

2025

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.

2025 Accommodations Tax Funds Request Application

Date Received: 09/05/2024

Time Received: 09:29 AM

By: Online Submittal

Applications will not be accepted if submitted after 4 pm on September 6, 2024

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 4, 2025 Event Location: Lowcountry Celebration Park

Total Budget: \$163,000.00 **Grant Requested:** \$40,000.00

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

Grant funds will allow the expansion of Pedal Hilton Head Island regional marketing targeted to grow tourist participation. The May 4, 2025 event at Lowcountry Celebration Park will be the eighteenth year of this premier cycling event, which benefits Hilton Head Island and the Boys & Girls Club of HHI.

As required by the American League of Bicyclists, a "community cycling event" must happen each year 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)

2024 Pedal Hilton Head Island Had a slight leveling out to prepandemic numbers even with

tourism *drivers* with 680 participants a 5.8% decrease from the 2023 event (722 participants). This decrease is true with all cycle tourism events across the region.

Pedal HHI kicks off National Bike Month (May) and in 2025, 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 2025, Pedal HHI will continue to partner with CAAM Events and Libby O.Marketing; 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: 710 (299 participants + 411 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: 335 (142 participants + 193 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: 239
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): 1284 (680 participants + 604 family/friend tourists/visitors)

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

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

Registration question asking the number of family/friends accompanying 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 on the Island. In 1999, our 29,000sq. ft. facility was built near the Hilton Head School complex off Gumtree Road. For 34 years, we have served local children ages 6-18 by providing outstanding after-school and full-day summer education and enrichment programs. Over 225 youth attend the Club daily; 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, while not exclusively, there is a 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** tourists to the event. The goal is to continue to increase the number of heads-in-beds, and 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 2025 Pedal Hilton Head Island event, which will lower its economic impact on the Island. Any reduction would impact the depth and breadth of our regional marketing which could affect our ability to increase the tourist 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 Review Committee annual reporting requirements, **please classify your current grant request into the following authorized categories:**

1 - Destination Advertising/Promotion <i>Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.</i>	100 %
2 - Tourism-Related Events <i>Promotion of the arts and cultural events.</i>	0 %
3 - Tourism-Related Facilities <i>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.</i>	0 %
4 - Tourism-Related Public Services <i>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.</i>	0 %
5 - Tourist Public Transportation <i>Tourist shuttle transportation.</i>	0 %
6 - Waterfront Erosion/Control/Repair <i>Control and repair of waterfront erosion.</i>	0 %
7 - Operation of Visitor Information Centers <i>Operating visitor information centers.</i>	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 producing high-quality tourist cycling and community events requires 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 attended this wonderful evening, which allowed us to showcase our beautiful facilities. On event day, we collaborated with the Town for a Kick-off to the Bicycle Month Expo at Lowcountry Celebration Park with a Proclamation, and assorted vendors/clubs. We 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
 - Kicking Asphalt Bicycle Club
 - Sun City Cycling Club,
 - Kiwanis Club of HHI
 - Pockets Full of Sunshine
- Palmetto Dunes Oceanfront Resort
- Port Royal Plantation
- Spanish Wells
- Indigo Run
 - Palmetto Hall
 - Shipyard Plantation
 - Leamington Community
-

7. Additional comments. (250 words or less)

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)

2024 Pedal Hilton Head Island Funding Sources -

Rider Participation \$51,390

Event Sponsors \$31,000

Individual Donations \$31,541

ATAX Grant Funds \$40,000

other \$5,599

Total \$159,530

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

<u>0</u>	Government Sources	<u>55</u>	Private Contributions, Donations and Grants
15	Corporate Support, Sponsors	<u>5</u>	Membership, Dues, Subscriptions
<u>25</u>	Ticket Sales, or Sales and Services	<u> </u>	Other

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

Yes ___ No X

If so, please list top 3 sources and amounts.

D. FINANCIAL INFORMATION:

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

Financial Statement Requirements:

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

Budget Provided: **Yes**

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

Current fiscal year Profit Loss Report Provided: **Yes**

Previous fiscal year Profit Loss Reports Provided:

2021-2022- Previous FY 1

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

Current fiscal year Balance Sheet Provided: **Yes**

Previous fiscal year Balance Sheets Provided:

2021-2022 - Previous FY 1

2022-2023 - Previous FY 2

2023-2024 - Previous FY 1

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

E. FINANCIAL GUARANTEES AND PROCEDURES:

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

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

2. Indicate whether your organization follows Town procurement guidelines or has its own procurement guidelines which are utilized and followed in the expenditure of ATAX grant funds.

- Follow Town procurement guidelines
- Utilize and follow organization's own procurement guidelines
- Our organization does not have or follow procurement guidelines

F. MEASURING EFFECTIVENESS:

If you received 2023 or 2024 HHI ATAX funds

1. List any ATAX award amounts received in 2023 and/or 2024.

2021	\$22,000.00	Pedal Hilton Head Island
2022	\$30,000.00	Pedal Hilton Head Island
2023	\$35,000.00	Pedal Hilton Head Island
2024	\$40,000.00	Pedal Hilton Head Island

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

Funds were used solely for marketing Pedal Hilton Head Island – 2024 as outlined in the marketing plan. Marketing goals were achieved by increasing our visitor and tourist participation, including expanding our footprint as a tourism driver, all documented by registrations.

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

ATAX funds were critical to the growth in participation from 722 riders in 2022 to 680 riders in 2024. This includes a 9% decrease in riders. this is true across the cycling tourism across the board.

With increased participation rates, Pedal Hilton Head Island exceeded its total fundraising

target supporting the Boys & Girls Club of Hilton Head Island. This funding supported the programs and activities at the Boys & Girls Club with a targeted focus on academic success, healthy lifestyles, and being productive citizens.

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

- Pedal Hilton Head Island uses year-to-year participant surveys to assess the effectiveness of the event execution and marketing.
- The effectiveness of the 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: BGC HHI Board Member

Mailing Address: 151 Gum Tree Rd, Hilton Head Island, SC 29926

Email Address: shelly.hammond@bgclowcountry.org

Office Phone Number: 843-891-7925

Home Phone Number: 331-444-8185

ATAX Effectiveness Measurement - 2024 Application/2023 Event

TOPIC	PLAN	BUDGET	ACTUAL	RESULTS
Social Media/Digital				
Facebook, Instagram, Google Ad Words	Keyword advertising specific to cyclists	\$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: Jacksonville, 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/amenities. Partnerships with CAAM and other rides throughout the Southeast emphasized Pedal FUN and the beauty/destination of HHI.
Print Advertising	Target cycle influencers with a large reach	\$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 magazines for an advertorial in conjunction 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.
		\$ 35,000	\$ 35,000	

Effectiveness Measurement: Pedal Hilton Head Island 2024**2024 Grant: \$40,000****Category 1: Destination Advertising/Promotion: 100%*****Advertising and promotion of tourism so as to develop and increase tourist attendance through the generation of publicity.***

- Direct Expenses	
Email Marketing	\$
15 Marketing Emails from Pedal with 4 audiences (6,000+ cycling database, 3000+ from Bike Bluffton/Pedal Combined, 800+ from Pedal participants only & 1 database of local businesses for sponsorship solicitation)	1,175
2 Marketing Emails from Local Life Magazine / out-of-market, 25,000 reach / Charlotte	800
4 Marketing Emails from CAAM database / 12,000+ audience / Southeast US cyclists	1,200
Print Advertising	
CH2 Magazine, 1 Print Ad / 33,000 reach	1,169
Printed Media	
Post Cards included in participant packets for 15 CAAM bicycling events in FL & southern GA / 7,500 reach	1,475
Post Cards included SC/GA retail/hospitality/local bicycling event distribution plus event swag/giveaway bags including rides in Savannah, Walterboro, Charleston, Claxton / 2,000 reach	380
Posters/flyers for Beaufort Country retail/hospitality outlets	414
Social Media	
7 Facebook Ads / 95,702 combined reach	1,000
24 Facebook Posts / 1,700 reach east post	
2 Instagram Ads / 23,333 combined reach	440
9 Instagram Posts / 1,016 reach each post	
Text Marketing	
11 Text Message Campaigns / 781 reach each send	635
Partnerships & External Promotions	
Estimated reach 6000+ Southeastern Cycling: 2 months of display ads on the website, Facebook promotion, and newsletter inclusion Palmetto Cycling Coalition: Newsletter inclusion and Facebook Promotion	450
Website	
Platform fee; 46,400+ Website visitors on www.pedalhhi.org from 12/1/2023 – 5/21/2024	205
- Professional Service Expenses	
Two Vendors: Libby O Marketing and CAAM Events. Marketing content creation, graphic design, website design & maintenance; marketing calendar; photography & video, post-event survey, participant demographics/metrics; Facebook posts in 18 cycling clubs (SC,GA, NC, FL) with 20,963 reach (group members) each post	14,786 15,871

2025 Pedal Marketing Plan & Strategy

Approach:

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

METHODOLOGY	AMOUNT	STRATEGY/COMMENTS
Social Media/Digital		
Facebook-IG Advertising/Google Ad Words/Retargeting	9,500.00\$	Advertise in specific cycling groups and areas using keywords
Photography & Video	2,000.00\$	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	1,000.00\$	Email marketing campaign, purchase of target interest lists/databases
Print/Outreach		
Collateral + Storytelling	8,500.00\$	Pre-written placed articles; posters; print materials; handouts
Print Advertising/Out-of-Market	5,500.00\$	Target cycle clubs, and out-of-market events with a large reach.
Travel Articles	2,000.00\$	Pitch cycling/travel magazines for an advertorial for cycling vacations
Real Estate/Hospitality Outreach	1,500.00\$	Connect with local realtors, hotels, and STR managers for visitor participation
Radio & TV	4,000.00\$	Radio ads; TV appearances comped
Special Projects	6,000.00\$	Kick-off to Bicycle Month (May) expo, criterion event, pre-ride celebration/cookout
TOTAL:	45,000.00	

2024 Pedal Hilton Head Island – Event Summary

Participant Breakdown

62A: 60
62B: 150
40: 124
30: 108
20: 144
10: 58
Family Fun: 31 (BGC)
Virtual: 5

Pedal for a Kid (included in the numbers above) registrations: 27

Demographics

(Note: Not included in the demographics are the 31 youth, teens and chaperones from the BGC. Not all questions required responses.)

Tourists >= 50 miles: 44%

Locals < 50 miles: 56%

Islanders

Top 10 States:

SC	399
GA	104
FL	55
NC	41
VA	7
KY	6
TN	5
AL	4
OH	4
PA	3

Age & Gender Breakdown:

Age group	Female	Male
0 - 12	3	2
13 - 17	4	1
18 - 24	4	3
25 - 29	2	2
30 - 39	12	11
40 - 49	40	35
50 - 59	98	57
60 - 69	103	157
70-79	27	79
80+	2	9

How did you learn about this event?

Options	Responses	Percentage
Previous Participant of Pedal HHI	379	60.0
CAAM Events	24	3.8
Friend / Family	104	16.5
Email	20	3.2

Options	Responses	Percentage
Facebook - PedalHHI	22	3.5
Sponsor	3	0.5
Cycling Club	34	5.4
Internet Search	21	3.3
Other	14	2.2
BikeRide.com	2	0.3
Facebook - CAAM	2	0.3
Event Postcard	2	0.3
Bike Shop	5	0.8

Your Primary Cycling Club

Options	Responses	Percentage
No Club	424	67.1%
Kickin Asphalt Cycling Club	67	10.6%
Sun City Cyclers	31	4.9%
Outspokin Tweeners	14	2.2%
Air Force Cycling Team - SouthEast Region	10	1.6%
Coastal Bicycle Touring Club	9	1.4%
North Florida bike club	8	1.3%
Hilton Head Cycling / Robson Forensics	5	0.8%
Knox Cycling Collective	5	0.8%
UMOJA	5	0.8%
Bull Mountain Cycling	4	0.6%
Coastal Cyclists Charleston	4	0.6%
Bank City Bike Club	3	0.5%
Freewheelers of Spartanburg	3	0.5%
Metro Atlanta Cycling Club	3	0.5%
Adventist CLT Cycling team	2	0.3%
Bluegrass Cycle Club	2	0.3%
Chain Gang	2	0.3%
Every Woman Cycling Team	2	0.3%
Level Up Cycling Club	2	0.3%
Midlands SORBA	2	0.3%
Red Clay Cycling	2	0.3%
South Side Cycling	2	0.3%
The Rusty Chains of Warner Robins	2	0.3%
Benisimo	1	0.2%
Bike Doctor	1	0.2%
Bonafide Riders Cycle Club	1	0.2%

C26 Triathlon	1	0.2%
DIVAS CYCLING	1	0.2%
Finger Lakes Cycling Club	1	0.2%
Global Elliptigo Riding Club	1	0.2%
Golden Isles Chain Gang	1	0.2%
Hopfly Cycling	1	0.2%
KRT QRT	1	0.2%
Long Cove Club Bike Club	1	0.2%
Misfits Cycling Crew	1	0.2%
NCBS North Carolina Bicycle Club	1	0.2%
Peninsula Bicycle Association	1	0.2%
Smoking Wheels Cycling Club	1	0.2%
Tour de Friends	1	0.2%
UF Team VetMed	1	0.2%
Unity Riders Cycling Club	1	0.2%
Western PA Rails To Trails bicyclers Meetup	1	0.2%

Your accommodations for Pedal?

Options	Responses	Percentage
Live on Hilton Head Island	208	32.9
Staying on Hilton Head Island	227	35.9
Driving in for the day of the event	122	19.3
Other	43	6.8
Staying off-island	32	5.1

Where are you staying?

Options	Responses	Percentage
Don't Know Yet	62	28.4
Airbnb	35	16.1
Staying With Friends or Family	19	8.7
Home2Suites	4	1.8
Spring Hill Suites	3	1.4
Courtyard Hilton Head Island	10	4.6
Other	11	5.0
VRBO	4	1.8
Marriott Hilton Head Resort & Spa	7	3.2
The Beach House	13	6.0
Own My Home/Villa/Condo	15	6.9
Holiday Inn Express	7	3.2
Home/Villa Rental	18	8.3

Options	Responses	Percentage
Disney Resort	2	0.9
Timeshare Unit	7	3.2
HHI Motorcoach RV Resort	1	0.5

If you are visiting Hilton Head Island, how many people will be traveling with you?

Options	Responses
Not Applicable	220
Just Myself	163
1	129
2	70
3	26
4+	51



1,160 riders & guests

ROUTE CAPTAIN RESPONSES

62A

Thank you, Andrea and Russ for your all of your efforts. This really was a very well executed event for a good cause.

The BCSO/SCHP and Sea Pines security coordination for traffic control was very good. The each hand-off between agencies was seamless. No doubt this presence helped to minimize any hostile driver behavior.

Generally, the course was rode smoothly. The conflict with the 62A caught behind the 40 group on Union Cemetery & Dillon was awkward. Some preliminary thoughts to minimize conflicts in such circumstances might include:

- Neutralizing a slower field as is often done in races where a separate faster field catches a slower moving field to allow the faster group to pass without conflicts. This sometimes employs but does not require moto support to herd everyone through. The key is to provide clear communication to the group being passed of what is happening and what is expected.
- Training the ambassadors to communicate expectations (noting that in some cases the ambassadors were actually the ones creating the obstruction by riding offset from their group and on the far left-side of the lane. The slower group should move to single-file (or into a tight double pace-line) and yield the left-side of the lane to the passing group. There didn't seem to be much recognition or reaction to calls like "On your left", "Passing on left", etc.
- Lead and trail vehicles accompanying the slower group can shift far right or even use part of the shoulder to facilitate passing. However, if they were to stop, the slower group would likely just fan out across the road and block the lane.
- There are apps available that can be employed to coordinate the positions of groups in real time.

There are group riding skill development and learning opportunities that can make for safer and more enjoyable riding for everyone, especially less experienced riders. Obviously, these aren't day-of-event opportunities.

62B

Per your request, following are my impressions of the PEDAL Hilton 2024 event. These impressions are formed from participation in the 62-B group. Some are obvious and evident, but I include them anyway.

- The geography and demographics of the island (dense traffic, relatively small island area) present a complex set of planning and execution variables directly bearing on safety and communications clarity for participants. Thoughtful route planning, route observers, law enforcement cooperation, and ride ambassadors diminish potential confusion and adverse safety issues.
- Law Enforcement escort across the bridges is mandatory for rider safety.
- Competent and fit Ride Ambassadors contribute greatly to the safety goals of the event.
- Development of a pre-event ride plan greatly helps communication of expectation and event boundaries to ride ambassadors.

- While the substitution of bibs for antennae was a welcome modification, the bibs are hot and probably are less welcome than a jersey, perhaps. It is understandable that Russ rightly wishes to make available to the cause every penny, I know that Ride Leaders would prefer something different....just sayin'!
- Although riders were permitted to go "off the front" after the law enforcement escort detached, very few took advantage of that feature.
- Soft-peddalling - after major direction changes and following descent off the bridges - is highly instrumental in maintaining group cohesion and therefore safety.
- I have been a ride leader/ambassador for PEDAL 2022/2023/2024. Far-and-away the most dangerous situation (62 is the last 3 or 4 miles when riders 'smell the barn" and leave the formation in an unstructured race to the finish line. This occurs in dense traffic and with no regard by the riders for etiquette, rules, or traffic law. This is not a result of poor planning or lack of structure.....it is the result of poor, unruly rider behavior. Not sure what to do about it.
- Having a "navigation lead" in my group, who is thoroughly familiar with the island is, in my view, absolutely necessary, even with the absolutely accurate Ride With GPS route guidance.

40

Overall, things went smoothly. There was one issue that was of concern to me. On Beach City Road we were passed by the 62As. To do so, they were weaving between our group and the oncoming cars in the left lane. This went on until they got past the police car. I think they were cutting it a bit too close to the oncoming traffic and not clearly signaling their intentions. This was more of a danger to themselves than to us, but I would have slowed down and passed in a more controlled fashion.

At another point, we had to stop the ride to let the 30s(?) pass in front of us. This was just a matter of unfortunate timing; five minutes either way, this would not have happened.

No accidents or injuries other than Alejandra.

30

What a great group of ambassadors we had for the 30 mile group. No matter how much you plan, there is always the unexpected and the need to adjust "on the fly". As the police car pulled out onto Pope Avenue, Elaine McCarron yelled at me "my chain is off". Knowing I could not stop the ride I told her to see you or Russ to get it back onto her bike. For a last minute addition, Vince Rupolo was committed. After my sending him the cue sheet he went out and drove some of the public areas he was not familiar with to acquaint himself with the route. Any member of the team could very well be captains for this group. This is my fifth year with the 30 mile group. The first year we did not make it from Celebration Park to New Orleans Road without an accident. This is the first year I have been the ride leader, always before either sweeping or riding back in the pack. What amazed me was the quality of the riders compared to five years ago. Elaine and Tom both shepherded about five riders each who were unable to ride the pace. But about

90% of the riders were capable of the 12-14 mph pace. Not only that but as I communicated/pointed out areas of concern, this information was relayed back through the group. I was both surprised and impressed by the riding ability of the group.

I stopped the group at the old Cross Island Administration building to get the group together before heading down Marshland. The 62A group passed us while we were here. The 62 B group passed us as I was getting close to Leg O Mutton intersection. I do not know whether there was any conflict between our group crossing Marshland and the 62 groups being on the road. But if 30 mile leaders and Marshland crossing volunteers are prepared, hopefully this will prevent any problem. The timing of each of these groups will seemingly always put them both on Marshland at the same time.

You and I talked about moving out onto Matthews Drive as we approached 278. I slowed some to let two cars by and then moved onto the street at the little church. I advised the riders behind me of what we would be doing. While this must be done with some caution, it was the correct thing to do to avoid the usual crossing at the corner. I had concerns about this intersection since we had to cross both 278 and Folly Field. The State Police were terrific! They saw us coming and got out and stopped all traffic and our group was able to ride through the center of the intersection without any problem.

As we were on the bike path on Dillon Road the 40 ride group passed us. As we got closer to the Beach City intersection I slowed our pace since I could see the 40 mile group was making a right hand turn and we would be going straight through the intersection. I saw Scott Devendorf at the end of the group and started to go ahead but turned around and saw about four riders behind him. We managed to avoid any problem. After the ride somebody who was volunteering at this intersection came over and thanked me for slowing down to avoid any problem.

At times I stopped cars to permit our group to ride by them safely. That Sunday morning is not a good one for drivers wanting to move around the island. Putting that many bikers in so many groups in a confined space is difficult. I think it was managed as well as possible this year and much of that credit goes to Andrea.

Recommendations

My first one may create more problems than it solves, but consider breaking the really big groups into two separate groups riding a couple minutes apart. It creates more logistical problems and the need for more ambassadors but perhaps makes the groups more manageable. I will admit feeling more strongly about this the last several years than this year. The 30 mile group has always had more stragglers than this year. So maybe riders are getting more realistic about their ability, and this is not as large an issue.

The group Elaine rode with were visitors and rented bikes for the Pedal HHI event. She told me the bikes were pieces of crap and most anybody would have a problem riding them for 30 miles at the going pace. Perhaps the committee should consider working with a bike rental company to get decent bikes for visitors riding Pedal and make this information available for people when they register.

It always seems like the 30 mile group is the last to arrive back to Celebration Park. I would report that we arrived only one minute after Andrea's projected arrival time for our group. While I was able to find a sandwich to eat, many other 30 mile riders reported there was nothing left when they ambled over to get some food. Maybe consider holding some food back for the later arriving groups and those riders who are stragglers.

20

I do not have a lot of feedback, but here you go:

– Most people that I talked to thought that the event was extremely well organized, and the new/revised routes were good. I did not hear any negative feedback regarding the routes.

