
		Cash prizes	021,057	113/123	103/311	3027330
	5 1	Noncash prizes				
Expenses	6 F	Rent/facility costs				
Direct Exp		Food and beverages				
Ö		Entertainment Other direct expenses	58,108	28,000	23,397	109,505
			<u>.</u>	·		109,505
	11 1	Net income summary. Sub	otract line 10 from line 3, column (d)d)	······ •	793,031
P	art II			vered "Yes" on Form 990, P		
			m 990-EZ, line 6a.			
venue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 (Gross revenue	(a) Bingo	` '	(c) Other gaming	
		Gross revenue	(a) Bingo	` '	(c) Other gaming	
Expenses	2 ((a) Bingo	` '	(c) Other gaming	
	2 (3 N	Cash prizes	(a) Bingo	` '	(c) Other gaming	
rect Expenses	2 (3 N	Cash prizes Noncash prizes		bingo/progressive bingo		
rect Expenses	2 (3 N 4 F 5 (Cash prizes Noncash prizes Rent/facility costs	(a) Bingo	` '	(c) Other gaming Yes % No	
rect Expenses	2 (3 N 4 F 5 (6 \	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	Yes%	Yes%	Yes % No	
rect Expenses	2 (3 N 4 F 5 (6 \ 7 E	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary.	Yes% No Add lines 2 through 5 in column (column (col	Yes %	Yes % No	
Direct Expenses	2 (3 N 4 F 5 (6 \ 7 E 8 N Enter Is the	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summer the state(s) in which the	Yes % No Add lines 2 through 5 in column (contary. Subtract line 7 from line 1, contary organization conducts gaming actions.)	Yes % No	Yes % No	col. (a) through col. (c))
Direct Expenses	2 (3 N 4 F 5 (6 N 7 E 1s the lif "No	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Net gaming income summer the state(s) in which the e organization licensed to lo," explain:	Yes % No Add lines 2 through 5 in column (contary. Subtract line 7 from line 1, contary.	Yes % No No Notivities:	Yes % No No	col. (a) through col. (c)) Yes No

Sche	edule G (Form 990 or 990-EZ) 2019 BOYS & GIRLS CLUBS OF THE	57-0811876	5	Pa	ge 3
1	Does the organization conduct gaming activities with nonmembers?			/es	No
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?		\square	res 🗍	No
3	Indicate the percentage of gaming activity conducted in:				
а	The organization's facility	13a			%
b	An outside facility	13b			%
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?		\Box	res 🗆	No
b	If "Yes," enter the amount of gaming revenue received by the organization u \$ and th				_
	amount of gaming revenue retained by the third party u \$				
С	If "Yes," enter name and address of the third party:				
·	Too, onto hallo alla addiose of the time party.				
	Name u				
	Address u				
6	Gaming manager information:				
	Name u				
	Gaming manager compensation u \$				
	Description of services provided u				
	Director/officer				
7	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	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, colur			ł	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	nal information			
	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
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		
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) 1								
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		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s)								
Undaring of paid employees with related organization(s)				10		Х		
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	(e) Are all partners section 501(c)(3) organizations?		Are all partners Share of total income 501(c)(3)		Share of	(g) Share of end-of-year assets	(h) Disproportionate allocations?				i) eral or aging ner?	(k) Percentage ownership
		country)	sections 512-514)	Yes	No			Yes	No		Yes	No			
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8)															
(9)															
(10)															
(11)															

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		Management & General		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

Board of Directors Meeting

July 26, 2023

Attendees: Arbore, Ball, Bartlett, Boatright, Bolton, Chamberlain, Dowling, Ferguson, Fleming, Hudson, Johnson, O'Toole, Schumacher, Smith, Vargas, Whiteford, Likins,

Not in attendance: Brooks, Campbell, Capps, Cooper, Halsey, Krahnke, Roger, Seebald, Wentworth,

Welcome/Call to Order 4:06PM - Diane Bartlett

• The Mission & Vision Statements were read.

Member Moment - Kim Likins/Ryan White

• Ryan introduced Hailey Spencer, the new performing arts staffer, who talked about the upcoming Talent Show. 3rd grader Grace Kuenner sang the song she will perform next Wednesday at the show.

Approval of Minutes – Diane Bartlett

• The minutes were approved unanimously with two corrections.

Treasurer's Report - Andrew Schumacher

- Financials were shared in the board packet. See his report.
 - > The balance sheet looks strong.
 - > Expenses slightly over budget.
 - > Budget will begin to be developed.
 - ➤ Need insurance research for general liability coverage.
 - ➤ 401K questions were discussed, a 4% match.
 - > Jim's lowcountry email was introduced by Joe Hudson

Endowment – Jay O'Toole

- See his full report in the board packet.
 - > Interest rates were raised today.
 - Allocation has remained in line with the Investment Policy Statement.
 - ➤ 61% equities, 30% fixed income, 6% cash equivalents', 3% alternatives.
 - Paperwork is finishing up with Wells Fargo.