- A few people observed that the availability of food was choppy, but frankly, they did not care too much. Instead of sandwiches/pizza, a number of people mentioned that they would be happy with bananas, granola bars, oranges, snacks, and the like.
- everyone was grateful for the volunteers on the roads and at the intersections, but a few people commented that the volunteers were not especially proactive at trying to manage or control car traffic.
- finally, I still have one ski bib to return to you. (sorry about that).

10

The biggest issue we had was on the return while crossing Pope at New Orleans. With only volunteers there (no traffic control) our group got split in two with the changing of lights.

We paused the ride 3 times to hydrate and make sure we stayed together, with the 3rd time on Cordillo shortly after that light, so we were back together quickly. But I did overhear some riders wondering why we weren't able to cross together.

And there was one crossover in Palmetto Dunes that in a perfect world would have had a safety volunteer.

But I was really pleased with the placement of the many other safety volunteers, traffic control and the preparedness of Shipyard and Leamington with the gates. Overall an excellent job by the Pedal team.

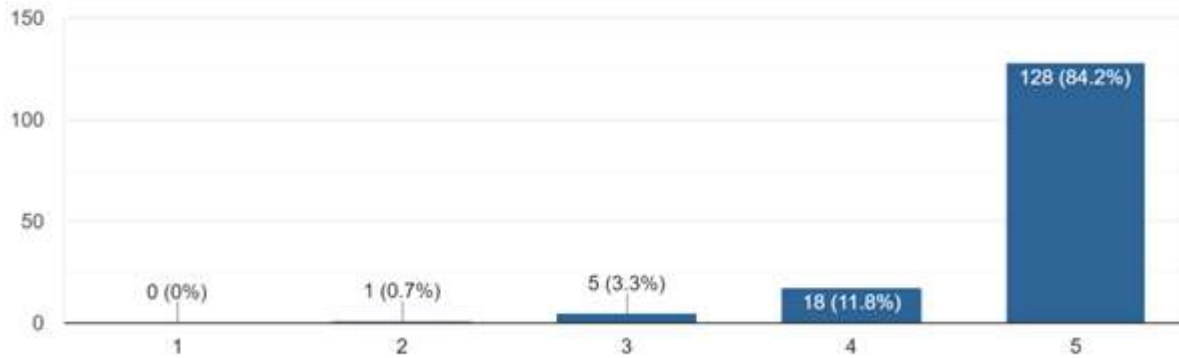
There was a crowd of at least a dozen people cheering us on at a condo in Shipyard. My wife said she felt like she was riding in the Tour De France.

SURVEY RESPONSES

Registration and Event Packets/Merchandise

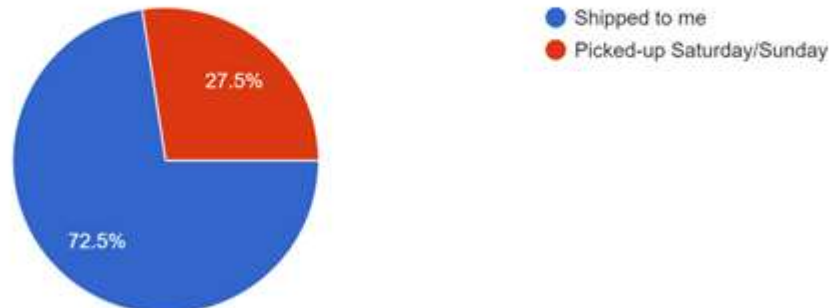
How would you rate the registration process for Pedal Hilton Head Island?

152 responses



How did you receive your event packet?

153 responses



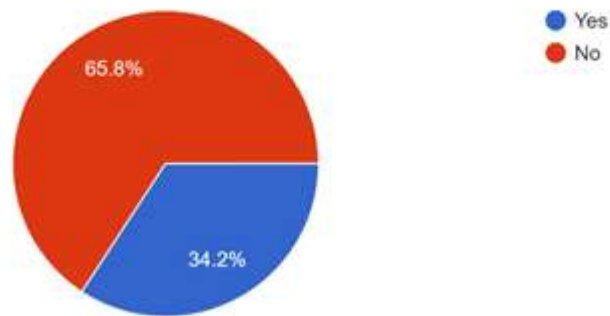
Which method do you prefer to receive your event packet?

153 responses



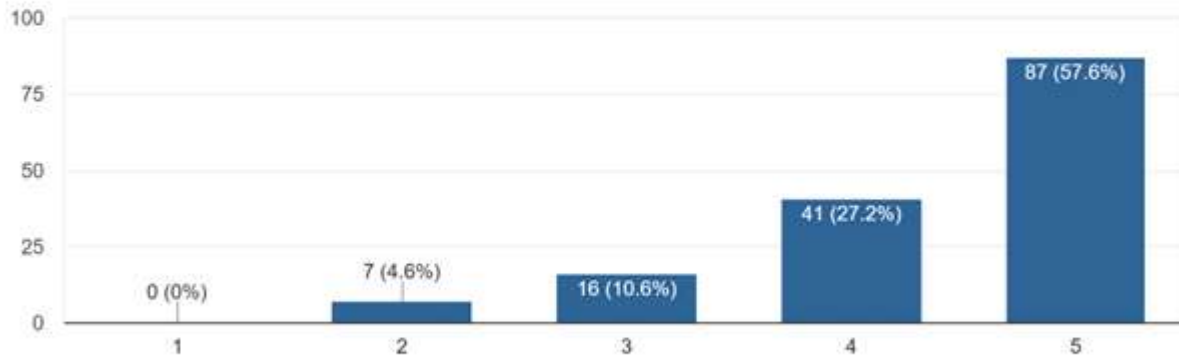
If not included in your registration, would you pay an optional fee to have your packet shipped?

152 responses



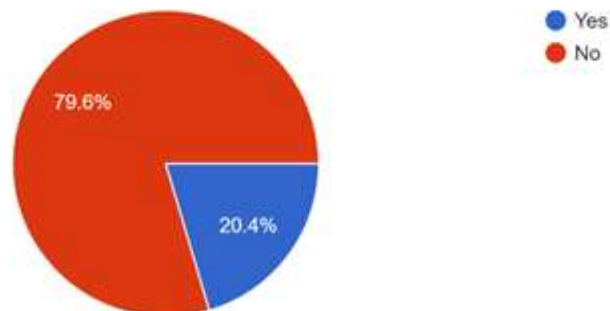
How satisfied are you with this year's t-shirt offered with your registration?

151 responses



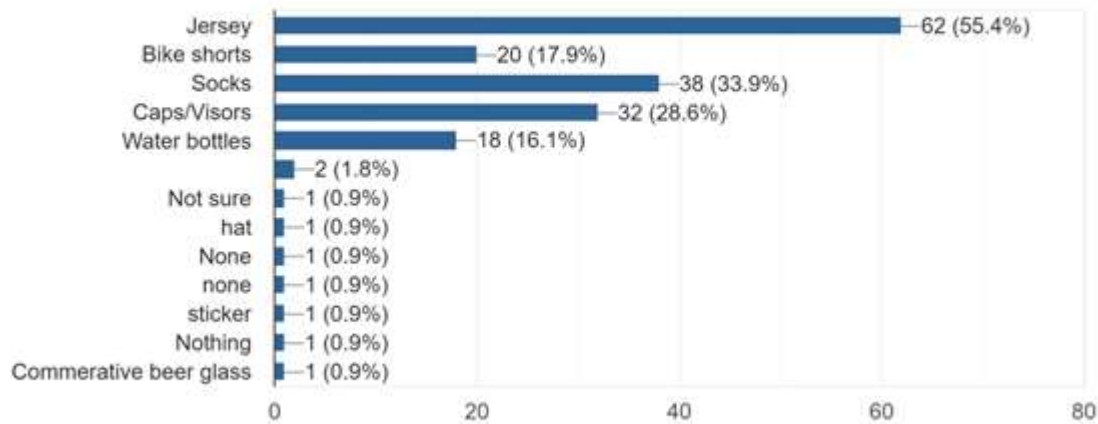
Did you purchase additional merchandise this year (jersey, extra t-shirt, cap/visor)?

152 responses



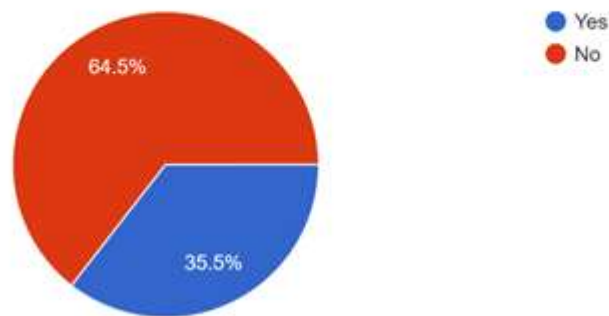
What Pedal merchandise offerings would you be interested in purchasing?

112 responses



Did you shop at the MuMu trailer?

152 responses



Comments:

Please provide any comments/suggestions about registration or merchandise:41 responses

- When giving the rider briefings please give instructions in mile distances, not streets or neighborhoods. Most people that ride this are not from the area and using street names or intersections or neighborhoods is entirely meaningless. However, if you give those instructions at mile marker, X, then everybody will understand
- I am a pretty tall guy. It would be nice to have tall selections for the shirts.
- All good for me.
- Did not see or know of the Mumu trailer or would have checked it out.
- Process was very easy but I felt the t-shirt would've been too hot to wear on race day so I wore my own shirt. I did like the design tho.
- N/C
- We were with the first group of B riders and the food was gone
- Hard to find info about when/where to pick up registration packet if not mailed

- Very disappointed in not receiving my packet in the mail as promised. Bike path did not feel like a safe ride. Too much cross traffic and inexperienced riders made the ride difficult with their constant lane changes, lack of hand signals, inconsistent pacing.
- Please provide medals
- I thought one of the u-turns several miles from the finish was not well marked and there was no volunteer for direction. We had to work our own way across two lanes of traffic. Luckily the traffic was not moving very fast. But, there sure was a lot of traffic.
- Prefer shirts to be a better quality. Not a cotton or cotton blend.
- Brighter colors for the t-shirts!!!!
- I would like a woman's style/fit t-shirt that isn't so long. (men's style/fit)
- I thought it was a great event!! Well done!!
- I thought it was a great event. I loved the on course support the volunteers and sheriff officers were on point and kept us safe in tight traffic's places. The lead truck kept a solid pace. The only issue I had was with some of the riders. I rode the 40 mile route with friend and had a good time. However, when the 60's caught/passed us... They put A LOT of riders in a bad place.
- Disappointed my purchased jersey was never received and I had to reach out a few times to check on it; refund was received but wearing the jersey during the ride would've been better. Jerseys should be sent earlier and suggest having some extras for such occasions/mishaps. Also, I came in with the 30-milers and went straight to food. Pizza was gone and there were only a few picked over sandwiches. Was told by volunteers that others riders were taking multiple sandwiches and slices of pizza which is why they ran out. How about providing meal tickets so everyone can have food?
- Great people
- Great event ran smoothly easy to participate. Maybe something other than Gatorade? A suggestion would be various sports drinks like Nuun or scratch?
- Process is well organized and operated smoothly
- Would consider buying a sleeveless event jersey (women's style)
- Really enjoyed the ride and fellowship. The A group was intense towards the end and I loved it!
- no interest in merchandise
- Some of the 2024 Pedal on Hilton Head jerseys were on the clearance rack outside which was a little confusing. Spoke with the attendant and she explained they were model jerseys and were for ordering only and not on sale. After a few people did the same as I she removed them from the clearance rack. The tour around the Boys n Girls club was awesome. Logan was a great tour guide and very knowledgeable! The ride was awesome and the roads were pristine! Definitely will be back next year! Had a great time and met some amazing cyclists
- Could not attend this year. Virtual registration.
- Thanks for the "regular" colored shirt this year! I can definitely see myself wearing this out and about this summer. The food at the rest stops and volunteers were awesome! I love the addition of pickle juice (THANK YOU) and great variety of fruit to keep the cramps away in this early heat wave.
- Very well organized. After SAG stop signage was harder to find for the path back.
- Everything was very nice
- I would suggest that pins, such as that that are used in placing such things as the American Flag, membership logos, etc on lapels and clothing are made available to purchase for mounting the registrant's number onto the clothing.. I do not know if they come plain or what the name is, but the top part has a pin which goes threw the clothing and a cap is pushed onto the pin The cap has two small "flaps?" are squeezed together to release the pin, thus the bib number from the jerseys and

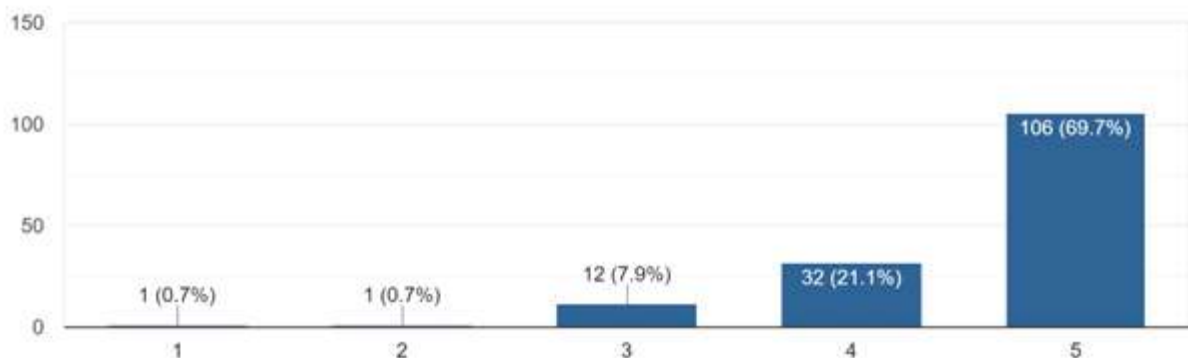
shirts. I purchased a card of 4 "sew-on-snaps" by hobby Lobby that were just pinched together and they held for the ride The "lapel" pins would be less cumbersome and would hold better.

- Could have had more vendors
- When registering multiple persons only require 1 email address. I registered 2 kids and 3 adults. All required different email addresses
- I did not like the color of this years shirt, but I know you can't please everyone.
- Definitely medals over food. Bike rental options needs to be expanded to more options as out of towners don't know how many bike rental options HHI actually as this ride for 20+ miles needs a road bike and not cruisers or hybrid cruisers. We looked at the 3 rental options made available to us at registration and none of them had road bike rentals.
- Change routes or adjust times so the 62 and 40 mile routes don't cross each other. It was dangerous when we came up on the slower group.
- Learning the fabric content is important with determining size. Enjoyed Pockets Full of Sunshine involvement. Would be happy to pre-order some of their cookies!!
- Registration was outstanding and the cookout was fantastic. I purchased a 2022 ride shirt
- It was extremely difficult to find information about packet pickup. The timeline included a start time for Saturday pickup, but did not include an end time.
- The merchandise was limited. I recommend additional vendors.
- Jerseys at event

Event Communications

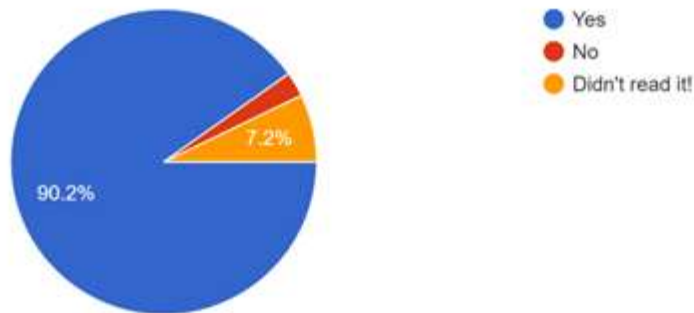
How satisfied were you with email/text communications about the event?

152 responses



Did you find the Event Info Guide helpful?

153 responses



Comments:

Please provide any comments/suggestions about event communications:27 responses

- This event remains one of the most well organized and run events I have ridden.
- Very thorough
- A few too many emails and texts. Although I registered early I got numerous communications promoting registration.
- N/C
- No food left for the front group in B riders
- Communications were too limited and not enough detail about event
- Excellent job
- Why did the 20 mile use the same route both ways
- I didn't realize until I got my packet and looked at the map that the 20 mile ride didn't go over the cross island bridge. The route was mostly back and forth on 278, which was already crowded with walkers and bikers who weren't part of the event. Why was the route changed from the loop it had been last year? Thank you.
- All good
- Maybe at the end have large coolers of water instead of all the bottled water. I'm kind of a less waste person.
- The start of the ride was a little confusing because some of my fellow group cyclist was confused as to the A n B group for the 62 mile. At the sound of the horn at 7:40 everyone just took off and so did I not knowing I was not in the B group like I was suppose to be but was in the A group . Just use to most group rides the A n B group are separated in before the ride begins. Maybe I missed something during the announcements
- Email is fine
- Make it clear that helmets are required.
- Once I have registered, please don't send any more communications asking me to register
- Event communications were very good
- Well organized. I wish there was a "plackard" mounted on a "sandwich board" that we could pose behind before or after the ride, indicating which section we took part in, such as my 20 mile event.
- More details on each ride. Expectations.
- i registered and continued to get emails about registering, somewhat confusing

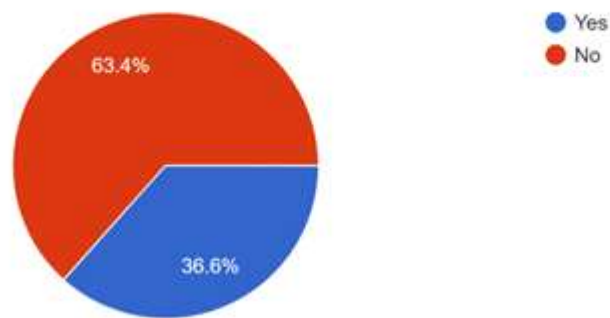
I felt like I was overwhelmed with solicitations to register for Pedal Hilton Head for months after I registered.

- Really good!
- Simply outstanding!
- It was not clearly stated that a group ride would take place almost completely on side walks
- No recommendations
- I registered early and after that got continued reminders to register. Made me wonder if I had even registered. Make me go back and check.
- n/a
- Excellent job

“Grill & Chill”

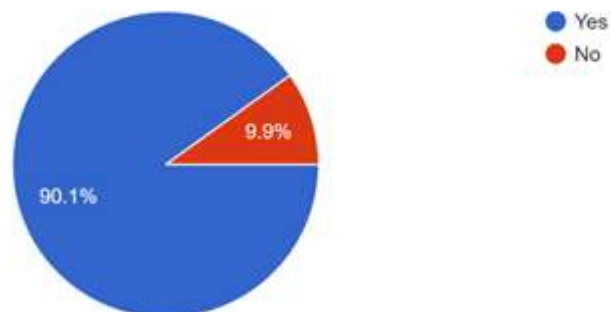
Did you attend "Grill & Chill" on Saturday afternoon at the Boys & Girls Club?

153 responses



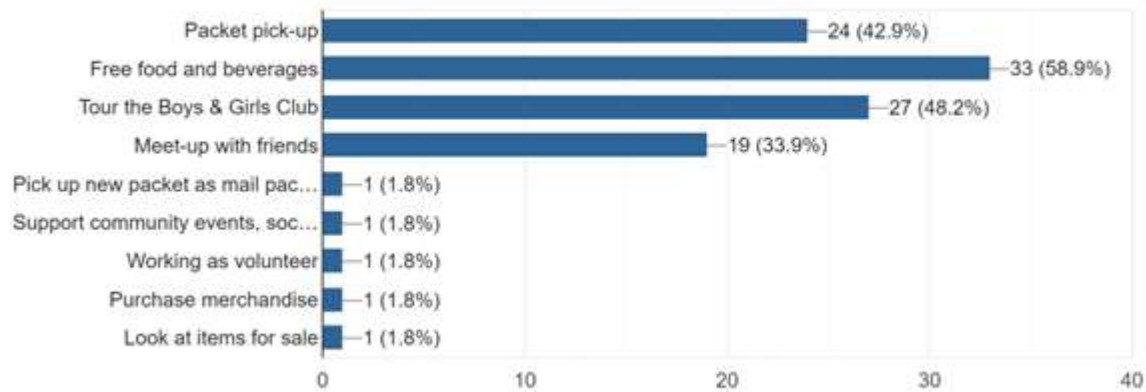
Should "Grill & Chill" be a regular and on-going part of the Pedal weekend?

121 responses



If "yes", please share your reasons for attending (check all that apply):

56 responses



Comments:

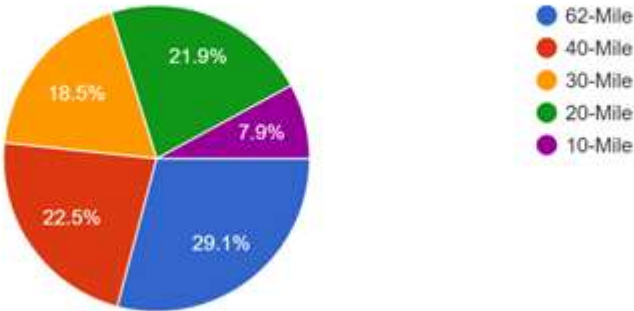
Please provide comments/suggestions about "Grill & Chill":23 responses

- We have tried two years to get there and our travel has made it difficult. We will try again next year.
- I thought it was great. Thanks
- the Grill is a good thing. Just not for me. Now if it had a band, food, and beer.....
- I attended last year and realized what a great facility the Boys and Girls club is. It prompted me to fill out a volunteer application.
- Great food and time
- Great pre-race event!
- Brought my son along and really enjoyed seeing other kids his age. He shot a few hoop as well.
- Nice to add soft drinks to the menu
- Great food
- I attended the Grill and Chill in 2023, and it was nice to get a tour of the club.
- The facility should be utilized and promoted , it is a wonderful asset and reason to ride.
- Beer selection in 2023 was superior than this year.
- Our guide, Siara? was fantastic. I am not sure ov the spelling, but she is in the 5th grade. and food was great.
- Love the Grill and Chill. Good is great. Thanks so much
- We did not attend because the food was undercooked last year. In addition to the quality, the quantity was not there, NO FOOD LEFT. We skipped it this year.
- soft drinks would have been nice but drinks were okay
- I've attended the Grill & Chill in the past. The best part of the event is touring the Boys & Girls Club and learning more about what they do.
- Good food and beer
- Went last year and enjoyed.
- It was great to view the facility with Kareena, Bruce and Logan as guides. Those young teens are very articulate and well engaged with explaining all of the different activities the children are exposed to on a daily basis.
- Add a salad or greens
- There should be some welcome from leaders
- Food was good

Route/Ride

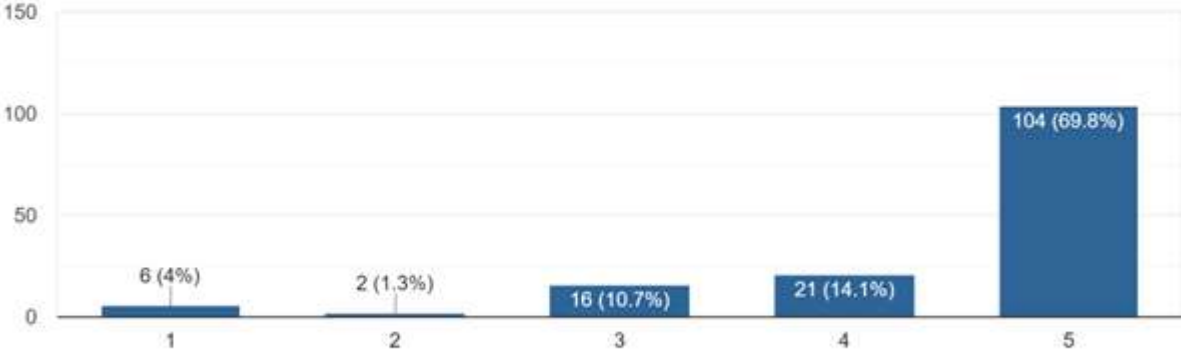
Which route did you ride?

151 responses



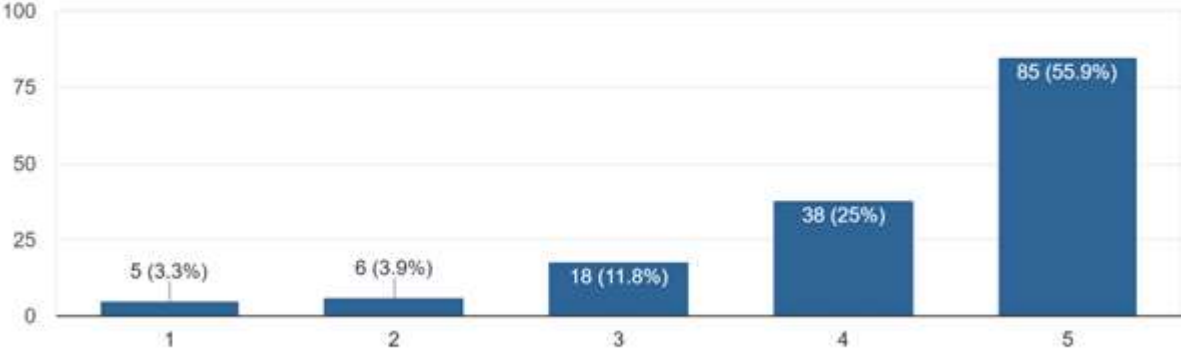
How satisfied were you with the quality of your ride leaders and volunteers on the route?

149 responses



How satisfied were you with your route?

152 responses



Comments:

Please provide comments/suggestions about your ride/route:89 responses

- constant slowing and speeding up; slowing for traffic going the other direction, people taking photos, etc. group too large; needs to be split into an A, B, and C group
- Ride leaders skipped the first SAG
- Route was great
- Somewhat congestion when the 30, 40, & 62 milers merged several times causing a lack of flow & safety in the 30 mile ride
- There was a scary part of the ride when 20, 40, and 62 were all on the same road and rail at the same time but it seemed to work out okay.
- On the route, just prior to the rest stop, we were being passed by the 62 milers; It was a surprise as the really fast riders were overtaking us, then moving into our stream, causing major braking and 'very real potential' for an accident. Adding to that confusion, the 30 milers were to the right of us, on the path, contributing to the distractions. Not sure how to eliminate this, but, we were fortunate no accidents occurred.
- Coordination of traffic activity and ride leaders to keep things in check was excellent.
- Super impressed with organization and support
- This is my third year. I did the B ride and it seemed faster this year. Frequently at 22 +. It was especially difficult near the back - the group was so large there was lots of speeding up then slowing down. Perhaps there could be two B groups to avoid this. Even a little differentiation in the speed of the two groups if possible.
- The pace was much slower than last year - it was too slow for us. Next year we may sign up for the 20 mile and only do half.
- Did not enjoy riding along 278
- A few more signs a key points would be great. Many had issues with Garmin and Wahoo computers causing confusion where route overlaps.
- The ride leaders were excellent this year. Kept us together and on pace.
- A little much yo-yo effect out front. Be more consistent.
- Ride was dangerous with bikers stopping on the narrow paths frequently and bikers behind them having to swerve out of the way. I saw at least one fall. At other times because of narrow bike paths riding was excessively slow and felt unsafe. Leaders were not helpful in dealing with these situations.
- Ride leaders need to be aware of the large pack they are leading. Too much rubber band effect. Also they should allow pack to regroup after turns and large slow downs and bridges. Lots of people falling off the back of the pack.
- There was no volunteer at the turn at Gum Tree Exit. A little confusing. Still all volunteers and ride leaders were awesome.
- I was a Ride Ambassador for 62-mi loop. The Beaufort Sheriff's officers and local PD/LEO were EXCELLENT on the protected portions of the loop. However, the participants started riding aggressively in the last ~8 miles and disregarded safe riding and surged ahead of the leaders/ambassadors. The final section from the Pope Ave & 278 Circle/Roundabout to the entrance to the park was uncontrolled. The riders rode between the lines of stopped cars as well as on their right side and ran the red lights. This also caused alarm with the cars trying to make right-hand turns into the streets and parking lots. I'm sure that the drivers had little/no idea of the

ongoing event (signage notwithstanding). It was obvious that the riders felt that they had the right-of-way, as they had earlier in the event. I believe that having LEO control at the intersections would make a huge difference in not only rider safety, but also any negative perceptions by the MV drivers that witnessed this.

- I would probably have three sweepers available at the end of the route to pick up some stragglers. We ended up with two separate Stagger groups from the main body so three would give it extra person. Also if the 30 mile is the last people going through checkpoints then we need to identify that so that we can say we are the last man. The volunteers did not know that.
- Too bumpy and narrow course. Too much crossroads.
- Ride Leaders must make sure riders stay two by two, especially when we are on the 4 lane section. Last two years we have riders passing on the left which puts them right next to traffic. If there was an issue at all it gives no out but into traffic that is flowing past us at 50 + mph. Ride leaders need to say this on a regular basis and there should be ride leaders in the front, middle of the pack and in the rear. Also no one should pass on the right either which is the emergency lane. **WE MUST LEAVE AREAS FOR RIDERS TO EXIT IF THERE WAS AN ISSUE BY NOT WORRYING ABOUT SOMEONE NEXT TO THEM.** This upsets me because I am a law enforcement officer/rider. In our law enforcement rides and this happened the rider would be put in a Sag vehicle. I just don't want to see an accident that I know could/can be unavoidable.
- I participated in the 62A group. The leaders did not stop at the first rest stop. At the 2nd one we had less than 10mins to rest and get back to cycling. At that moment I bailed out to ride with the other group. If the leaders were going to ride like this then it should have been stated up front before the ride. It felt more like a race than a ride.
- Best coordinated route in the 4 years we've been doing it.
- I found the trail to be almost too narrow in spots for the number of riders. The number of road and driveway crossing really contributed to the bottleneck at these crossings. Where there were crossing guards I felt safe crossing and able to maintain my cadence I really wished that the ride was on the road and not the trail.
- On the 62A could have built a few more sprint sections to break the pack and could re-group
- Too slow and too many bike path turns
- Some of the turns could have been better marked.
- Much improved over past years as ride leaders appropriately kept the group at the advertised pace. The ride got a bit sloppy the last couple miles as gaps along Palmetto Bay Rd and Sea Pines Circle to Pope created some safety concern but otherwise very well done.
- Guide made wrong turn. Trail too narrow, too many curves and too many stops. Need to find way to get ride on the road.
- Didn't like that the route was the same both ways
- More effort needed in route design and timing to keep the different ride groups apart.
- The leaders were great, and most of the volunteers were also. I would like the route to be a loop rather than back and forth along 278. It was crowded with walkers and bikers who were not in the event, which didn't feel safe for them or us.
- We did our own ride/ peloton of 2 people :)
- Awesome Ride
- A little more road cycling than path riding
- I find this route dangerous. The bike path adjacent to 278 is extremely narrow. It is not well maintained (low branches, tree roots, rough riding) and lots of sharp S curves. There are too many

car cuts, not to mention people (other bikers not participating in Pedal, walkers, etc.) on the path. It is frankly dangerous to keep up a 11-13 mph pace while riding on this path immediately next to 278 with cars whipping past as well. I don't think I'll do the 20 mile route again unless it is changed in the future.

- Great volunteers
- There are lot of Seniors riding and there should be more rest stops. The first stop is not until 28.4 miles. That just too long
- Ride leaders mostly stayed at front of the group and apparently were not aware of riders in the back of the group. Leaders allowed ride to exceed the posted average pace of 17-19 MPH. Hardest part of the ride occurred near the end of the ride when we climbed a steep bridge. This could have been planned earlier in the ride when we had more energy. Lastly, leaders were absent at the end of the ride where we had to navigate heavy traffic.
- Should not have the 60,40 and 30 routes converge at any time/location. It created a safety hazard
- Not sure what happened with the indigo Run portion. Gate was closed when I arrived and there was not a volunteer to let me in or advise of course change.
- I was directed in wrong direction at one stop; indigo Run gate was closed when we got there; no refreshments at rest stop; slower pace or second wave.
 - The pre-ride announcements indicated that the first portion of the ride (through Sea Pines) would be at 17 MPH, before splitting into the A/B groups upon leaving. Significant portions of the ride here were 19-20 MPH. 2. The registration information indicated the need to stay together for the bridge crossings and the groups would be escorted through the Honey Horn rest stop (after which the escort was no longer needed). I know I wasn't the only rider who was surprised when the B group leader blew the whistle indicating that we were leaving the stop in 2 minutes. I remained at the back of the group through the second stop (another departure whistle), but was finally dropped returning southbound on Marshland. I don't mind group (or paceline) riding, but don't particularly enjoy riding in a large group (50+) of unknown riders. There were quite a few times when hard braking was needed, even though there was no visible problem (such as a corner or rough road). 3. As I was no longer with the group returning on the Cross Island Parkway (at ~55 miles), I ended up in the Honey Horn rest stop again; there was no sign indicating to continue straight, nor was there a sign to exit/return at Spanish Wells. I had to use my bike GPS to catch the exit ramp.
- The ride ambassadors weren't communicative during the ride and the skill level was not up to a level that I felt safe all the time. There was a young lady who wore the ambassador bib and I saw her twice make unsafe moves without looking for other riders safety she was right in front of me both times. The ambassadors in the B group took off at a very high rate of speed after crossing the last bridge. I was riding between 26-28 mph average and was left way behind. The most dangerous part of the ride was the last few miles in all that car traffic without any leaders on the front to control speed and navigation between the cars. I was so happy that no one was injured. A few times we were riding on a main road going around a mild curve when they would start slowing down when the road didn't require that, which in turn created an unsafe quick slowing of the speed and bunching up of the riders.
- The ride was not enjoyable. Too much congestion at every turn and at other unexpected points....at least one person fell near the shipyard lagoon. Not nearly enough space between riders.
- Too much on the trail and not on the road in the 30 mile
- Would like to ride on the road more.

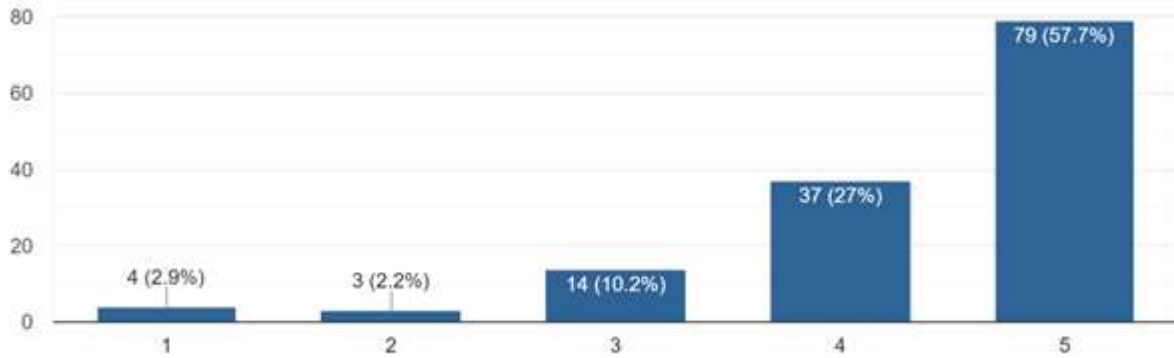
- we liked the 20-mile route two years ago that went up and over the cross island bridge and around marshland much better than the down and back to port royal on 278 route. previous route was much more interesting and scenic and we saw new areas of the island rather than the commonly traveled 278 route.
- Me and some fellow teammates got separated from the group and had to figure out to pick back up with the group. The separation came on the bridge in which I feel a little more time should be given to get fully across. Maybe have an extra SAG just for the crossing over the bridge and have the ride leaders hold the group for 2 mins to make sure everyone crosses over before continuing on. It was my first year.
- Too much time riding on bike paths.
- more road. less path
- We had great sherpas! I don't remember seeing them last year, but they kept us together and organized!
- Missed the bridge
- We did not see the beach
- Only suggestion: Stagger the start and prevent 30 and 40 mile riders arriving at the 1st rest stop at the same time. The result was very long lines - avoidable
- It would be better if: a) ride leaders explained they were skipping first rest stop. Not a big deal as I knew to expect that, but others likely did not. b) one more comment about the A group - "it's a ride, not a race" or that "22 is the cap, not the average" might help. Of course, many in the group could go faster, but some expected a race. c) is it possible to paint the road with colored arrows for each ride length?
- After SAG stop we were left without a guide or signage to get us back. Missed a portion of the mileage near Burke's Beach.
- Slow pacer. Too many stops causing our group to finish last
- Would suggest that the oncoming pedestrian bikers and walkers are rerouted to the other side of 278 during the race. Close call accidents several times.
- All of the squad was really nice and easy to approach
- Great volunteers!
- As with these events, there will always be those who want out in front and that has to be so the line is stretched out and more manageable. but if you were in the last grouping, it seemed as though the restart was too quick for us, especially those who needed the rest rooms.
- Preferred the 20 mile route of the 2023 Pedal HHI better versus the out and back route this year.
- Being mostly on the bike path was hard! I didn't expect to stop as much as we did. Thought we would be on the road more.
- There was some confusion after leaving Spanish Wells and heading down Marshland because the road sign says "Marshland" in both directions: would suggest putting a Pedal directional sign there or a volunteer or both.
- it maybe easier for organizers but going up & back the same way is kind of boring.
- Enjoyed the ride. The ride ambassadors were friendly and I enjoyed meeting other riders along the way.
- This was the best year I've ridden. Maybe that was because I purposely started at the back of the group. However, I could always see the pace car and the pace stayed at the published rate.
- Adjust times or routes so groups don't cross. It was dangerous when the 62 mile group came up on the different distance groups.

- area where the 60 - 40 and 30 mile riders were all on the same road should be addressed 1 potentially dangerous situation have the 40 mile route cross over the 30 mile route
- Well though out route and police escorts and leads.
- Were registered for the 20, but the 10 looked like a more interesting route. Really liked the 20 route from last year- 2023.
- The only suggestion I have is to get the local high school involved by having a volunteer at the turns and signs along the highway showing the direction.
- The folks in Port Royal did a great job directing the group!
- We were on the bike path coming into the finish and when the path forked to either stay along the road or go directly into the park, there was no signage to say to stay along the road. The group I was with went the wrong way and had the cops at the corner yelling at us telling us we went the wrong way...but there was no way of knowing until they yelled.
- The frequent speed up and slow down for the B group for the 62 route was annoying. I like the purpose of the ride and route. You need to find ride Marshall's that don't slow down for: curves, controlled intersections, oncoming cars in opposite lane, spectators taking pictures, etc. The large group contributed to the accordion effect.
- A sign was missing to direct riders off of the parkway for the final turnaround
- Loved the pace and I think the ride leaders did a great job. Did not love riding the pathways so much.
- Excellent ride leaders and amazing volunteers along the way to keep us safe as we crossed roads. Special shoutout the wonderful volunteers in Port Royal, who cheered us on wearing sombreros & tutus for Cinco de Mayo. Their enthusiasm added to the fun of the day.
- I would have appreciated law enforcement presence when we crossed Pope Avenue, coming off of New Orleans.
- Great ride. Volunteers were fantastic. Can't say enough for the support of the sheriff and troopers!
- Got lost one time , wrong turn
- Truly enjoyed the beauty of the island and seeing areas (gated communities) that I have not seen before. The UTurn early on was a unexpected and a little dangerous from my standpoint. If used again, i suggest announcing it. (I loaded course in my Garmin and did not peruse he course prior)
- I think the route should be a loop where you repeat the same road as little as possible and stay off 278 as much as possible
- There were some complaints on the ride (not from me!) about a slow pace at times. It was clear to me that these rides were not races. By my tracking, the pace for the 30 miler was about as advertised. I think the 40 miler was more on roads versus paths and provided riders more of an option to ride a bit more at their own pace. If this is true, you may want to emphasize this more in the pre-ride communications. I think some of the 30 miler riders would have been happier in the 40 miler.
- Again, I would rathe not ride bike paths with that many riders.
- Too much of the course was on bike paths which were very hard to ride on with many people
- No comments, satisfied
- Do other rides across country, prefer stop every 10-15 miles. Route was not well marked so thank goodness for lead. Pace was NOT 14-16. 17-21 was the actual pace and frustrating as riders were aggressive with passing and kind of crappy with communication. One stop was also just okay with snacks, flow, and sights

Rest Stops and Post-ride Food

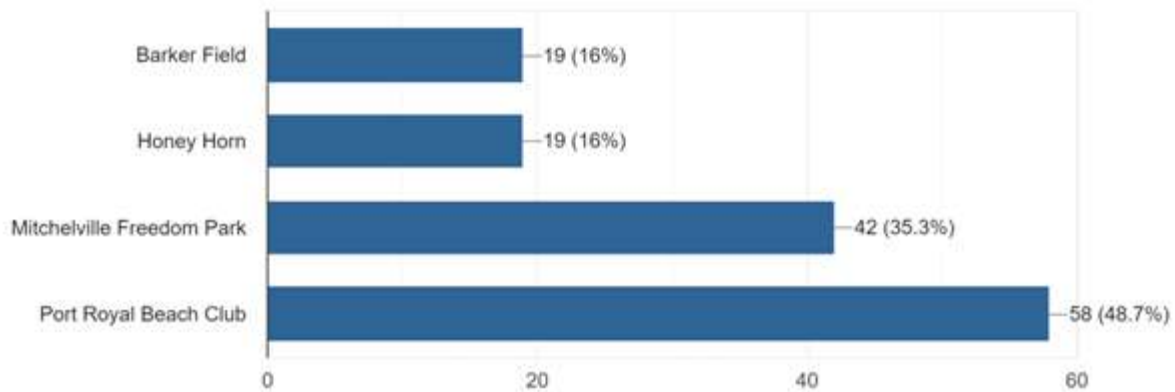
How was the experience of your rest stop(s)?

137 responses



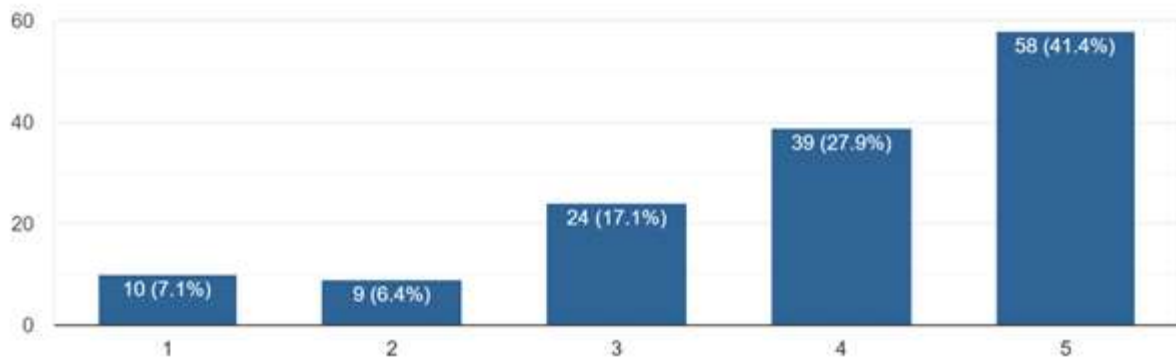
Which rest stop(s) did you utilize?