ATAX- Russ Whiteford

IMPORTANT: In order to file a 2024 ATAX application to the Town of Hilton Head, we must have a board vote which reflects your support to apply for an ATAX grant. This grant is solely used to support our May 2024 Pedal HHI marketing efforts which attract visitors to Hilton Head. THE MOTION: TO APPROVE SUBMITTING THE 2024 ATAX APPLICATION TO SUPPORT OUR MAY 5, 2024, PEDAL EVENT.

The motion was made and seconded. The results of the vote were 17 yes votes (unanimous), The motion was passed.

Safety Update – Tom Roger

- Tom spoke for Jim Wentworth that we need to have a lowcountry safety committee.
- Doug Bolton will be the chair of this committee and Ryan will be the HH club representative.

CEO Report – Diane for Jim Wentworth

- ADA is up this year.
- Whale Branch club has opened serving elementary and middle school kids.
- Russ asked about lowcountry transparency reports. Diane will follow up on this request.

Unit Director- Kim Likins

- See her full report.
- ADA is not as high as hoped for with 327 registrations. No waitlist and no one is turned down.
- Strong registration for the fall is already happening.
- The summer programs have been spectacular. The kids are having a great time and the staff has been wonderful.
- Ryan set-up Kids Trax and it is being utilized to see what kids are in the building at all times.
- A \$4,000 grant for Artist in Residence was received from Long Cove Foundation.
- SAC is slow in coming in and we are at ³/₄ of our budgeted goal.
- Kim went to a Philanthropic Leadership Institute at Indiana University and was able to exchange ideas with other resource development directors.
- She shared that we need a "Resource Development Committee" and explained some of the things the board and committee could be doing.
- Our new marketing consultant, Michael, is working on a one-page info card and helping out Candy Cane with marketing efforts.
- Cathy Robine has agreed to go through the new board member application process.

No meeting in August

The meeting was adjourned at 5:00pm.

Submitted by:

Rosanne Ball – Executive Secretary

TOPIC	PLAN	BUDGET	ACTUAL	RESULTS
Social Media/Digital				
Facebook, Instagram, Google Ad Words		\$8,000	\$8,000	Expansion of target to FL,GA, and Carolinas through partnership with CAAM events: cycling clubs and riders traveling with friends/families/teammates via a culture of sports travel. Focus areas: Jacksonoville, Tampa, Atlanta, Savannah, Charleston, Charlotte and Athens, GA.
Photography & Video	Video and photos of cyclists during event	\$1,000	\$1,000	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 RaceRoster registration site with advanced demographic metrics.
Texting	Texting campaigns to past riders and current registrants	\$1,000	\$1,000	2000 former riders registration blast; pre-event USCB-HHI parking info and ride updates reached over 700 riders.
Website	Branding & Template Updates	\$750	\$2,000	New website launched.
Email Marketing	Email marketing campaign	\$4,000	\$6,000	CAAM Events partnership increased outreach by 15,000 riders in the Southeast; purchase of cycling- specific databases
Print/Outreach				
Collateral+Storytelling	Posters, post cards, pre-written articles	\$8,000	\$8,500	Boys & Girls Club pre-event cookout promo brought riders from all geographic areas to see club and its programs/ammenities. 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	\$4,500	\$3,000	Focused on print features to 45+ CAAM-related and other cycle events, several ads comped by magazines
Travel Articles	Pitch cycling managzines for an advertorial in conjuction of event	\$2,000	\$-	Transferred to Collateral+Storytelling and Influencer Websites
Real Estate/Hospitality Outreach	Engage local hospitality and real estate companies to promote event to their databases	\$2,000	\$500	Engaged new real estate sponsorships & client outreach for event, additional hotel block
Radio & TV				
Radio & TV Promotions	PR only, no paid placement			All TV promotion comped
Special Projects				
Regional Affinity Events, Celebrity Influencers, Pre-Event Gathering	Go on-locations to events in the region to market Pedal.	\$1,750	\$2,000	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.
1		A a r r r		
		\$ 35,000	\$ 35,000	

2024 Pedal Marketing Plan & Strategy

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		UNT	STRATEGY/COMMENTS		
Social Media/Digital					
Facebook-IG Advertising/Google Ad Words/Retargeting	\$	7,500.00	Advertise in specific cycling groups and in areas using keywords		
Photography & Video	\$	1,000.00	Drone/video footage, photography for advertising, website		
Influencer Websites	\$	3,000.00	Advertise on cycling-specific websites		
Website	\$	1,000.00	Branding, Content & Template Updates		
Texting	\$	1,000.00	Texting campaign to past riders		
Email Marketing	\$	4,000.00	Email marketing campaign, purchase of target interest lists/databases		
Print/Outreach					
Colateral+Storytelling	\$	8,500.00	Pre-written placed articles; posters; print materials; handouts		
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		
Real Estate/Hospitality Outreach	\$	1,500.00	Connect with local realtors, hotels, STR managers for visitor participation		
Radio & TV	\$	2,000.00	Radio ads; TV apppearances comped		
Special Projects	\$	4,000.00	Kick-off to Bicycle Month (May) expo, criterium event, pre-ride celebration/cookout		

TOTAL: \$ 40,000.00



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

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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