119 responses



Please rate the post-ride food and beverages.

140 responses



Comments:

Please provide comments/suggestions about your rest stop and post-ride food experience. 60 responses

- Again, I have no idea what the name of the SAG stop was. We stopped at the mile 45 stop for the 62 mile route.
- Ran out of cups at the rest stop.
- The rest stop provisions seemed a little better last year but it didn't really make a difference.
- Impressive
- Not sure the names of the two rest stops but both good.
- The sub rolls were gummy. We missed the pizza you used to have. It was great! The drinks were fine.
- You ran out of sandwiches for slower 30 mile riders. You should have held back food for later riders rather than let earlier riders gorge themselves. Very disappointing.
- N/C
- No pizza left
- Need ice cream and beer!
- I think there should be a better selection and for the second year in a row we ran out of food for folks coming off rides this year. It was the 30 mile ride last year. It was the 40 mile ride. For the amount of money and registration and the classiness of Pedal making over \$100,000 there should be a much more elaborate post ride party.
- No food left when the 62 milers made it in and we got in by 11:15 am.
- I stopped at the 40 mile rest stop because the 62A group did not stop at the 28 mile rest stop. No ice was there nor pickles for cramping.
- Great job!
- Missed the Beer truck.
- Appreciate the bike racks however the post-ride food location really needs tables to sit at.
- With the exception of the bananas and oranges, in my opinion there wasn't healthy food post-ride. It did seem that most people were eating it, however.
- Very good food
- See other comments on this issue
- Fewer single use plastic water bottles if possible. Maybe another sports drink besides Gatorade
- Need pickle juice
- I don't know the names of the rest stops but stopped at both on the 62 mile route. The snacks were very good although there was no ice available at the second rest stop when it was very hot. The post ride meal was very chaotic. There were too many riders trying to get food at the same time. I was only able to get 2 small slices of pizza. I didn't see the subs. There were only small bottles of water available. Gatorade or selection of sodas would have been much appreciated.
- When I arrived at Mitchelville Freedom Park, nothing was there.
- There was NOTHING at the rest stop. We were expecting food and drink. What happened?
- Would have preferred a better variety of pizza. Cheese pizza was the only option. The sandwiches were mediocre.
- There was a second rest stop (~45 miles on the 62), but I don't know the name. Post-ride ran out of mayo/mustard for the sandwiches, and as I was leaving, I noticed that there were no more sandwiches, either (fortunately, I had already had one).

- They could have used ice at all the rest stops for drinks. I completed my 62 ride in 3 hrs and 20 minutes but it seemed as if all the riders returned close in time. The pizza was almost gone and the sandwich need the option for more condiments. There also wasn't any cold water to drink.
- Post ride Food selection ran out before I got there. A rest stop at 23 mile for the 30 felt late in the ride.
- While I didn't experience it, some advise that the sandwiches ran out(?)
- volunteers seemed to be rushing us to leave the port royal stop. missed the pizza on the post-race menu
- More variety of sandwiches. Scratch the pizza. More healthy options. Definitely had enough snacks and hydration
- More healthy choices at post-ride. Cold beverages (had warm gatorade)
- See comment before
- Loved having gluten free cookies there!
- Having done hundreds of rides in may places, I've often wondered how to make rest stops and post ride events more unique. Would it be possible to have local restaurants sponsor a stop? Say biscuits at an early stop, burritos at another, and have a taste of HHI finale food stop - especially on Cinco de Mayo? Just a thought.
- They had run out of sandwiches when I arrived. I wasn't last in.
- Last group in so food was gone/picked over. Rest stop was to far into route.
- It was good to have food. However, the food was very processed and empty carbs.
- I did not eat at post ride.
- As mentioned above, the rest stop seemed short of the 15 minutes if you were at or near the end of the grouping Post ride food was plentiful and good.
- Didn't see any post ride food
- Did not care for the subs, they were soggy. Did not order enough pizza. Hardly anyone got pizza.
- what was bad about the Port Royal rest stop is that beverage cups were not already poured. There was only one canteen of gatorade so there was a long line to pour a little cup.
- Volunteers at Mitchellville park were fantastic. So friendly. Good selection of quick snacks mid ride.
- Liked the shade at Mitcheville. Missed the pepperoni pizza. The peanut butter cookies were outstanding.
- Ice at all stops, little better variety post ride food
- Pizza was only being delivered when I was leaving
- Thankful for all that was provided. Liked the festivity of the pizza last year, but ran out. Missed the food trucks - we patronized them last year.
- Excellent. My only request is that pickle juice and energy gels.
- Have enough food!! Or order more. Chips and cookies are not enough.
- The race organizers ran out of sandwiches for the post ride meal. A race representative was very stern in his explanation and showed little if no empathy for riders who didn't receive a meal. No apology was offered. Very disappointing.
- Port Royal rest stop was amazing! Great location & bathrooms, great snacks & the volunteers were fun & enthusiastic. Particularly loved the Pockets of Sunshine peanut butter cookies!
- I loved the bag w/sandwich, fruit, and chips.
- Lack of seating to eat
- Soda and pizza were a great post ride option that was missing this year. Personally, I was disappointed. BUT - the turkey sandwich I had was very good! The cookies provided - only one

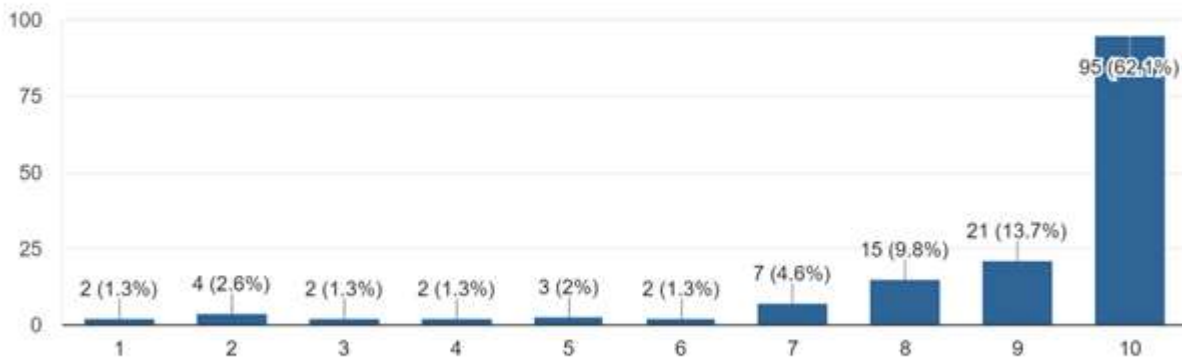
choice ... not everyone likes peanut butter (but they were good) - having oatmeal raisin as an option would have been a big plus.

- Thanks for everything
- As a plant base consumer there wasn't anything that I could consume , fortunately I tend to cover that area by bringing that which I consume!!
- Ran out of pizza
- Would have preferred grilled food
- Pizza was good. Sandwiches so-so. Appeared as though you ran out of some foods.

Overall Experience

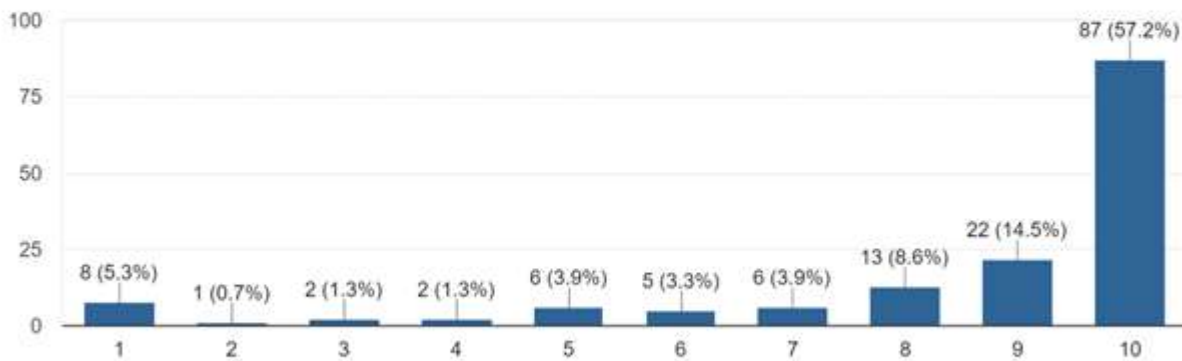
How likely is it that you would recommend Pedal Hilton Head Island to a friend or family member?

153 responses



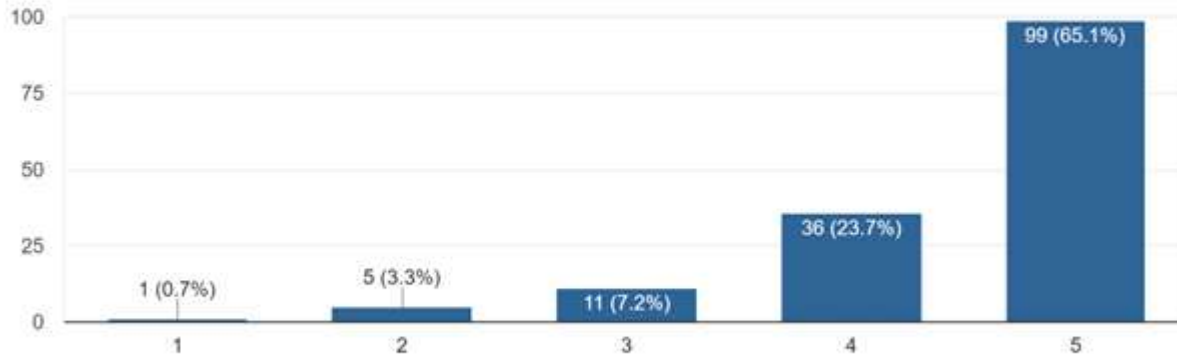
How likely are you to ride in Pedal Hilton Head Island in 2025 - on Sunday, May 4th during National Bike Month?

152 responses



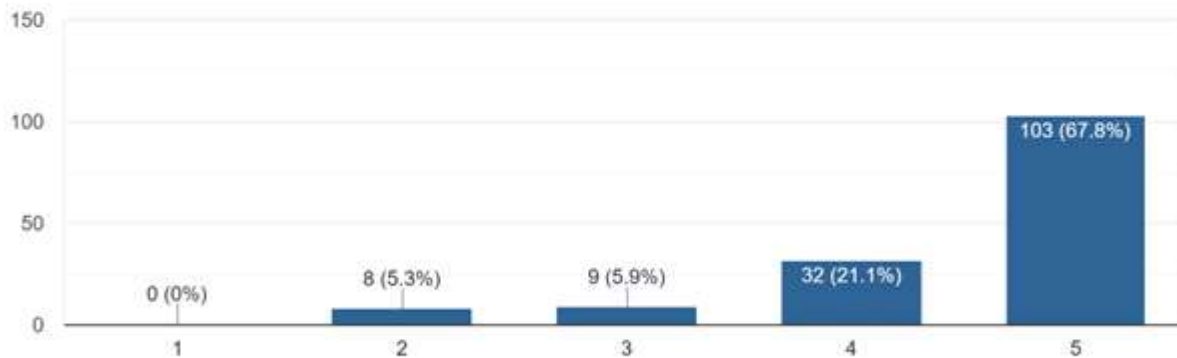
Do you feel that your registration was a good value for your money?

152 responses



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

152 responses



Comments:

Please provide additional comments and how we can improve the overall event experience. 48 responses

- I have enjoyed three years of riding this event and it is always something I look forward to !!
- I was a late registrant, and with additional donation paid ~\$109. High end of my charity threshold, being on fixed income.
- It was my first cycle event ever and I was really nervous about completing 20 miles but the experience was excellent with super helpful and friendly people to guide me. I hope to do the 30 mile next year!!
- When we first started participating in this event it was called Pedal for Kids. I don't know why the name was changed, but I feel like Pedal for Kids better identified the mission, which is to raise money for the Boys and Girls Club. It is a wonderful event, nonetheless.
- Figure out the food allocation for slower riders.
- Hotel accommodations close to event rather expensive.

- Make the riding safe - wider pathways/routes, space to pass slower bikers, better guidance from leaders
- Route could be marked a bit better. I dropped my water bottle and never caught up to the 62B pack again and didn't know where to go at all.
- Great event enjoyed the ride.
- The organizing committee did an excellent job and it was very detail oriented and safety, conscious hats off to the mini volunteers along the rides that were statically place to direct people
- Good value because money goes to B&G club. Poor value in quality of course.
- For as many riders that you have it's a great event but please continue to work on cycling safety. Especially with the 62 mile group. It's such a big peloton and so many want to get to the front even though all our averages will be the same and the B group with over 100 riders still averaged 18.5. Only the ride leaders should be passing for safety reasons. Thank you all that put this on. As I say in law enforcement, constructive criticism only makes us better as long as we learn from our mistakes.
- Great job with the ride, volunteers, etc. it was a great experience!
- I started on the 30 mile ride and jumped to the forty. Pace was much more consistent
- This was my third time attending. It would be nice to see a few more vendors / sponsors at the event. Sponsors like Road ID, Liquid IV, Gatorade etc. usually will sponsor with some form freebies to hand out. Also local bike / sport shops set up as well at some of the rides I attended. Overall this event is very good though.
- Have a specific announced rest timing at mid- ride break. Was very rushed to get back on the ride as I wasn't near my bike. There should be an announcement when the rest time is nearly up, like 5 minutes. My watch indicated the rest time was only about 10 minutes.
- I like to see the diversity in the groups of riders who do the ride. I know a lot of work is done by the organizers and I appreciate it. The Boys and Girls Club is a wonderful resource for kids in Hilton Head. In my opinion, the after-ride menu could be improved.
- You guys put together a 10 rated event!! I was so happy to be a part of it. See you next year!!
- The silent auction could be improved. I wanted to just make additional donation and the auction choice of "cash donation" was not clear
- Have ride Marshalls better pace the group and provide sweeps. Definitely have ice at all rest stops. Stagger the post ride meal so there is less chaos. Provide a better selection of beverages at the post ride meal.
- For the 40 mile ride consider two waves - the current in with the 14-16 mph pace and a slower one with a 10-14 mph pace.
- Good time despite the rest area issue; grill and chill was great. Police and volunteers were great.
- See ride/route commentary. For an event that has been running for 17 years, I expected a little more. The information said to please finish by 12:30 and that lunch was served until 1. When I departed at noon, everything was beginning to be torn down.
- I think it's a great cause to ride and raise money for and thank you very much for doing that. I'm glad I came and experienced it once but would probably not return if the ride itself isn't better organized for rider safety.
- I consider the cost to be a donation to a very good organization. I'm disappointed in how slow and congested it was.
- we enjoyed the ride -- have participated in this ride for the last three years.
- Looking forward to 2025 and hew changes if any

- Nice job by PHH - great event.
- Thanks for a great event!
- Great ride, great support, kudo's to SC State Police and local Police for their effort
- Pedal Hilton Head is a great event for a great cause
- There were 2 instances when the 40 and 30 intersected.....there was confusion....40 on the road, and 30 on the trail....then 30 on the rode. Several people ended up in wrong group. There wasn't enough volunteers to shout our directions, and we only had one leader at that point. The trail on Dillon and Union Cemetery were extremely rough.....dangerous when there are that many riders. Marshland had tons of sand. Several close calls.
- We loved it and will be back with friends next year.
- The value for the ride is what goes to this worthwhile cause. Kudos to those who organize and volunteer. Jim (the Captain) Hook
- I would never do the 30 mile again. Rather be on the road.
- Excellent event, well-organized and run. Love the involvement of the kids and the staff of the Boys and Girls Club.
- We have been coming for 4 years now and the food choices were awful. I ate a bag of chips and an orange. The pizza would of been nice if more of it was provided
- Keep up the good work. It is a friendly and enjoyable experience.
- Overall good ride and well organized
- The start is so energetic and meaningful. Keeping things festive afterward seems like it would be really fun- especially when kid-oriented. It might be fun to set up a child-friendly obstacle course, tiny BMX course - or corn hole equipment to have some involvement for kids of all ages!
- We got there on Friday and left on Monday. We enjoyed the Tanger outlets, dinner at crazy crab, the beach and most impressively the tour at the boys and girls club on Saturday. Rock Lee Race number 63 which happened to match my 63rd birthday from a few weeks ago. That was an exciting coincidence. Now I look forward to wearing 64 next year. Lee
- The only reason my likelihood of doing this event next year is so low is because I normally visit my grandparents that live on island in the fall. This year happened to be in the spring and lined up with this event perfectly.
- Break the 62 B group into smaller numbers. Control the intersections during the last few miles
Order enough food and provide chairs for eating.
- Thank you!!
- Russ Whiteford did a great job as always
- On the 40 mile route, on Union Cemetery Road, we were passed by the 62 mile A group. Given the width of the road, and speed of the riders this was a bit dangerous. This situation should be avoided, if possible.
- Thanks for everything
- Investment question was donation so that made it worth it, but we won't ride again. Ride was a bit disorganized. Zero coffee or anything but water at start. Didn't feel very safe with other riders going to fast. Did appreciate the police escorts and stopped traffic. Just couldn't enjoy ride with the pace and overall feel

Volunteer Feedback

Joan Campbell

Although it was a little (!) chaotic, it all did work out other than having to tell people that all we had were ham sandwiches, then that all we had were turkey sandwiches and then that there were no sandwiches! The sandwiches did not need the plastic boxes (although when the additional sandwiches arrived unwrapped the boxes came in handy!) Some vegetarian and gluten free options would have been useful as would the option of condiments. People did seem to miss the pizza as we could tell by the way the available pies disappeared as soon as they were delivered even without plates to serve it on! Glad we had bottled drinks this year and having Pockets Full of Sunshine for cookies was nice, too. There seemed to be a lot of smiling faces and only one in need of first aid that I saw!

Joel Leipzig

- Use a GPS tracking system to better understand timings between ride groups.
- Too many riders on the pathways. The pathways are not safe enough for that many riders, especially with non-Pedal riders traveling the opposite direction.
- 10s were not all capable of riding safely and proficiently.
- Discontinue escort for 40s after exiting Indigo Run. No purpose, especially with proper intersection control at Marshland & Leg O'Mutton and 278/Folly Field. Let them string out so 62s can pass easier along Marshland, Folly Field, etc.
- BCSO and State Trooper intersection control was the best yet. Troopers did a fabulous job.
- Ride leaders must know the routes (specifically 20s)!
- Advocate for 40s to enter Sea Pines, too.

Board of Directors Meeting

August 21, 2024

Attendees: Ball, Bolton, Hudson, Whiteford, Ferguson, Arbore, Cooper, O'Toole, Krahnke, Roger, Smith, Chamberlain, Capps, Halsey, Grogan, Wise, Brown, Hammond, Parsons

Not in attendance: Campbell, Schumacher, Dowling, Brooks, Vargas, Boatwright, Seebald, Johnson, Robine

Welcome/Call to Order 4:02PM – Doug Bolton

- The Mission & Vision Statements were read.

Member Moment – Ryan Wise

- Ryan introduced Jada Johnson (Tween Director) and Sarah Dashevski (Youth Development Coordinator). They explained their roles in the club and gave examples of what they are doing for community outreach.

Approval of Minutes – Doug Bolton

- The June minutes were approved with no additions or corrections.

Treasurer's Report

- There was no report this meeting

Endowment – Jay O'Toole

- See his report in the board packet
- \$3,018,779 on August 16th up \$195,234 or + 6.91% YTD
- \$2,823,545 as of December 31,2023, up \$ 348,254 or +14.06% in 2023
- 60/40 index is up 9.3% YTD and 13.12% in 2023

Unit Director – Ryan Wise

- ADA was highlighted in his PowerPoint presentation
- Nine percent gain in ADA this summer
- Ryan described some of the activities the kids are involved in with Cornerstone Church and the Ambassadors Soccer Program with 60 kids signing up.
- After school program has started and the club hosted an Open House and Back to School supply drive. They are scheduling two more open houses on 8/22 and 8/28.
- Ryan discussed the "Path to 300" initiatives

Resource and Development – Shelley Hammond

- Pedal - Atax application is complete except for board meeting minutes.
- Save the Date has been printed
- Andrea explained the initial marketing outreach for Pedal
- Andrea made a motion: ***I move the Board of Directors of the Boys & Girls Club of Hilton Head Island to vote and approve the submission of the 2025 Pedal Hilton Head Island ATAX Grant Application in the amount of \$40,000. It was seconded by Karen Chamberlain and passed unanimously.***
- Shelley plans on meeting w/Ken Campbell on the teen center
- She has meetings set up with Community Foundation, Rotary and Angell/Pierre family foundation
- October 20th is the tentative date for the Donor Appreciation/ Outdoor Teen Space Dedication. Shelley met w/Rosanne to plan the event.
- Jim Capps asked Shelley what her strategy is on retaining donors. It was agreed that any board members with personal relationships should introduce those donors to Shelley.

President's Report – Doug Bolton

- A discussion was held on board training, orientation and other processes that need to be updated.
- Doug led a discussion on having a 2nd VP. It was determined that that position was not needed at this time.
- A lengthy discussion was held on the draft budget. Reviewing staffing costs, landscaping costs and capital improvements needed.

Lowcountry CEO – Mandy Parsons

- Mandy (our new CEO) introduced herself to the board and gave an extensive overview of what she has been working on since starting as the new CEO.
- Several board members had questions on how we are going to move forward and Mandy assured us that once she has a chance to review all budgets and procedures, she will be updating and streamlining many things that will have cost saving measures.

The meeting was adjourned at 5:50PM.

Submitted by:

Rosanne Ball – Executive Secretary

BGC of HHI FY23-24 Budget

October 2023 through September 2024

	TOTAL
	Oct '24 - Sep 25
Ordinary Income/Expense	
Income	
4000 · Raised Revenues from Donations	
4001 · Donations	
4005 · Donations - General	25,000.00
4065 · Memorials & Bequests	50,000.00
Total 4001 · Donations	75,000.00
Total 4000 · Raised Revenues from Donations	75,000.00
4030 · Special Events Revenue	
4030.1 · Special Event Revenue - Golf	
4032 · Special Event Income - Golf	52,000.00
4032.1 · Special Event Raffle - Golf	5,000.00
Total 4030.1 · Special Event Revenue - Golf	57,000.00
4034 · Special Events - Sporting	165,000.00
4035 · Special Events - Unrestricted	1,500.00
4036.1 · Special Event Revenue - Spring	
4036 · Special Events-Spring Fundraise	260,000.00
4036.2 · Special Event -Gala Fund a Need	140,000.00
Total 4036.1 · Special Event Revenue - Spring	400,000.00
Total 4030 · Special Events Revenue	623,500.00
4045 · General Appeals	280,000.00
4050 · Trusts, Foundations & Government	150,000.00
4055 · Endowment Fund Income	203,752.00
4099 · Program & Membership Revenue	
4120 · Program Fees	220,000.00
4122 · Scholarships	0.00
Total 4099 · Program & Membership Revenue	220,000.00
4500 · Miscellaneous Income	
4210 · Rental of Facility	20,000.00
4600 · Other Grants	15,000.00
Total 4500 · Miscellaneous Income	35,000.00
Total Income	1,587,252.00
Cost of Goods Sold	
5359 · Expenses - Special Events	
5460 · Event Expense - Golf	10,000.00
5461 · Event Expense - Spring Event	100,000.00
5465 · Event Expense - Sporting Events	50,000.00
Total 5359 · Expenses - Special Events	160,000.00
Total COGS	160,000.00
Gross Profit	1,427,252.00
Expense	
5000 · Payroll Expenses	
5005 · Compensation - Full Time	395,001.00
5010 · Compensation - Part Time	210,834.00

BGC of HHI FY23-24 Budget

October 2023 through September 2024

	TOTAL
	<u>Oct '24 - Sep 25</u>
5019 · Employee Costs	
5020 · Health Benefits	85,787.00
5025 · Workers Comp Exp	6,000.00
5030 · Retirement/Pension	10,000.00
5050 · Payroll Taxes	46,649.00
5055 · SUTA Taxes	2,000.00
Total 5019 · Employee Costs	<u>150,436.00</u>
Total 5000 · Payroll Expenses	756,271.00
5113 · Advertising, Marketing & Promo	7,000.00
5115 · Operating Supplies	
5120 · Office supplies	2,000.00
5130 · Housekeeping Supplies	12,000.00
5140 · Medical Supplies	0.00
5150 · Program Supplies	10,000.00
5155 · Program Activites	10,000.00
5160 · Food Supplies	240.00
5170 · Meeting Refreshments	6,000.00
5175 · Snack Expense	240.00
5180 · Printing	12,000.00
5185 · Postage	1,200.00
5115 · Operating Supplies - Other	0.00
Total 5115 · Operating Supplies	<u>53,680.00</u>
5200 · Utilities	
5210 · Telephone	19,250.00
5230 · Electric & Gas	40,000.00
5232 · Security	12,000.00
5235 · Water & Sewer	10,000.00
Total 5200 · Utilities	<u>81,250.00</u>
5239 · Building & Ground Maintenance	
5240 · Grounds Maintenance	16,000.00
5241 · Outside Cleaning&Other Services	42,000.00
5250 · Equipment Repairs	15,000.00
5260 · Building Repairs	10,000.00
Total 5239 · Building & Ground Maintenance	<u>83,000.00</u>
5300 · Insurance	
5309 · Insurance - Commercial Property	27,000.00
5310 · Insurance - General & Liability	2,000.00
5311 · Insurance - Auto	8,000.00
5314 · Insurance - Umbrella	15,000.00
5315 · Insurance - Flood	23,000.00
Total 5300 · Insurance	<u>75,000.00</u>
5420 · Travel Expense	
5048 · Conferences & Training	5,000.00
5421 · Mileage	1,200.00

BGC of HHI FY23-24 Budget

October 2023 through September 2024

	TOTAL
	Oct '24 - Sep 25
5430 · Gas & Oil - Vehicles	1,200.00
Total 5420 · Travel Expense	7,400.00
5600 · Other Operating Expenses	
5049 · Staff Apparel	1,200.00
5110 · Professional Fees	63,000.00
5340 · Property Tax	6,000.00
5425 · Recruiting Expenses	4,000.00
5440 · Licenses	120.00
5450 · Vehicle Repairs	1,200.00
5500 · Dues & Licenses	
5510 · National Dues - Programs	4,000.00
5531 · Membership & Subscription Fees	4,000.00
Total 5500 · Dues & Licenses	8,000.00
5622 · Out of Zone Busing Expenses	0.00
5625 · Bank Service Charges	120.00
5627 · Credit Card Fees	11,000.00
5630 · Loan Interest Expense	0.00
5660 · Miscellaneous Expense	9,000.00
5720 · New Equipment	2,400.00
Total 5600 · Other Operating Expenses	106,040.00
5900 · Allocation to Executive Office	256,111.00
Total Expense	1,425,752.00
Net Ordinary Income	1,500.00
Other Income/Expense	
Other Income	
4990 · Income Released From Restricted	
4991 · Restricted Income	
4901 · Reading Program - Restricted	50,000.00
Total 4991 · Restricted Income	50,000.00
Total 4990 · Income Released From Restricted	50,000.00
Total Other Income	50,000.00
Other Expense	
5800 · Restricted Fund Expenses	
5011 · Payroll Wages - Restricted	45,000.00
5051 · Payroll Taxes - Restricted	5,000.00
Total 5800 · Restricted Fund Expenses	50,000.00
Total Other Expense	50,000.00
Net Other Income	0.00
Net Income	1,500.00

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

Modified Cash Basis

	May 24	Budget	\$ Over Budget	Oct '23 - May 24	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense							
Income							
4000 · Raised Revenues from Donations	6,025.00	6,250.00	-225.00	10,791.06	49,996.00	-39,204.94	75,000.00
4030 · Special Events Revenue	38,577.56	65,000.00	-26,422.44	778,461.17	593,500.00	184,961.17	623,500.00
4045 · General Appeals	22,320.00	30,000.00	-7,680.00	252,016.95	250,000.00	2,016.95	280,000.00
4050 · Trusts, Foundations & Government	0.00	0.00	0.00	0.00	0.00	0.00	150,000.00
4055 · Endowment Fund Income	0.00	0.00	0.00	0.00	101,500.00	-101,500.00	203,752.00
4099 · Program & Membership Revenue	43,578.00	40,000.00	3,578.00	173,785.30	158,000.00	15,785.30	220,000.00
4500 · Miscellaneous Income	1,650.00	4,666.00	-3,016.00	22,117.00	28,328.00	-6,211.00	35,000.00
4995 · Income from United Way	0.00			0.00			
Total Income	112,150.56	145,916.00	-33,765.44	1,237,171.48	1,181,324.00	55,847.48	1,587,252.00
Cost of Goods Sold							
5359 · Expenses - Special Events	14,959.29	5,000.00	9,959.29	156,844.36	160,000.00	-3,155.64	160,000.00
Total COGS	14,959.29	5,000.00	9,959.29	156,844.36	160,000.00	-3,155.64	160,000.00
Gross Profit	97,191.27	140,916.00	-43,724.73	1,080,327.12	1,021,324.00	59,003.12	1,427,252.00
Expense							
5000 · Payroll Expenses	55,941.86	63,020.00	-7,078.14	439,124.33	504,160.00	-65,035.67	756,271.00
5113 · Advertising, Marketing & Promo	306.61	583.00	-276.39	7,567.85	4,664.00	2,903.85	7,000.00
5115 · Operating Supplies	5,459.88	4,472.00	987.88	35,954.11	35,776.00	178.11	53,680.00
5200 · Utilities	6,328.61	6,770.00	-441.39	60,117.10	54,160.00	5,957.10	81,250.00
5239 · Building & Ground Maintenance	5,816.26	6,916.00	-1,099.74	52,080.99	55,328.00	-3,247.01	83,000.00
5300 · Insurance	4,419.62	6,248.00	-1,828.38	64,344.90	49,984.00	14,360.90	75,000.00
5420 · Travel Expense	-433.06	616.00	-1,049.06	3,165.67	4,928.00	-1,762.33	7,400.00
5600 · Other Operating Expenses	6,018.49	8,335.00	-2,316.51	76,782.57	72,680.00	4,102.57	106,040.00
5900 · Allocation to Executive Office	21,342.61	21,342.00	0.61	170,740.88	170,736.00	4.88	256,111.00
Total Expense	105,200.88	118,302.00	-13,101.12	909,878.40	952,416.00	-42,537.60	1,425,752.00
Net Ordinary Income	-8,009.61	22,614.00	-30,623.61	170,448.72	68,908.00	101,540.72	1,500.00
Other Income/Expense							
Other Income							
4300 · Investment Income	96,777.31			409,593.36			
4321 · Interest - Capital Campaign	697.25			4,938.18			
4990 · Income Released From Restricted	89,671.50	4,166.00	85,505.50	270,830.30	33,328.00	237,502.30	50,000.00
Total Other Income	187,146.06	4,166.00	182,980.06	685,361.84	33,328.00	652,033.84	50,000.00
Other Expense							
5700 · Depreciation Expense	18,567.52			148,540.16			
5800 · Restricted Fund Expenses	17,910.83	4,166.00	13,744.83	102,919.72	33,328.00	69,591.72	50,000.00
5881 · Restricted Capital Campaign Exp	15,663.03			33,671.36			
7600 · Investment Expenses	0.00			18,761.81			
Total Other Expense	52,141.38	4,166.00	47,975.38	303,893.05	33,328.00	270,565.05	50,000.00
Net Other Income	135,004.68	0.00	135,004.68	381,468.79	0.00	381,468.79	0.00
Net Income	126,995.07	22,614.00	104,381.07	551,917.51	68,908.00	483,009.51	1,500.00

PEDAL HH/MAY	2022			2023	
	Budget	Actual		Budget	Actual
Expense - Marketing	\$ 22,000	\$ 33,000		\$ 35,000	\$ 35,000
Expense - Other	\$ 12,000	\$ 9,310		\$ 10,000	\$ 13,926
Income - Sponsors	\$ 20,000	\$ 41,600		\$ 30,000	\$ 42,250
Income - Donations	\$ 25,000	\$ 33,417		\$ 25,000	\$ 55,319
Income - Ticket Sales	\$ 43,000	\$ 40,012		\$ 50,000	\$ 45,419
Income - Misc./Jerseys	\$ 3,000	\$ 5,816		\$ 5,000	\$ 6,457
Income - ATAX	\$ 22,000	\$ 30,000		\$ 35,000	\$ 35,000
TOTAL INCOME	\$ 113,000	\$ 150,845		\$ 145,000	\$ 184,445
TOTAL EXPENSES	\$ 34,000	\$ 42,310		\$ 45,000	\$ 48,926
NET INCOME	\$ 79,000	\$ 108,535		\$ 100,000	\$ 135,519

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

See accompanying Note 1 to these financial statements.

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

	20 HH Operating	20PR HH Perm Restric...	20R HH Restricted	TOTAL
1550 · Accumulated Depreciation	-3,508,314.44	0.00	0.00	-3,508,314.44
1560 · Land	240,000.00	0.00	0.00	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	7,414.98	0.00	0.00	7,414.98
2400 · Payroll Liabilities				
2010 · WH - United Way	375.00	0.00	0.00	375.00
2045 · Health Insurance Deferral	-240.92	0.00	0.00	-240.92
2090 · Accrued Vacation	6,302.04	0.00	0.00	6,302.04
2095 · Wages Payable	19,219.84	0.00	0.00	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

See accompanying Note 1 to these financial statements.

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

	<u>20 HH Operating</u>	<u>20PR HH Perm Restrict...</u>	<u>20R HH Restricted</u>	<u>TOTAL</u>
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	<u>6,596,611.57</u>	<u>75,000.00</u>	<u>613,335.51</u>	<u>7,284,947.08</u>
TOTAL LIABILITIES & EQUITY	<u>6,675,068.38</u>	<u>75,000.00</u>	<u>613,335.51</u>	<u>7,363,403.89</u>

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

	<u>Jul 24</u>	<u>Budget</u>
Ordinary Income/Expense		
Income		
4000 · Raised Revenues from Donations		
4001 · Donations		
4005 · Donations - General	23,270.52	2,084.00
4065 · Memorials & Bequests	1,000.00	4,167.00
Total 4001 · Donations	<u>24,270.52</u>	<u>6,251.00</u>
Total 4000 · Raised Revenues from Donations	24,270.52	6,251.00
4030 · Special Events Revenue		
4030.1 · Special Event Revenue - Golf		
4032 · Special Event Income - Golf	0.00	0.00
4032.1 · Special Event Raffle - Golf	0.00	0.00
Total 4030.1 · Special Event Revenue - Golf	<u>0.00</u>	<u>0.00</u>
4034 · Special Events - Sporting	312.94	0.00
4035 · Special Events - Unrestricted	0.00	0.00
4036.1 · Special Event Revenue - Spring		
4036 · Special Events-Spring Fundraise	0.00	0.00
4036.2 · Special Event -Gala Fund a Need	0.00	0.00
Total 4036.1 · Special Event Revenue - Spring	<u>0.00</u>	<u>0.00</u>
Total 4030 · Special Events Revenue	312.94	0.00
4045 · General Appeals	9,081.00	5,000.00
4050 · Trusts, Foundations & Government	4,000.00	0.00
4055 · Endowment Fund Income	0.00	0.00
4099 · Program & Membership Revenue		
4100 · Membership Dues & Fees		
4110 · Membership Dues	0.00	
Total 4100 · Membership Dues & Fees	<u>0.00</u>	
4120 · Program Fees	4,960.00	10,000.00
4122 · Scholarships	0.00	
Total 4099 · Program & Membership Revenue	<u>4,960.00</u>	<u>10,000.00</u>
4500 · Miscellaneous Income		
4210 · Rental of Facility	0.00	1,666.00
4600 · Other Grants	0.00	0.00
4500 · Miscellaneous Income - Other	0.00	
Total 4500 · Miscellaneous Income	<u>0.00</u>	<u>1,666.00</u>
4995 · Income from United Way	0.00	
Total Income	<u>42,624.46</u>	<u>22,917.00</u>
Cost of Goods Sold		
5359 · Expenses - Special Events		
5460 · Event Expense - Golf	0.00	0.00
5461 · Event Expense - Spring Event	0.00	0.00
5465 · Event Expense - Sporting Events	0.00	0.00

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

	<u>Jul 24</u>	<u>Budget</u>
Total 5359 · Expenses - Special Events	0.00	0.00
Total COGS	0.00	0.00
Gross Profit	42,624.46	22,917.00
Expense		
5000 · Payroll Expenses		
5060 · Pension Plan Expense	413.88	
5005 · Compensation - Full Time	30,391.69	32,917.00
5010 · Compensation - Part Time	31,434.40	17,569.00
5015 · Salary Increases/Bonus Pool	0.00	
5019 · Employee Costs		
5020 · Health Benefits	4,641.96	7,148.00
5025 · Workers Comp Exp	0.00	500.00
5030 · Retirement/Pension	290.71	833.00
5050 · Payroll Taxes	4,975.49	3,887.00
5055 · SUTA Taxes	417.87	166.00
5019 · Employee Costs - Other	0.00	
Total 5019 · Employee Costs	<u>10,326.03</u>	<u>12,534.00</u>
Total 5000 · Payroll Expenses	<u>72,566.00</u>	<u>63,020.00</u>
5113 · Advertising, Marketing & Promo	1,454.01	583.00
5115 · Operating Supplies		
5120 · Office supplies	396.31	166.00
5130 · Housekeeping Supplies	309.23	1,000.00
5140 · Medical Supplies	192.46	
5150 · Program Supplies		
5150.2 · Food	0.00	
5150.5 · Summer	344.01	
5150 · Program Supplies - Other	0.00	833.00
Total 5150 · Program Supplies	<u>344.01</u>	<u>833.00</u>
5155 · Program Activites		
5155.2 · Food	0.00	
5155.5 · Summer	4,264.38	
5155 · Program Activites - Other	0.00	833.00
Total 5155 · Program Activites	<u>4,264.38</u>	<u>833.00</u>
5160 · Food Supplies	0.00	20.00
5170 · Meeting Refreshments	165.20	500.00
5175 · Snack Expense	0.00	20.00
5180 · Printing	165.67	1,000.00
5185 · Postage	15.70	100.00
5115 · Operating Supplies - Other	0.00	
Total 5115 · Operating Supplies	<u>5,852.96</u>	<u>4,472.00</u>
5200 · Utilities		
5210 · Telephone	1,515.82	1,604.00

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

	<u>Jul 24</u>	<u>Budget</u>
5230 · Electric & Gas	3,603.68	3,333.00
5232 · Security	0.00	1,000.00
5235 · Water & Sewer	887.78	833.00
Total 5200 · Utilities	6,007.28	6,770.00
5239 · Building & Ground Maintenance		
5240 · Grounds Maintenance	700.00	1,333.00
5241 · Outside Cleaning&Other Services	3,325.00	3,500.00
5250 · Equipment Repairs	166.38	1,250.00
5260 · Building Repairs	0.00	833.00
5239 · Building & Ground Maintenance - Other	0.00	
Total 5239 · Building & Ground Maintenance	4,191.38	6,916.00
5300 · Insurance		
5309 · Insurance - Commercial Property	3,279.30	2,250.00
5310 · Insurance - General & Liability	0.00	168.00
5311 · Insurance - Auto	765.21	666.00
5314 · Insurance - Umbrella	375.11	1,250.00
5315 · Insurance - Flood	5,017.00	1,916.00
Total 5300 · Insurance	9,436.62	6,250.00
5420 · Travel Expense		
5048 · Conferences & Training	0.00	418.00
5421 · Mileage	0.00	100.00
5430 · Gas & Oil - Vehicles	219.97	100.00
Total 5420 · Travel Expense	219.97	618.00
5600 · Other Operating Expenses		
5049 · Staff Apparel	233.27	100.00
5110 · Professional Fees	4,667.52	5,250.00
5340 · Property Tax	0.00	0.00
5425 · Recruiting Expenses	409.00	333.00
5440 · Licenses	19.74	10.00
5450 · Vehicle Repairs	0.00	100.00
5500 · Dues & Licenses		
5510 · National Dues - Programs	0.00	333.00
5531 · Membership & Subscription Fees	138.03	333.00
Total 5500 · Dues & Licenses	138.03	666.00
5622 · Out of Zone Busing Expenses	0.00	
5625 · Bank Service Charges	0.00	10.00
5627 · Credit Card Fees	3,486.46	916.00
5630 · Loan Interest Expense	0.00	
5660 · Miscellaneous Expense	0.00	750.00
5720 · New Equipment	391.00	200.00
5600 · Other Operating Expenses - Other	0.00	
Total 5600 · Other Operating Expenses	9,345.02	8,335.00

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

	Jul 24	Budget
5900 · Allocation to Executive Office	21,342.61	21,342.00
Total Expense	130,415.85	118,306.00
Net Ordinary Income	-87,791.39	-95,389.00
Other Income/Expense		
Other Income		
4300 · Investment Income		
4320 · Interest - Restricted	926.23	
4330 · Dividend Income	3,788.92	
4341 · Realized Gain/Loss-Inv-Restrict	0.00	
4342 · Realized Gain/Loss - Unrestrict	4,092.06	
4345 · Unreal Gain/Loss-Inv-Unrestrict	77,932.70	
4346 · Unrealized Gain/Loss-Inv-Restri	0.00	
4996 · Interest Income	10,716.37	
Total 4300 · Investment Income	97,456.28	
4321 · Interest - Capital Campaign	804.60	
4990 · Income Released From Restricted		
4991 · Restricted Income		
4829 · Youth of the Year Income	0.00	
4510 · Other Income - Restricted	1,000.00	
4809 · Scholarship - Restricted	0.00	
4818 · Keystone Club	0.00	
4819 · Torch Club	0.00	
4866 · Restricted for Holiday	0.00	
4901 · Reading Program - Restricted	5,000.00	4,166.00
4991 · Restricted Income - Other	2,796.00	
Total 4991 · Restricted Income	8,796.00	4,166.00
4990 · Income Released From Restricted - Other	0.00	
Total 4990 · Income Released From Restricted	8,796.00	4,166.00
Total Other Income	107,056.88	4,166.00
Other Expense		
5700 · Depreciation Expense	18,567.52	
5800 · Restricted Fund Expenses		
5011 · Payroll Wages - Restricted	5,157.10	3,750.00
5051 · Payroll Taxes - Restricted	471.20	416.00
5801 · Direct Costs - Restricted		
5829 · Youth of the Year Expenses	0.00	
5818 · Keystone Club Expenses	0.00	
5819 · Torch Club Expenses	71.56	
5823 · Teen Program	1,386.93	
5863 · HH Reading Center	577.38	
5866 · Restricted for Holiday	0.00	
5868 · Restricted for Technology	107.31	

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

	Jul 24	Budget
5871 · Restricted for Art Programs	0.00	
5801 · Direct Costs - Restricted - Other	12,650.00	
Total 5801 · Direct Costs - Restricted	14,793.18	
5837 · Sports Program / Gym Expenses	160.49	
5894 · STEM Restricted Expenses	156.16	
5800 · Restricted Fund Expenses - Other	3,000.00	
Total 5800 · Restricted Fund Expenses	23,738.13	4,166.00
5881 · Restricted Capital Campaign Exp	-8,432.32	
7600 · Investment Expenses		
7605 · Investment Fees	6,609.60	
7610 · Foreign Taxes Withheld	0.00	
Total 7600 · Investment Expenses	6,609.60	
Total Other Expense	40,482.93	4,166.00
Net Other Income	66,573.95	0.00
Net Income	-21,217.44	-95,389.00

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

	<u>\$ Over Budget</u>	<u>Oct '23 - Jul 24</u>
Ordinary Income/Expense		
Income		
4000 · Raised Revenues from Donations		
4001 · Donations		
4005 · Donations - General	21,186.52	47,056.58
4065 · Memorials & Bequests	-3,167.00	3,905.00
Total 4001 · Donations	<u>18,019.52</u>	<u>50,961.58</u>
Total 4000 · Raised Revenues from Donations	18,019.52	50,961.58
4030 · Special Events Revenue		
4030.1 · Special Event Revenue - Golf		
4032 · Special Event Income - Golf	0.00	61,189.21
4032.1 · Special Event Raffle - Golf	0.00	7,650.00
Total 4030.1 · Special Event Revenue - Golf	<u>0.00</u>	<u>68,839.21</u>
4034 · Special Events - Sporting	312.94	140,440.21
4035 · Special Events - Unrestricted	0.00	5,369.50
4036.1 · Special Event Revenue - Spring		
4036 · Special Events-Spring Fundraise	0.00	252,473.28
4036.2 · Special Event -Gala Fund a Need	0.00	331,818.41
Total 4036.1 · Special Event Revenue - Spring	<u>0.00</u>	<u>584,291.69</u>
Total 4030 · Special Events Revenue	<u>312.94</u>	<u>798,940.61</u>
4045 · General Appeals	4,081.00	271,401.04
4050 · Trusts, Foundations & Government	4,000.00	147,000.00
4055 · Endowment Fund Income	0.00	0.00
4099 · Program & Membership Revenue		
4100 · Membership Dues & Fees		
4110 · Membership Dues		510.00
Total 4100 · Membership Dues & Fees		<u>510.00</u>
4120 · Program Fees	-5,040.00	213,714.30
4122 · Scholarships		-12,490.00
Total 4099 · Program & Membership Revenue	<u>-5,040.00</u>	<u>201,734.30</u>
4500 · Miscellaneous Income		
4210 · Rental of Facility	-1,666.00	13,450.00
4600 · Other Grants	0.00	10,000.00
4500 · Miscellaneous Income - Other		317.00
Total 4500 · Miscellaneous Income	<u>-1,666.00</u>	<u>23,767.00</u>
4995 · Income from United Way		0.00
Total Income	<u>19,707.46</u>	<u>1,493,804.53</u>
Cost of Goods Sold		
5359 · Expenses - Special Events		
5460 · Event Expense - Golf	0.00	14,403.11
5461 · Event Expense - Spring Event	0.00	104,954.75
5465 · Event Expense - Sporting Events	0.00	37,861.50

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

Modified Cash Basis

	<u>\$ Over Budget</u>	<u>Oct '23 - Jul 24</u>
Total 5359 · Expenses - Special Events	0.00	157,219.36
Total COGS	0.00	157,219.36
Gross Profit	19,707.46	1,336,585.17
Expense		
5000 · Payroll Expenses		
5060 · Pension Plan Expense		4,405.48
5005 · Compensation - Full Time	-2,525.31	279,349.45
5010 · Compensation - Part Time	13,865.40	177,716.42
5015 · Salary Increases/Bonus Pool		300.00
5019 · Employee Costs		
5020 · Health Benefits	-2,506.04	54,346.14
5025 · Workers Comp Exp	-500.00	2,891.00
5030 · Retirement/Pension	-542.29	2,306.49
5050 · Payroll Taxes	1,088.49	35,983.78
5055 · SUTA Taxes	251.87	1,384.44
5019 · Employee Costs - Other		-5,577.41
Total 5019 · Employee Costs	-2,207.97	91,334.44
Total 5000 · Payroll Expenses	9,546.00	553,105.79
5113 · Advertising, Marketing & Promo	871.01	9,021.86
5115 · Operating Supplies		
5120 · Office supplies	230.31	5,002.96
5130 · Housekeeping Supplies	-690.77	6,656.16
5140 · Medical Supplies		597.15
5150 · Program Supplies		
5150.2 · Food		236.99
5150.5 · Summer		2,820.75
5150 · Program Supplies - Other	-833.00	4,128.78
Total 5150 · Program Supplies	-488.99	7,186.52
5155 · Program Activites		
5155.2 · Food		53.93
5155.5 · Summer		5,658.19
5155 · Program Activites - Other	-833.00	2,575.64
Total 5155 · Program Activites	3,431.38	8,287.76
5160 · Food Supplies	-20.00	55.34
5170 · Meeting Refreshments	-334.80	5,827.70
5175 · Snack Expense	-20.00	14.50
5180 · Printing	-834.33	15,343.18
5185 · Postage	-84.30	941.70
5115 · Operating Supplies - Other		16.28
Total 5115 · Operating Supplies	1,380.96	49,929.25
5200 · Utilities		
5210 · Telephone	-88.18	16,242.02

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

Modified Cash Basis

	<u>\$ Over Budget</u>	<u>Oct '23 - Jul 24</u>
5230 · Electric & Gas	270.68	37,048.13
5232 · Security	-1,000.00	8,534.98
5235 · Water & Sewer	54.78	9,969.48
Total 5200 · Utilities	-762.72	71,794.61
5239 · Building & Ground Maintenance		
5240 · Grounds Maintenance	-633.00	13,745.00
5241 · Outside Cleaning&Other Services	-175.00	31,183.00
5250 · Equipment Repairs	-1,083.62	9,358.66
5260 · Building Repairs	-833.00	8,218.43
5239 · Building & Ground Maintenance - Other		2,423.18
Total 5239 · Building & Ground Maintenance	-2,724.62	64,928.27
5300 · Insurance		
5309 · Insurance - Commercial Property	1,029.30	26,119.97
5310 · Insurance - General & Liability	-168.00	1,809.91
5311 · Insurance - Auto	99.21	6,031.50
5314 · Insurance - Umbrella	-874.89	5,424.66
5315 · Insurance - Flood	3,101.00	38,815.10
Total 5300 · Insurance	3,186.62	78,201.14
5420 · Travel Expense		
5048 · Conferences & Training	-418.00	2,229.98
5421 · Mileage	-100.00	72.05
5430 · Gas & Oil - Vehicles	119.97	1,261.08
Total 5420 · Travel Expense	-398.03	3,563.11
5600 · Other Operating Expenses		
5049 · Staff Apparel	133.27	1,694.39
5110 · Professional Fees	-582.48	52,663.35
5340 · Property Tax	0.00	5,551.29
5425 · Recruiting Expenses	76.00	4,481.75
5440 · Licenses	9.74	1,165.51
5450 · Vehicle Repairs	-100.00	2,106.10
5500 · Dues & Licenses		
5510 · National Dues - Programs	-333.00	3,942.90
5531 · Membership & Subscription Fees	-194.97	944.35
Total 5500 · Dues & Licenses	-527.97	4,887.25
5622 · Out of Zone Busing Expenses		0.00
5625 · Bank Service Charges	-10.00	12.00
5627 · Credit Card Fees	2,570.46	18,563.70
5630 · Loan Interest Expense		0.00
5660 · Miscellaneous Expense	-750.00	2,137.74
5720 · New Equipment	191.00	739.00
5600 · Other Operating Expenses - Other		96.30
Total 5600 · Other Operating Expenses	1,010.02	94,098.38

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

Modified Cash Basis

	\$ Over Budget	Oct '23 - Jul 24
5900 · Allocation to Executive Office	0.61	213,426.10
Total Expense	12,109.85	1,138,068.51
Net Ordinary Income	7,597.61	198,516.66
Other Income/Expense		
Other Income		
4300 · Investment Income		
4320 · Interest - Restricted		7,722.54
4330 · Dividend Income		59,578.06
4341 · Realized Gain/Loss-Inv-Restrict		3,416.24
4342 · Realized Gain/Loss - Unrestrict		24,404.93
4345 · Unreal Gain/Loss-Inv-Unrestrict		355,725.19
4346 · Unrealized Gain/Loss-Inv-Restri		24,541.61
4996 · Interest Income		68,782.24
Total 4300 · Investment Income		544,170.81
4321 · Interest - Capital Campaign		6,374.16
4990 · Income Released From Restricted		
4991 · Restricted Income		
4829 · Youth of the Year Income		5,000.00
4510 · Other Income - Restricted		184,772.29
4809 · Scholarship - Restricted		1,265.00
4818 · Keystone Club		558.00
4819 · Torch Club		2,673.01
4866 · Restricted for Holiday		1,898.00
4901 · Reading Program - Restricted	834.00	93,645.00
4991 · Restricted Income - Other		13,048.00
Total 4991 · Restricted Income	4,630.00	302,859.30
4990 · Income Released From Restricted - Other		0.00
Total 4990 · Income Released From Restricted	4,630.00	302,859.30
Total Other Income	102,890.88	853,404.27
Other Expense		
5700 · Depreciation Expense		185,675.20
5800 · Restricted Fund Expenses		
5011 · Payroll Wages - Restricted	1,407.10	75,897.10
5051 · Payroll Taxes - Restricted	55.20	6,347.32
5801 · Direct Costs - Restricted		
5829 · Youth of the Year Expenses		167.51
5818 · Keystone Club Expenses		457.67
5819 · Torch Club Expenses		1,557.04
5823 · Teen Program		4,428.38
5863 · HH Reading Center		2,020.86
5866 · Restricted for Holiday		5,438.51
5868 · Restricted for Technology		4,815.20

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

	\$ Over Budget	Oct '23 - Jul 24
5871 · Restricted for Art Programs		2,985.71
5801 · Direct Costs - Restricted - Other		17,611.27
Total 5801 · Direct Costs - Restricted		39,482.15
5837 · Sports Program / Gym Expenses		160.49
5894 · STEM Restricted Expenses		2,504.35
5800 · Restricted Fund Expenses - Other		8,776.76
Total 5800 · Restricted Fund Expenses	19,572.13	133,168.17
5881 · Restricted Capital Campaign Exp		37,472.10
7600 · Investment Expenses		
7605 · Investment Fees		25,371.41
7610 · Foreign Taxes Withheld		0.00
Total 7600 · Investment Expenses		25,371.41
Total Other Expense	36,316.93	381,686.88
Net Other Income	66,573.95	471,717.39
Net Income	74,171.56	670,234.05

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

	<u>YTD Budget</u>	<u>\$ Over Budget</u>
Ordinary Income/Expense		
Income		
4000 · Raised Revenues from Donations		
4001 · Donations		
4005 · Donations - General	20,832.00	26,224.58
4065 · Memorials & Bequests	41,666.00	-37,761.00
Total 4001 · Donations	<u>62,498.00</u>	<u>-11,536.42</u>
Total 4000 · Raised Revenues from Donations	62,498.00	-11,536.42
4030 · Special Events Revenue		
4030.1 · Special Event Revenue - Golf		
4032 · Special Event Income - Golf	52,000.00	9,189.21
4032.1 · Special Event Raffle - Golf	5,000.00	2,650.00
Total 4030.1 · Special Event Revenue - Golf	<u>57,000.00</u>	<u>11,839.21</u>
4034 · Special Events - Sporting	165,000.00	-24,559.79
4035 · Special Events - Unrestricted	1,500.00	3,869.50
4036.1 · Special Event Revenue - Spring		
4036 · Special Events-Spring Fundraise	260,000.00	-7,526.72
4036.2 · Special Event -Gala Fund a Need	140,000.00	191,818.41
Total 4036.1 · Special Event Revenue - Spring	<u>400,000.00</u>	<u>184,291.69</u>
Total 4030 · Special Events Revenue	623,500.00	175,440.61
4045 · General Appeals	265,000.00	6,401.04
4050 · Trusts, Foundations & Government	150,000.00	-3,000.00
4055 · Endowment Fund Income	152,250.00	-152,250.00
4099 · Program & Membership Revenue		
4100 · Membership Dues & Fees		
4110 · Membership Dues		
Total 4100 · Membership Dues & Fees		
4120 · Program Fees	188,000.00	25,714.30
4122 · Scholarships	0.00	-12,490.00
Total 4099 · Program & Membership Revenue	<u>188,000.00</u>	<u>13,734.30</u>
4500 · Miscellaneous Income		
4210 · Rental of Facility	16,660.00	-3,210.00
4600 · Other Grants	15,000.00	-5,000.00
4500 · Miscellaneous Income - Other		
Total 4500 · Miscellaneous Income	<u>31,660.00</u>	<u>-7,893.00</u>
4995 · Income from United Way		
Total Income	<u>1,472,908.00</u>	<u>20,896.53</u>
Cost of Goods Sold		
5359 · Expenses - Special Events		
5460 · Event Expense - Golf	10,000.00	4,403.11
5461 · Event Expense - Spring Event	100,000.00	4,954.75
5465 · Event Expense - Sporting Events	50,000.00	-12,138.50

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

	<u>YTD Budget</u>	<u>\$ Over Budget</u>
Total 5359 · Expenses - Special Events	160,000.00	-2,780.64
Total COGS	160,000.00	-2,780.64
Gross Profit	1,312,908.00	23,677.17
Expense		
5000 · Payroll Expenses		
5060 · Pension Plan Expense		
5005 · Compensation - Full Time	329,170.00	-49,820.55
5010 · Compensation - Part Time	175,690.00	2,026.42
5015 · Salary Increases/Bonus Pool		
5019 · Employee Costs		
5020 · Health Benefits	71,480.00	-17,133.86
5025 · Workers Comp Exp	5,000.00	-2,109.00
5030 · Retirement/Pension	8,330.00	-6,023.51
5050 · Payroll Taxes	38,870.00	-2,886.22
5055 · SUTA Taxes	1,660.00	-275.56
5019 · Employee Costs - Other		
Total 5019 · Employee Costs	<u>125,340.00</u>	<u>-34,005.56</u>
Total 5000 · Payroll Expenses	630,200.00	-77,094.21
5113 · Advertising, Marketing & Promo	5,830.00	3,191.86
5115 · Operating Supplies		
5120 · Office supplies	1,660.00	3,342.96
5130 · Housekeeping Supplies	10,000.00	-3,343.84
5140 · Medical Supplies	0.00	597.15
5150 · Program Supplies		
5150.2 · Food		
5150.5 · Summer		
5150 · Program Supplies - Other	8,330.00	-4,201.22
Total 5150 · Program Supplies	<u>8,330.00</u>	<u>-1,143.48</u>
5155 · Program Activites		
5155.2 · Food		
5155.5 · Summer		
5155 · Program Activites - Other	8,330.00	-5,754.36
Total 5155 · Program Activites	<u>8,330.00</u>	<u>-42.24</u>
5160 · Food Supplies	200.00	-144.66
5170 · Meeting Refreshments	5,000.00	827.70
5175 · Snack Expense	200.00	-185.50
5180 · Printing	10,000.00	5,343.18
5185 · Postage	1,000.00	-58.30
5115 · Operating Supplies - Other	0.00	16.28
Total 5115 · Operating Supplies	<u>44,720.00</u>	<u>5,209.25</u>
5200 · Utilities		
5210 · Telephone	16,040.00	202.02

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

	<u>YTD Budget</u>	<u>\$ Over Budget</u>
5230 · Electric & Gas	33,330.00	3,718.13
5232 · Security	10,000.00	-1,465.02
5235 · Water & Sewer	8,330.00	1,639.48
Total 5200 · Utilities	67,700.00	4,094.61
5239 · Building & Ground Maintenance		
5240 · Grounds Maintenance	13,330.00	415.00
5241 · Outside Cleaning&Other Services	35,000.00	-3,817.00
5250 · Equipment Repairs	12,500.00	-3,141.34
5260 · Building Repairs	8,330.00	-111.57
5239 · Building & Ground Maintenance - Other		
Total 5239 · Building & Ground Maintenance	69,160.00	-4,231.73
5300 · Insurance		
5309 · Insurance - Commercial Property	22,500.00	3,619.97
5310 · Insurance - General & Liability	1,662.00	147.91
5311 · Insurance - Auto	6,660.00	-628.50
5314 · Insurance - Umbrella	12,500.00	-7,075.34
5315 · Insurance - Flood	19,160.00	19,655.10
Total 5300 · Insurance	62,482.00	15,719.14
5420 · Travel Expense		
5048 · Conferences & Training	4,162.00	-1,932.02
5421 · Mileage	1,000.00	-927.95
5430 · Gas & Oil - Vehicles	1,000.00	261.08
Total 5420 · Travel Expense	6,162.00	-2,598.89
5600 · Other Operating Expenses		
5049 · Staff Apparel	1,000.00	694.39
5110 · Professional Fees	52,500.00	163.35
5340 · Property Tax	6,000.00	-448.71
5425 · Recruiting Expenses	3,330.00	1,151.75
5440 · Licenses	100.00	1,065.51
5450 · Vehicle Repairs	1,000.00	1,106.10
5500 · Dues & Licenses		
5510 · National Dues - Programs	3,330.00	612.90
5531 · Membership & Subscription Fees	3,330.00	-2,385.65
Total 5500 · Dues & Licenses	6,660.00	-1,772.75
5622 · Out of Zone Busing Expenses	0.00	0.00
5625 · Bank Service Charges	100.00	-88.00
5627 · Credit Card Fees	9,160.00	9,403.70
5630 · Loan Interest Expense	0.00	0.00
5660 · Miscellaneous Expense	7,500.00	-5,362.26
5720 · New Equipment	2,000.00	-1,261.00
5600 · Other Operating Expenses - Other		
Total 5600 · Other Operating Expenses	89,350.00	4,748.38

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

	YTD Budget	\$ Over Budget
5900 · Allocation to Executive Office	213,420.00	6.10
Total Expense	1,189,024.00	-50,955.49
Net Ordinary Income	123,884.00	74,632.66
Other Income/Expense		
Other Income		
4300 · Investment Income		
4320 · Interest - Restricted		
4330 · Dividend Income		
4341 · Realized Gain/Loss-Inv-Restrict		
4342 · Realized Gain/Loss - Unrestrict		
4345 · Unreal Gain/Loss-Inv-Unrestrict		
4346 · Unrealized Gain/Loss-Inv-Restri		
4996 · Interest Income		
Total 4300 · Investment Income		
4321 · Interest - Capital Campaign		
4990 · Income Released From Restricted		
4991 · Restricted Income		
4829 · Youth of the Year Income		
4510 · Other Income - Restricted		
4809 · Scholarship - Restricted		
4818 · Keystone Club		
4819 · Torch Club		
4866 · Restricted for Holiday		
4901 · Reading Program - Restricted	41,660.00	51,985.00
4991 · Restricted Income - Other		
Total 4991 · Restricted Income	41,660.00	261,199.30
4990 · Income Released From Restricted - Other		
Total 4990 · Income Released From Restricted	41,660.00	261,199.30
Total Other Income	41,660.00	811,744.27
Other Expense		
5700 · Depreciation Expense		
5800 · Restricted Fund Expenses		
5011 · Payroll Wages - Restricted	37,500.00	38,397.10
5051 · Payroll Taxes - Restricted	4,160.00	2,187.32
5801 · Direct Costs - Restricted		
5829 · Youth of the Year Expenses		
5818 · Keystone Club Expenses		
5819 · Torch Club Expenses		
5823 · Teen Program		
5863 · HH Reading Center		
5866 · Restricted for Holiday		
5868 · Restricted for Technology		

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

	YTD Budget	\$ Over Budget
5871 · Restricted for Art Programs		
5801 · Direct Costs - Restricted - Other		
Total 5801 · Direct Costs - Restricted		
5837 · Sports Program / Gym Expenses		
5894 · STEM Restricted Expenses		
5800 · Restricted Fund Expenses - Other		
Total 5800 · Restricted Fund Expenses	41,660.00	91,508.17
5881 · Restricted Capital Campaign Exp		
7600 · Investment Expenses		
7605 · Investment Fees		
7610 · Foreign Taxes Withheld		
Total 7600 · Investment Expenses		
Total Other Expense	41,660.00	340,026.88
Net Other Income	0.00	471,717.39
Net Income	123,884.00	546,350.05

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

	Annual Budget
Ordinary Income/Expense	
Income	
4000 · Raised Revenues from Donations	
4001 · Donations	
4005 · Donations - General	25,000.00
4065 · Memorials & Bequests	50,000.00
Total 4001 · Donations	75,000.00
Total 4000 · Raised Revenues from Donations	75,000.00
4030 · Special Events Revenue	
4030.1 · Special Event Revenue - Golf	
4032 · Special Event Income - Golf	52,000.00
4032.1 · Special Event Raffle - Golf	5,000.00
Total 4030.1 · Special Event Revenue - Golf	57,000.00
4034 · Special Events - Sporting	165,000.00
4035 · Special Events - Unrestricted	1,500.00
4036.1 · Special Event Revenue - Spring	
4036 · Special Events-Spring Fundraise	260,000.00
4036.2 · Special Event -Gala Fund a Need	140,000.00
Total 4036.1 · Special Event Revenue - Spring	400,000.00
Total 4030 · Special Events Revenue	623,500.00
4045 · General Appeals	280,000.00
4050 · Trusts, Foundations & Government	150,000.00
4055 · Endowment Fund Income	203,752.00
4099 · Program & Membership Revenue	
4100 · Membership Dues & Fees	
4110 · Membership Dues	
Total 4100 · Membership Dues & Fees	
4120 · Program Fees	220,000.00
4122 · Scholarships	0.00
Total 4099 · Program & Membership Revenue	220,000.00
4500 · Miscellaneous Income	
4210 · Rental of Facility	20,000.00
4600 · Other Grants	15,000.00
4500 · Miscellaneous Income - Other	
Total 4500 · Miscellaneous Income	35,000.00
4995 · Income from United Way	
Total Income	1,587,252.00
Cost of Goods Sold	
5359 · Expenses - Special Events	
5460 · Event Expense - Golf	10,000.00
5461 · Event Expense - Spring Event	100,000.00
5465 · Event Expense - Sporting Events	50,000.00

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

Modified Cash Basis

	Annual Budget
Total 5359 · Expenses - Special Events	160,000.00
Total COGS	160,000.00
Gross Profit	1,427,252.00
Expense	
5000 · Payroll Expenses	
5060 · Pension Plan Expense	
5005 · Compensation - Full Time	395,001.00
5010 · Compensation - Part Time	210,834.00
5015 · Salary Increases/Bonus Pool	
5019 · Employee Costs	
5020 · Health Benefits	85,787.00
5025 · Workers Comp Exp	6,000.00
5030 · Retirement/Pension	10,000.00
5050 · Payroll Taxes	46,649.00
5055 · SUTA Taxes	2,000.00
5019 · Employee Costs - Other	
Total 5019 · Employee Costs	150,436.00
Total 5000 · Payroll Expenses	756,271.00
5113 · Advertising, Marketing & Promo	7,000.00
5115 · Operating Supplies	
5120 · Office supplies	2,000.00
5130 · Housekeeping Supplies	12,000.00
5140 · Medical Supplies	0.00
5150 · Program Supplies	
5150.2 · Food	
5150.5 · Summer	
5150 · Program Supplies - Other	10,000.00
Total 5150 · Program Supplies	10,000.00
5155 · Program Activites	
5155.2 · Food	
5155.5 · Summer	
5155 · Program Activites - Other	10,000.00
Total 5155 · Program Activites	10,000.00
5160 · Food Supplies	240.00
5170 · Meeting Refreshments	6,000.00
5175 · Snack Expense	240.00
5180 · Printing	12,000.00
5185 · Postage	1,200.00
5115 · Operating Supplies - Other	0.00
Total 5115 · Operating Supplies	53,680.00
5200 · Utilities	
5210 · Telephone	19,250.00

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

Modified Cash Basis

	Annual Budget
5230 · Electric & Gas	40,000.00
5232 · Security	12,000.00
5235 · Water & Sewer	10,000.00
Total 5200 · Utilities	81,250.00
5239 · Building & Ground Maintenance	
5240 · Grounds Maintenance	16,000.00
5241 · Outside Cleaning&Other Services	42,000.00
5250 · Equipment Repairs	15,000.00
5260 · Building Repairs	10,000.00
5239 · Building & Ground Maintenance - Other	
Total 5239 · Building & Ground Maintenance	83,000.00
5300 · Insurance	
5309 · Insurance - Commercial Property	27,000.00
5310 · Insurance - General & Liability	2,000.00
5311 · Insurance - Auto	8,000.00
5314 · Insurance - Umbrella	15,000.00
5315 · Insurance - Flood	23,000.00
Total 5300 · Insurance	75,000.00
5420 · Travel Expense	
5048 · Conferences & Training	5,000.00
5421 · Mileage	1,200.00
5430 · Gas & Oil - Vehicles	1,200.00
Total 5420 · Travel Expense	7,400.00
5600 · Other Operating Expenses	
5049 · Staff Apparel	1,200.00
5110 · Professional Fees	63,000.00
5340 · Property Tax	6,000.00
5425 · Recruiting Expenses	4,000.00
5440 · Licenses	120.00
5450 · Vehicle Repairs	1,200.00
5500 · Dues & Licenses	
5510 · National Dues - Programs	4,000.00
5531 · Membership & Subscription Fees	4,000.00
Total 5500 · Dues & Licenses	8,000.00
5622 · Out of Zone Busing Expenses	0.00
5625 · Bank Service Charges	120.00
5627 · Credit Card Fees	11,000.00
5630 · Loan Interest Expense	0.00
5660 · Miscellaneous Expense	9,000.00
5720 · New Equipment	2,400.00
5600 · Other Operating Expenses - Other	
Total 5600 · Other Operating Expenses	106,040.00

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

Modified Cash Basis

	Annual Budget
5900 · Allocation to Executive Office	256,111.00
Total Expense	1,425,752.00
Net Ordinary Income	1,500.00
Other Income/Expense	
Other Income	
4300 · Investment Income	
4320 · Interest - Restricted	
4330 · Dividend Income	
4341 · Realized Gain/Loss-Inv-Restrict	
4342 · Realized Gain/Loss - Unrestrict	
4345 · Unreal Gain/Loss-Inv-Unrestrict	
4346 · Unrealized Gain/Loss-Inv-Restri	
4996 · Interest Income	
Total 4300 · Investment Income	
4321 · Interest - Capital Campaign	
4990 · Income Released From Restricted	
4991 · Restricted Income	
4829 · Youth of the Year Income	
4510 · Other Income - Restricted	
4809 · Scholarship - Restricted	
4818 · Keystone Club	
4819 · Torch Club	
4866 · Restricted for Holiday	
4901 · Reading Program - Restricted	50,000.00
4991 · Restricted Income - Other	
Total 4991 · Restricted Income	50,000.00
4990 · Income Released From Restricted - Other	
Total 4990 · Income Released From Restricted	50,000.00
Total Other Income	50,000.00
Other Expense	
5700 · Depreciation Expense	
5800 · Restricted Fund Expenses	
5011 · Payroll Wages - Restricted	45,000.00
5051 · Payroll Taxes - Restricted	5,000.00
5801 · Direct Costs - Restricted	
5829 · Youth of the Year Expenses	
5818 · Keystone Club Expenses	
5819 · Torch Club Expenses	
5823 · Teen Program	
5863 · HH Reading Center	
5866 · Restricted for Holiday	
5868 · Restricted for Technology	

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

	Annual Budget
5871 · Restricted for Art Programs	
5801 · Direct Costs - Restricted - Other	
Total 5801 · Direct Costs - Restricted	
5837 · Sports Program / Gym Expenses	
5894 · STEM Restricted Expenses	
5800 · Restricted Fund Expenses - Other	
Total 5800 · Restricted Fund Expenses	50,000.00
5881 · Restricted Capital Campaign Exp	
7600 · Investment Expenses	
7605 · Investment Fees	
7610 · Foreign Taxes Withheld	
Total 7600 · Investment Expenses	
Total Other Expense	50,000.00
Net Other Income	0.00
Net Income	1,500.00

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

Modified Cash Basis

	May 24	Budget	\$ Over Budget	Oct '23 - May 24	YTD Budget	\$ Over Budget	Annual Budget
Ordinary Income/Expense							
Income							
4000 · Raised Revenues from Donations	6,025.00	6,250.00	-225.00	10,791.06	49,996.00	-39,204.94	75,000.00
4030 · Special Events Revenue	38,577.56	65,000.00	-26,422.44	778,461.17	593,500.00	184,961.17	623,500.00
4045 · General Appeals	22,320.00	30,000.00	-7,680.00	252,016.95	250,000.00	2,016.95	280,000.00
4050 · Trusts, Foundations & Government	0.00	0.00	0.00	0.00	0.00	0.00	150,000.00
4055 · Endowment Fund Income	0.00	0.00	0.00	0.00	101,500.00	-101,500.00	203,752.00
4099 · Program & Membership Revenue	43,578.00	40,000.00	3,578.00	173,785.30	158,000.00	15,785.30	220,000.00
4500 · Miscellaneous Income	1,650.00	4,666.00	-3,016.00	22,117.00	28,328.00	-6,211.00	35,000.00
4995 · Income from United Way	0.00			0.00			
Total Income	112,150.56	145,916.00	-33,765.44	1,237,171.48	1,181,324.00	55,847.48	1,587,252.00
Cost of Goods Sold							
5359 · Expenses - Special Events	14,959.29	5,000.00	9,959.29	156,844.36	160,000.00	-3,155.64	160,000.00
Total COGS	14,959.29	5,000.00	9,959.29	156,844.36	160,000.00	-3,155.64	160,000.00
Gross Profit	97,191.27	140,916.00	-43,724.73	1,080,327.12	1,021,324.00	59,003.12	1,427,252.00
Expense							
5000 · Payroll Expenses	55,941.86	63,020.00	-7,078.14	439,124.33	504,160.00	-65,035.67	756,271.00
5113 · Advertising, Marketing & Promo	306.61	583.00	-276.39	7,567.85	4,664.00	2,903.85	7,000.00
5115 · Operating Supplies	5,459.88	4,472.00	987.88	35,954.11	35,776.00	178.11	53,680.00
5200 · Utilities	6,328.61	6,770.00	-441.39	60,117.10	54,160.00	5,957.10	81,250.00
5239 · Building & Ground Maintenance	5,816.26	6,916.00	-1,099.74	52,080.99	55,328.00	-3,247.01	83,000.00
5300 · Insurance	4,419.62	6,248.00	-1,828.38	64,344.90	49,984.00	14,360.90	75,000.00
5420 · Travel Expense	-433.06	616.00	-1,049.06	3,165.67	4,928.00	-1,762.33	7,400.00
5600 · Other Operating Expenses	6,018.49	8,335.00	-2,316.51	76,782.57	72,680.00	4,102.57	106,040.00
5900 · Allocation to Executive Office	21,342.61	21,342.00	0.61	170,740.88	170,736.00	4.88	256,111.00
Total Expense	105,200.88	118,302.00	-13,101.12	909,878.40	952,416.00	-42,537.60	1,425,752.00
Net Ordinary Income	-8,009.61	22,614.00	-30,623.61	170,448.72	68,908.00	101,540.72	1,500.00
Other Income/Expense							
Other Income							
4300 · Investment Income	96,777.31			409,593.36			
4321 · Interest - Capital Campaign	697.25			4,938.18			
4990 · Income Released From Restricted	89,671.50	4,166.00	85,505.50	270,830.30	33,328.00	237,502.30	50,000.00
Total Other Income	187,146.06	4,166.00	182,980.06	685,361.84	33,328.00	652,033.84	50,000.00
Other Expense							
5700 · Depreciation Expense	18,567.52			148,540.16			
5800 · Restricted Fund Expenses	17,910.83	4,166.00	13,744.83	102,919.72	33,328.00	69,591.72	50,000.00
5881 · Restricted Capital Campaign Exp	15,663.03			33,671.36			
7600 · Investment Expenses	0.00			18,761.81			
Total Other Expense	52,141.38	4,166.00	47,975.38	303,893.05	33,328.00	270,565.05	50,000.00
Net Other Income	135,004.68	0.00	135,004.68	381,468.79	0.00	381,468.79	0.00
Net Income	126,995.07	22,614.00	104,381.07	551,917.51	68,908.00	483,009.51	1,500.00

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

Modified Cash Basis

	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	1,500.00	2,000.00	-500.00	374,637.50	180,000.00	194,637.50	180,000.00
4050 · Trusts, Foundations & Governme...	0.00	170,000.00	-170,000.00	162,946.13	170,000.00	-7,053.87	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	3,363.80	600.00	2,763.80	6,811.69	7,200.00	-388.31	7,200.00
5115 · Operating Supplies	17,588.27	3,150.00	14,438.27	64,309.66	58,130.00	6,179.66	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	34.32			372.80			
4862 · HH Capital Campaign Restricted	-32,300.00			-7,434.74			
4990 · Income Released From Restricted	7,533.00	4,902.17	2,630.83	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

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

Modified Cash Basis

	Sep 22	Budget	\$ Over Budget	Oct '21 - Sep 22	YTD Budget	\$ Over Budget	Annual Budget
Other Expense							
5700 · Depreciation Expense	25,485.87			225,940.52			
5800 · Restricted Fund Expenses	7,991.48	1,902.17	6,089.31	153,917.60	43,107.38	110,810.22	43,107.38
5881 · Restricted Capital Campaign Exp	-468,620.44			29,260.90			
7600 · Investment Expenses	40.00			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

Form **8879-TE**

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning 10/01, 2022, and ending 9/30, 2023.

2022

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

**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.

<input checked="" type="checkbox"/> 1a Form 990 check here	<input checked="" type="checkbox"/> b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,954,393
<input type="checkbox"/> 2a Form 990-EZ check here	<input type="checkbox"/> b Total revenue, if any (Form 990-EZ, line 9)	2b	
<input type="checkbox"/> 3a Form 1120-POL check here	<input type="checkbox"/> b Total tax (Form 1120-POL, line 22)	3b	
<input type="checkbox"/> 4a Form 990-PF check here	<input type="checkbox"/> b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	
<input type="checkbox"/> 5a Form 8868 check here	<input type="checkbox"/> b Balance due (Form 8868, line 3c)	5b	
<input type="checkbox"/> 6a Form 990-T check here	<input type="checkbox"/> b Total tax (Form 990-T, Part III, line 4)	6b	
<input type="checkbox"/> 7a Form 4720 check here	<input type="checkbox"/> b Total tax (Form 4720, Part III, line 1)	7b	
<input type="checkbox"/> 8a Form 5227 check here	<input type="checkbox"/> b FMV of assets at end of tax year (Form 5227, Item D)	8b	
<input type="checkbox"/> 9a Form 5330 check here	<input type="checkbox"/> b Tax due (Form 5330, Part II, line 19)	9b	
<input type="checkbox"/> 10a Form 8038-CP check here	<input type="checkbox"/> b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

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

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

PIN: check one box only

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

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

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

Signature of officer or person subject to tax _____

Date 02/22/24

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.

57312460008

Do not enter all zeros

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

ERO's signature Richard D Crowley, CPA

Date 02/22/24

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

Form **990**

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

OMB No. 1545-0047
2022
Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **10/01/22**, and ending **09/30/23**

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

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

D Employer identification number
57-0811876

E Telephone number
843-689-2618

G Gross receipts\$ **4,242,623**

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

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

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

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

K Form of organization: Corporation Trust Association Other

L Year of formation: **1985** **M** State of legal domicile: **SC**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To provide guidance to youth.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	165
	6 Total number of volunteers (estimate if necessary)	6	120
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,914,013	Current Year 2,218,468
	9 Program service revenue (Part VIII, line 2g)	550,956	641,623
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198,619	171,403
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,049,716	922,899
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,713,304	3,954,393
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	2,463,143	2,685,237
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 358,464		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,394,064	1,474,660
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,857,207	4,159,897
19 Revenue less expenses. Subtract line 18 from line 12	856,097	-205,504	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 11,735,115	End of Year 11,947,546
	21 Total liabilities (Part X, line 26)	260,208	351,970
	22 Net assets or fund balances. Subtract line 21 from line 20	11,474,907	11,595,576

Part II Signature Block

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

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

Paid Preparer Use Only
 Print/Type preparer's name: **Richard D Crowley, CPA**
 Preparer's signature: **Richard D Crowley, CPA**
 Date: **03/06/24**
 Check if self-employed if PTIN **P00640699**
 Firm's name: **Crowley Wechsler & Associates LLC**
 Firm's EIN: **26-1860008**
 Firm's address: **1411 Queen Street**
Beaufort, SC 29902
 Phone no.: **843-379-1065**

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide guidance to youth.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **3,149,148** including grants of \$) (Revenue \$ **641,623**)

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

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

N/A

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

N/A

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

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

4e Total program service expenses **3,149,148**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	165		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17			

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

JAMES WENTWORTH
BLUFFTON

10 PINCKNEY COLONY RD

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES WENTWORTH	40.00									
EXECUTIVE DIRECTOR	0.00				X		194,574	0	0	
(2) KIMBERLY LIKINS	40.00									
Director-Hilton Head	0.00				X		108,165	0	0	
(3) BRUCE ANDREWS	5.00									
SECRETARY	0.00	X					0	0	0	
(4) DIANE BARTLETT	5.00									
PRESIDENT	0.00	X					0	0	0	
(5) DOUGLAS R. BOLTON	5.00									
DIRECTOR	0.00	X					0	0	0	
(6) JOHN CROWLEY	5.00									
DIRECTOR	0.00	X					0	0	0	
(7) SUSAN HENDERSON	5.00									
DIRECTOR	0.00	X					0	0	0	
(8) CHARLOTTE D. HOFFMANN	5.00									
DIRECTOR	0.00	X					0	0	0	
(9) JOSEPH E. HUDSON	5.00									
DIRECTOR	0.00	X					0	0	0	
(10) HALL SUMNER, III	5.00									
DIRECTOR	0.00	X					0	0	0	
(11) DOUG PACE	5.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ROBIN PRICE	5.00									
DIRECTOR	0.00	X						0	0	0
(13) MOLLIE SANDMAN	5.00									
DIRECTOR	0.00	X						0	0	0
(14) HAL SUTTON	5.00									
DIRECTOR	0.00	X						0	0	0
(15) THOMAS J. WEISENBACH	5.00									
DIRECTOR	0.00	X						0	0	0
1b Subtotal								302,739		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								302,739		

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

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

Section B. Independent Contractors

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

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

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

0

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,500				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,203,968				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			2,218,468			
	Program Service Revenue	2a PROGRAM SERVICE REVENUE	Business Code	623,808	623,808		
b BRIDGES RENTAL INCOME			15,545			15,545	
c MEMBERSHIP DUES			2,270	2,270			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				641,623			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		171,403			171,403	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c					
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis and sales exps.	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		1,182,971					
	b Less: direct expenses	8b	288,230				
	c Net income or (loss) from fundraising events		894,741			894,741	
9a Gross income from gaming activities. See Part IV, line 19							
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11a MISCELLANEOUS	Business Code	28,158			28,158	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			28,158			
12 Total revenue. See instructions			3,954,393	626,078	0	1,109,847	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,231,321	1,573,240	356,358	301,723
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	267,330	189,784	27,309	50,237
10 Payroll taxes	186,586	132,021	54,565	
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	235,129	101,737	133,392	
12 Advertising and promotion	31,254	15,704	11,905	3,645
13 Office expenses	135,059	120,931	14,128	
14 Information technology				
15 Royalties				
16 Occupancy	197,246	162,010	35,236	
17 Travel	33,488	29,550	3,938	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	337,238	337,238		
23 Insurance	133,442	121,104	12,338	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OTHER PROGRAM EXPENSES	186,689	186,689		
b REPAIRS AND MAINTENANCE	105,865	105,865		
c OTHER EXPENSES	79,250	73,275	3,116	2,859
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,159,897	3,149,148	652,285	358,464
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	2,376,956	1	1,975,669	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net	115,776	3	47,238	
	4	Accounts receivable, net		4	1,123	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	22,355	9	56,258	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,628,786			
		10a	9,628,786			
		b	Less: accumulated depreciation	5,442,894	10c	4,185,892
		10b	5,442,894			
		11	Investments—publicly traded securities	4,869,024	11	5,627,328
		12	Investments—other securities. See Part IV, line 11		12	
		13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15	54,038	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	11,735,115	16	11,947,546	
Liabilities	17	Accounts payable and accrued expenses	116,215	17	36,644	
	18	Grants payable		18		
	19	Deferred revenue	31,177	19	152,097	
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	112,816	25	163,229	
	26	Total liabilities. Add lines 17 through 25	260,208	26	351,970	
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
27		Net assets without donor restrictions	9,864,592	27	10,144,691	
28		Net assets with donor restrictions	1,610,315	28	1,450,885	
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
29		Capital stock or trust principal, or current funds		29		
30		Paid-in or capital surplus, or land, building, or equipment fund		30		
31		Retained earnings, endowment, accumulated income, or other funds		31		
32		Total net assets or fund balances	11,474,907	32	11,595,576	
33	Total liabilities and net assets/fund balances	11,735,115	33	11,947,546		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,954,393
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,159,897
3	Revenue less expenses. Subtract line 2 from line 1	3	-205,504
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	11,474,907
5	Net unrealized gains (losses) on investments	5	326,173
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	11,595,576

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,768,972	2,100,190	2,883,871	2,689,336	2,218,468	11,660,837
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	68,600	65,600	66,600	66,600	79,040	346,440
4 Total. Add lines 1 through 3	1,837,572	2,165,790	2,950,471	2,755,936	2,297,508	12,007,277
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,384,450
6 Public support. Subtract line 5 from line 4.						10,622,827

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	1,837,572	2,165,790	2,950,471	2,755,936	2,297,508	12,007,277
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	290,340	101,496	94,826	114,167	186,948	787,777
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.)	1,372,216	1,061,722	1,238,307	1,299,226	1,211,129	6,182,600
11 Total support. Add lines 7 through 10						18,977,654
12 Gross receipts from related activities, etc. (see instructions)					12	2,991,852
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	55.98 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	54.69 %
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018			
b Excess from 2019			
c Excess from 2020			
d Excess from 2021			
e Excess from 2022			

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

Part II, Line 10 - Other Income Detail

MISC \$ 4,971,471

FUNDRAISING \$ 0

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Table with 2 columns: Name of the organization (BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.) and Employer identification number (57-0811876)

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

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

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 204,878	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 173,468	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 140,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 111,800	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 110,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 101,710	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	\$ 55,600	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	\$ 50,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

Employer identification number

57-0811876

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,869,024	4,398,601	3,538,258	3,249,674	2,623,916
b Contributions	300,000	1,000,000	300,000	200,028	502,000
c Net investment earnings, gains, and losses	509,055	-574,593	594,940	161,542	205,133
d Grants or scholarships					
e Other expenditures for facilities and programs	15,000			43,000	60,000
f Administrative expenses	35,751	37,845	34,596	29,986	21,375
g End of year balance	5,627,328	4,869,024	4,398,602	3,538,258	3,249,674

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **89.00** %
 - b** Permanent endowment **6.00** %
 - c** Term endowment **5.00** %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----------|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 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.

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	4,458,250	3,136,217
c Leasehold improvements		538,864	25,189	513,675
d Equipment		974,416	770,234	204,182
e Other		245,062	189,221	55,841
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,185,892

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Salaries Payable	73,089
(3) OPERATING LEASE LIABILITIES	54,038
(4) Accrued Expenses	36,102
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	163,229

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	4,359,606
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	326,173	
b	Donated services and use of facilities	2b	79,040	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	405,213
3	Subtract line 2e from line 1		3	3,954,393
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	3,954,393

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

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

1	Total expenses and losses per audited financial statements		1	4,238,937
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	79,040	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	79,040
3	Subtract line 2e from line 1		3	4,159,897
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	4,159,897

Part XIII Supplemental Information.

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

Part X - FIN 48 Footnote

The Organization is 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

**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

2022

Open to Public Inspection

Name of the organization

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

Employer identification number

57-0811876

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

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

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

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

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

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

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

.....

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SPRING GALA (event type)	SPORTING EVENT (event type)	2 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	739,676	313,813	129,482	1,182,971
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	739,676	313,813	129,482	1,182,971
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	190,672	79,540	18,018	288,230
	10 Direct expense summary. Add lines 4 through 9 in column (d)				288,230
11 Net income summary. Subtract line 10 from line 3, column (d)				894,741	

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

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

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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

Employer identification number
57-0811876

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JAMES WENTWORTH EXECUTIVE DIRECTOR	(i)	194,574	0	0	0	0	194,574	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

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

Employer identification number

57-0811876

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

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

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

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

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

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

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

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

Form 990	Event Income and Deduction Worksheet	2022
Description SPRING GALA		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1.	<u>739,676</u>
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	<u>739,676</u>
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	<u>190,672</u>
15. Total expenses. Add lines 8 through 14	15.	<u>190,672</u>
16. Net Income/Loss. Line 7 minus Line 15	16.	<u>549,004</u>

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	
<input type="checkbox"/>		Part V, Debt Financing
<input type="checkbox"/>		Part VI, Controlled Org Income
<input type="checkbox"/>		Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>		Part VIII, Exploited Activities
<input type="checkbox"/>		Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>190,672</u>
Total Fundraising Expense	<u>190,672</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Description HOLIDAY EVENT		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2022
Description GOLF EVENT		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1. <u>118,570</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>118,570</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. <u>17,813</u>
15. Total expenses. Add lines 8 through 14	15. <u>17,813</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>100,757</u>

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>17,813</u>
Total Fundraising Expense	<u>17,813</u>

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Description SPORTING EVENT		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1.	313,813
2. Advertising income	2.	
3. Circulation income	3.	
4. Other income	4.	
5. Returns and allowances	5.	
6. Contributions received	6.	
7. Total revenue. Add lines 1 through 6	7.	313,813
8. Cost of Goods Sold	8.	
9. Employment Expense	9.	
10. Fees for services	10.	
11. Indirect Expense	11.	
12. Depreciation Expense	12.	
13. Exempt Activity Expense	13.	
14. Fundraising Expense	14.	79,540
15. Total expenses. Add lines 8 through 14	15.	79,540
16. Net Income/Loss. Line 7 minus Line 15	16.	234,273

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	_____	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing		
<input type="checkbox"/>	Part VI, Controlled Org Income		
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)		
<input type="checkbox"/>	Part VIII, Exploited Activities		
<input type="checkbox"/>	Part IX, Advertising Income		

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	79,540
Total Fundraising Expense	79,540

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Description HOPE AND OPPORTUNITY		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2022
Description MAHJONG EVENT		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2022
Description HABERSHAM PLANTATION PARTY		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing	_____
<input type="checkbox"/>	Part VI, Controlled Org Income	_____
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/>	Part VIII, Exploited Activities	_____
<input type="checkbox"/>	Part IX, Advertising Income	_____

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2022
Description BLUFFTON ARTFULLY PREPARED		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2022
Description RAFFLE		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

- Schedule A, UBIT Activity Code _____ Seq # _____
- Part V, Debt Financing
 - Part VI, Controlled Org Income
 - Part VII, Investments for C(7)(9)(17)
 - Part VIII, Exploited Activities
 - Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2022
Description MISC EVENTS		

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

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

Income & Expense Summary:

1. Gross receipts or sales	1. <u>10,912</u>
2. Advertising income	2. _____
3. Circulation income	3. _____
4. Other income	4. _____
5. Returns and allowances	5. _____
6. Contributions received	6. _____
7. Total revenue. Add lines 1 through 6	7. <u>10,912</u>
8. Cost of Goods Sold	8. _____
9. Employment Expense	9. _____
10. Fees for services	10. _____
11. Indirect Expense	11. _____
12. Depreciation Expense	12. _____
13. Exempt Activity Expense	13. _____
14. Fundraising Expense	14. <u>205</u>
15. Total expenses. Add lines 8 through 14	15. <u>205</u>
16. Net Income/Loss. Line 7 minus Line 15	16. <u>10,707</u>

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Employment Expense:

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

Expense Details - Fundraising Expense:

Cash prizes	_____
Non-cash prizes	_____
Rent and facility costs	_____
Food & beverages (Part II only)	_____
Entertainment (Part II only)	_____
Other direct expenses	<u>205</u>
Total Fundraising Expense	<u>205</u>

Expense Details - Fees for Services:

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

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

Schedule A, UBIT Activity Code	Seq #	_____
<input type="checkbox"/>	Part V, Debt Financing	_____
<input type="checkbox"/>	Part VI, Controlled Org Income	_____
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)	_____
<input type="checkbox"/>	Part VIII, Exploited Activities	_____
<input type="checkbox"/>	Part IX, Advertising Income	_____

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2022
Description BRIDGES RENTAL INCOME		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this summary worksheet to verify data entered for a specific activity for your rental information

1. Gross rents	1.	15,545
Expenses (see details on worksheets below):		
2. Fees for services	2.	
3. Depreciation Expense	3.	
4. Direct Expense	4.	
5. Total expenses. Add lines 8 through 12	5.	
6. Net Income/Loss. Line 7 minus Line 13	6.	15,545

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

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

Expense Details - Direct Expense:

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

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

Schedule A, UBIT Activity Code _____ Seq # _____

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

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

First	
Second	
Third	
All other	

SCHEDULE G (Form 990 or 990-EZ)	Fundraising Other Events	2022
	For calendar year 2022, or tax year beginning 10/01/22 , and ending 09/30/23	

Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer Identification Number 57-0811876
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		(a) Other event <u>GOLF EVENT</u> <small>(event type)</small>	(b) Other event <u>MISC EVENTS</u> <small>(event type)</small>	(c) Other event <small>(event type)</small>	(d) Total other events <small>(add col. (a) through col. (c))</small>
Revenue	1 Gross receipts	118,570	10,912		129,482
	2 Less: Charitable contributions				
	3 Gross income <small>(line 1 minus line 2)</small>	118,570	10,912		129,482
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses	17,813	205		18,018

Form 990	Two Year Comparison Report	2021 & 2022
For calendar year 2022, or tax year beginning 10/01/22 , ending 09/30/23		

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

		2021	2022	Differences
Revenue	1. Contributions, gifts, grants	2,766,290	2,203,968	-562,322
	2. Membership dues and assessments			
	3. Government contributions and grants	147,723	14,500	-133,223
	4. Program service revenue	550,956	641,623	90,667
	5. Investment income	198,619	171,403	-27,216
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events	1,024,089	894,741	-129,348
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	25,627	28,158	2,531
	12. Total revenue. Add lines 1 through 11	4,713,304	3,954,393	-758,911
Expenses	13. Grants and similar amounts paid			
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.			
	16. Salaries, other compensation, and employee benefits	2,463,143	2,685,237	222,094
	17. Professional fundraising fees			
	18. Other professional fees	203,247	235,129	31,882
	19. Occupancy, rent, utilities, and maintenance	178,635	197,246	18,611
	20. Depreciation and Depletion	334,489	337,238	2,749
	21. Other expenses	677,693	705,047	27,354
	22. Total expenses. Add lines 13 through 21	3,857,207	4,159,897	302,690
	23. Excess or (Deficit). Subtract line 22 from line 12	856,097	-205,504	-1,061,601
Other Information	24. Total exempt revenue	4,713,304	3,954,393	-758,911
	25. Total unrelated revenue			
	26. Total excludable revenue	1,799,291	1,735,925	-63,366
	27. Total assets	11,735,115	11,947,546	212,431
	28. Total liabilities	260,208	351,970	91,762
	29. Retained earnings	11,474,907	11,595,576	120,669
	30. Number of voting members of governing body	17	13	
	31. Number of independent voting members of governing body	17	13	
	32. Number of employees	142	165	
	33. Number of volunteers	130	120	

Form 990	Tax Return History	2022
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Name BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.	Employer Identification Number 57-0811876
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	2018	2019	2020	2021	2022	2023
Contributions, gifts, grants	1,768,972	2,303,331	3,164,211	2,914,013	2,218,468	
Membership dues						
Program service revenue	894,000	529,400	500,663	550,956	641,623	
Capital gain or loss						
Investment income	256,210	73,161	97,170	198,619	171,403	
Fundraising revenue (income/loss)	791,306	793,031	662,430	1,024,089	894,741	
Gaming revenue (income/loss)						
Other revenue	283,262	159,186	43,037	25,627	28,158	
Total revenue	3,993,750	3,858,109	4,467,511	4,713,304	3,954,393	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	2,214,473	2,165,168	1,980,422	2,463,143	2,685,237	
Professional fees	125,195	136,642	180,198	203,247	235,129	
Occupancy costs	188,787	167,632	172,732	178,635	197,246	
Depreciation and depletion	301,822	316,400	317,671	334,489	337,238	
Other expenses	772,432	762,289	509,889	677,693	705,047	
Total expenses	3,602,709	3,548,131	3,160,912	3,857,207	4,159,897	
Excess or (Deficit)	391,041	309,978	1,306,599	856,097	-205,504	
Total exempt revenue	3,993,750	3,858,109	4,467,511	4,713,304	3,954,393	
Total unrelated revenue						
Total excludable revenue	2,224,778	1,554,778	1,303,300	1,799,291	1,735,925	
Total Assets	9,628,708	10,292,161	11,628,313	11,735,115	11,947,546	
Total Liabilities	424,272	713,321	196,334	260,208	351,970	
Net Fund Balances	9,204,436	9,578,840	11,431,979	11,474,907	11,595,576	

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST ON NR	\$		14			
OTHER INTEREST	<u>67,177</u>		14			
Total	<u>\$ 67,177</u>					

Taxable Dividends from Securities

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
DIVIDENDS	\$ <u>91,704</u>		14			
Total	<u>\$ 91,704</u>					

Federal Statements

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

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
SERVICE AND PROFESSIONAL FEES	\$ <u>235,129</u>	\$ <u>101,737</u>	\$ <u>133,392</u>	\$ <u>0</u>
Total	\$ <u><u>235,129</u></u>	\$ <u><u>101,737</u></u>	\$ <u><u>133,392</u></u>	\$ <u><u>0</u></u>

20800 BOYS & GIRLS CLUBS OF THE
57-0811876
FYE: 9/30/2023

Federal Statements

3/6/2024 2:21 PM

Schedule A, Part II, Line 1(e)

<u>Description</u>	<u>Amount</u>
Government Grants or Contributions	\$ 14,500
TRUST AND FOUNDATIONS	615,163
OTHER CONTRIBUTIONS	1,588,805
UNITED WAY	
Total	<u>\$ 2,218,468</u>

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

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
21ST CENTURY CLC GRANT	\$ 315,978	\$
BEVERLY J. LASHER IRREVOCABLE TRUST	369,814	
BREEDLOVE FOUNDATION	1,307,000	927,447
MR. WELLES MURPHEY, JR.	618,315	238,762
MARIAN S. GREEN	290,946	
BOYS & GIRLS CLUB OF HILTON HEAD	222,877	
THE LEON LEVINE FOUNDATION	400,000	20,447
MR & MRS PAUL J NORRIS	486,360	106,807
MR & MRS. MARTIN F. GLEASON, JR	268,600	
BERKELY HALL CHARITABLE FOUNDATION	387,604	8,051
MR & MRS. RICHARD L. KEYSER	152,000	
MR & MRS. ROBERT J. LOFTUS	172,000	
THE DIANA CHURCHILL TRUST	219,491	
WARDLE FAMILY FOUNDATION	80,000	
JASPER COUNTY		
HERITAGE CLASSIC FOUNDATION		
UNITED WAY OF THE LOWCOUNTRY	254,643	
COASTAL COMMUNITY FOUNDATION	58,500	
TURNER FOUNDATION		
ROBERT BURT	61,854	
NEW RIVER AUTO MALL		
JM FOUNDATION		
MR. AND MRS. STEPHEN L. HICKMAN		
PALMETTO BLUFF REAL ESTATE CO.		
MR. AND MRS. MICHAEL V. GARCIA	407,558	28,005
JOSEPH A. MIX		
THE GEORGE T. LEWIS, JR. 2001 FOUND	185,000	
ADP FOUNDATION		
TAYLOR 2007 CHARITABLE REMAINDER UNI		
MR & MRS MICHAEL BRIGGS		
MR AND MRS ROBERT BURT	102,500	
MR AND MRS LEO CUMMINS		
MR AND MRS MICHAEL GARCIA		
MR AND MRS ROBERT SHIELDS		
PEACOCK AUTOMOTIVE		
THE GEORGE T LEWIS, JR 2001 FOUNDATI		
MR. AND MRS. DANIEL C. BROWN		
MR. AND MRS. DAVID D. EKEDAHL	205,000	
MR. DAVID A PROCTOR	100,000	
MR. AND MRS. STANLEY R SMITH		
MR. AND MRS. DAVID C. WETMORE		
MR. AND MR.S FRES POSES		
MR. AND MRS. GEORGE DAVAGIAN		
KENNETH R. CAMPBELL	434,484	54,931
LOWCOUNTRY ANNIE OAKLEYS	68,000	
MR & MRS FOSTER FRIESS	100,000	
MS ANN E PERCIVAL	62,691	
Total	\$ <u>7,331,215</u>	\$ <u>1,384,450</u>

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
INTEREST ON NR	\$
OTHER INTEREST	67,177
DIVIDENDS	91,704
REALIZED GAINS	12,522
BRIDGES RENTAL INCOME	15,545
Total	<u>\$ 186,948</u>

Schedule A, Part II, Line 10(e)

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	\$ 28,158
SPRING GALA	739,676
HOLIDAY EVENT	
GOLF EVENT	118,570
SPORTING EVENT	313,813
HOPE AND OPPORTUNITY	
MAHJONG EVENT	
HABERSHAM PLANTATION PARTY	
BLUFFTON ARTFULLY PREPARED	
RAFFLE	
MISC EVENTS	10,912
LOWCOUNTRY EVENT	
hunt fish shoot	
Total	<u>\$ 1,211,129</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
PROGRAM SERVICE REVENUE	\$ 623,808
MEMBERSHIP DUES	2,270
Total	<u>\$ 626,078</u>

Form **990**

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

OMB No. 1545-0047
2020
 Open to Public Inspection

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

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

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

D Employer identification number
57-0811876

E Telephone number
843-689-2618

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

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

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

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

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

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

Part I Summary

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

Part II Signature Block

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

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

Paid Preparer Use Only Print/Type preparer's name: **Richard D Crowley, CPA** Preparer's signature: **Richard D Crowley, CPA** Date: **03/02/22** Check if self-employed PTIN: **P00640699**
 Firm's name: **Crowley Wechsler & Associates LLC** Firm's EIN: **26-1860008**
 Firm's address: **1411 Queen Street** Phone no.: **843-379-1065**
Beaufort, SC 29902

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

To provide guidance to youth.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,333,716** including grants of \$) (Revenue \$)

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

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

N/A

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

N/A

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

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

4e Total program service expenses **u 2,333,716**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS PROTZ EXECUTIVE DIRECTOR	40.00 0.00						X	106,941	0	0
(2) BRUCE ANDREWS DIRECTOR	0.00 0.00	X						0	0	0
(3) DIANE BARTLETT VICE PRESIDENT	0.00 0.00	X		X				0	0	0
(4) JACQUELYN BOWLER DIRECTOR	0.00 0.00	X						0	0	0
(5) RAMONA CHILDERS DIRECTOR	2.00 0.00	X						0	0	0
(6) LEE GARGIS DIRECTOR	2.00 0.00	X						0	0	0
(7) JEFFREY GRIME DIRECTOR	2.00 0.00	X		X				0	0	0
(8) SUSAN HENDERSON DIRECTOR	2.00 0.00	X						0	0	0
(9) JOSEPH E. HUDSON DIRECTOR	2.00 0.00	X						0	0	0
(10) CAROL HUMPHREY SECRETARY	0.00 0.00	X		X				0	0	0
(11) HALL SUMNER, III PRESIDENT	0.00 0.00	X		X				0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) JAMES H. BRENNAN, III DIRECTOR	2.00 0.00	X						0	0	0
(13) ROBIN PRICE DIRECTOR	2.00 0.00	X						0	0	0
(14) MOLLIE SANDMAN DIRECTOR	2.00 0.00	X						0	0	0
(15) ROBERT SHIELDS DIRECTOR	2.00 0.00	X						0	0	0
(16) HAL SUTTON TREASURER	0.00 0.00	X		X				0	0	0
(17) RUSSELL WHITEFORD DIRECTOR	2.00 0.00	X						0	0	0
1b Subtotal								106,941		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								106,941		

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

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

Part IX Statement of Functional Expenses

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

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

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

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

Part X Balance Sheet

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

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

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

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

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

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

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

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

Section D – Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E – Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required— <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
c	From 2017			
d	From 2018			
e	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016			
b	Excess from 2017			
c	Excess from 2018			
d	Excess from 2019			
e	Excess from 2020			

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

Part II, Line 10 - Other Income Detail

MISC \$ 3,693,878

FUNDRAISING \$ 2,136,270

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

Schedule of Contributors

OMB No. 1545-0047

2020

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

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

- Filers of:** **Section:**
- Form 990 or 990-EZ 501(c)(**3**) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 79,650	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 100,289	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 700,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 95,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	\$ 150,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

BOYS & GIRLS CLUBS OF THE

57-0811876

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

BOYS & GIRLS CLUBS OF THE LOWCOUNTRY, INC.

57-0811876

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

Part II Conservation Easements.

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

Part VI Land, Buildings, and Equipment.

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

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

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Salaries Payable	70,049
(3) Accrued Expenses	34,758
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) u	104,807

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

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

PPP LOAN FORGIVENESS \$ 430,688

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public
Inspection

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

Name of the organization

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

Employer identification number

57-0811876

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

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

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

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

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

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

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

.....

.....

.....

.....

.....

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

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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

Employer identification number

57-0811876

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

PPP LOAN FORGIVENESS \$ 430,688

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

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

Employer identification number

57-0811876

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Form 990	Event Income and Deduction Worksheet	2020
Description SPRING GALA		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2020
Description HOLIDAY EVENT		

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description GOLF EVENT		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2020
Description THRIFT SHOP		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990	Event Income and Deduction Worksheet	2020
Description MAHJONG EVENT		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	
Second	
Third	
All other	

Form 990	Event Income and Deduction Worksheet	2020
Description HABERSHAM PLANTATION PARTY		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

<input type="checkbox"/>	Part V, Debt Financing
<input type="checkbox"/>	Part VI, Controlled Org Income
<input type="checkbox"/>	Part VII, Investments for C(7)(9)(17)
<input type="checkbox"/>	Part VIII, Exploited Activities
<input type="checkbox"/>	Part IX, Advertising Income

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

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

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2020
Description RAFFLE		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

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

Form 990	Event Income and Deduction Worksheet	2020
Description MISC EVENTS		

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

Income & Expense Summary:

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

Expense Details - Cost of Goods Sold:

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

Expense Details - Employment Expense:

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

Expense Details - Fees for Services:

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

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

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

Expense Details - Indirect Expense:

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

Expense Details - Depreciation Expense:

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

Expense Details - Exempt Activity Expense:

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

Expense Details - Fundraising Expense:

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

Allocation of Expense to Program Service Accomplishments:

First	_____
Second	_____
Third	_____
All other	_____

Form 990/990PF	Rent Income and Deduction Worksheet	2020
Description BRIDGES RENTAL INCOME		

Name BOYS & GIRLS CLUBS OF THE	Taxpayer Identification Number 57-0811876
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Use this summary worksheet to verify data entered for a specific activity for your rental information

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

Expense Details - Fees for Services:

Accounting	
Legal	
Commissions	
Management	
Other Professional Fees	
Total Fees for Services	

Expense Details - Depreciation Expense:

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

Expense Details - Direct Expense:

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

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

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

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

First	
Second	
Third	
All other	

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

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

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

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

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

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

Federal Statements

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
INTEREST ON NR	\$		14			
OTHER INTEREST	5,974		14			
Total	<u>\$ 5,974</u>					

Taxable Dividends from Securities

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

Federal Statements

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

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

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

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

OGDEN UT 84201-0038

In reply refer to: 0437874130
Dec. 14, 2007 LTR 4168C E0
57-0811876 000000 00 000 R
00022075
BODC: TE

BOYS AND GIRLS CLUBS OF LOWCOUNTRY
INC
17 B MARSHELLEN DR
BEAUFORT SC 29902-6900175

2276

Employer Identification Number: 57-0811876
Person to Contact: L. Horspool
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your request of Dec. 05, 2007, regarding your tax-exempt status.

Our records indicate that a determination letter was issued in November 1985, that recognized you as exempt from Federal income tax, and discloses that you are currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records also indicate you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,



Maureen Green
Operations Manager, Collection