TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared for	BOYS AND GIRLS CLUB OF THE GRAND STRAND INC. 1000 Dunbar St. MYRTLE BEACH, SC 29577
Prepared by	SMITH SAPP 4728 JENN DR. SUITE 100 MYRTLE BEACH, SC 29577
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 16, 2020. ******** ADDITIONAL REQUIREMENT *********
	Please sign the attached Tax Engagement Agreement where indicated and return to our office.

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

and ending	. 20

OMB No. 1545-1878

Department of the Treasury

For calendar year 2019, or fiscal year beginning Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879EO for the latest information. Internal Revenue Service

Name of exempt organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND

57-1051611

Employer identification number

Name and title of officer

RYAN CANNELLA

TREASURER

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter ·0·). But, if you entered ·0· on the return, then enter ·0· on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	841,343.
		2b	
	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Declaration and Signature Authorization of Officer Part II

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

X | authorize SMITH SAPP

ERO firm name	do not enter all zeros
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the afore enter my PIN on the return's disclosure consent screen.	copy of the return ementioned ERO to
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically fill indicated within this return that a copy of the return is being filed with a state acrency(les) regulating charities as part of program, will enter my PIN on the eturn's disclosure consent screen.	ed return. If I have the IRS Fed/State
Officer's signature Amounts of the signature Michigan Signature Michig	MILLON MARCON

Certification and Authentication

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

57911747080 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Smith Sapp, PA ERO's signature

Date > 11/16/20

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So 06645

to enter my PIN

EXTENDED TO NOVEMBER 16, 2020

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

A. Carretta - 0040 and available

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2019

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

Open to Public Inspection

Αг	or the	20 19 Calendar year, or tax year beginning and	chang	9	
Вс	heck if oplicable	C Name of organization BOYS AND GIRLS CLUB OF THE GRAND STRAI	MD	D Employer identific	ation number
	Address change	- POIS WID GIVES CHOP OF THE GIVING DIVER	ND		
	Name change	Doing business as		57-105161	L1
Г	Initiat		Room/suite	E Telephone number	
Ī	Final return/	1000 DUNBAR ST.		843-839-3	
	termin-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	841,343.
Γ	Amend return	MYRTLE BEACH, SC 29577		H(a) Is this a group re	turn
	Applica			for subordinates?	
_	pendin	1000 DUNBAR ST., MYRTLE BEACH, SC 295	77	H(b) Are all subordinates in	
	97.676	mpt status; X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	⊣	ist, (see instructions)
.1 V	Waheite	WWW.BGCLUBGS.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1996 M	State of legal domicile; SC
		Summary			
1	1 1	Briefly describe the organization's mission or most significant activities: PROV	IDE A	TER SCHOOL A	AND
Activities & Governance	' '	SUMMERTIME ACTIVITIES FOR AT RISK CHILDR	EN IN	THE GRAND ST	PRAND AREA
nar		Check this box if the organization discontinued its operations or dispose			
Vē.	l			3	14
Ĝ		Number of independent voting members of the governing body (Part VI, line 1d)			12
න් ග		Total number of individuals employed in calendar year 2019 (Part V, line 2a)		***************************************	37
tie.	1	Total number of volunteers (estimate if necessary)		***************************************	45
ξį		Total number of volunteers (estimate if necessary) Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
Ä					0.
	ומ	Net unrelated business taxable income from Form 990-T, line 39	·····	Prior Year	Current Year
		Destributions and execute (Dort) (III. line 1b)		796,752.	726,879.
ine	1	Contributions and grants (Part VIII, line 1h)		55,482.	64,238.
Revenue		Program service revenue (Part VIII, line 2g)		4,676.	20.
Re	1	nvestment income (Part VIII, column (A), línes 3, 4, and 7d)		0.	50,206.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		856,910.	841,343.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0,0,0,10.	0.
	i	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		Ŏ.	0.
	Ł	Benefits paid to or for members (Part IX, column (A), line 4)		357,868.	415,409.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 23, 5	·;; -	V•	
꼾	1			261,508.	288,154.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		619,376.	703,563.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	F	237,534.	137,780.
- w		Revenue less expenses, Subtract line 18 from line 12			
ts or			Į B	eginning of Current Year 814,506.	End of Year 3,187,522.
Net Assets Fund Balar	20	Total assets (Part X, line 16)		37,071.	2,260,434.
et A	21	Total liabilities (Part X, line 26)	······- - -	777,435.	927,088.
		Net assets or fund balances, Subtract line 21 from line 20	<u> </u>	111, 433 •	JZ1,000 ·
	art II	Signature Block lies of perjury, I declare that I have examined this return, including accompanying schedule	o and states	nante and to the heet of m	/ knowledge and belief it is
					Nitowicage and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	mon prepare	I lias ally knowledge.	
		Signature of officer		Date	
Sig	n	, -			
Hei	re	RYAN CANNELLA, TREASURER Type or print name and title		14_W-FWHOTO-T	
				Date Check	PTIN
		Print/Type preparer's name Preparer's signature	משו	11/16/20 of self-employe	
Pai		NATHAN E. SKIPPER, CPA NATHAN E. SKIPP	nn, C		57-0801130
	parer	Firm's name SMITH SAPP		Firm's EIN ▶	21 000TT20
Use	Only	Firm's address 4728 JENN DR. SUITE 100		Phone no.84	3 448-8334
		MYRTLE BEACH, SC 29577		[Prione no. O 4	11
Ma	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Eorm	990 (2019) INC.	57-1051611	Page 2
Par	t 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: PROVIDE AFTER SCHOOL AND SUMMERTIME ACTIVITIES FOR AT	RISK CHILDREN	
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE T	CHEM	
	OPPORTUNITIES SO THEY CAN SEE THEIR POTENTIAL.		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		X No
	If "Yes," describe these new services on Schedule O.	es?	v
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?Yes L	_A_I No
	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services	as measured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to revenue, if any, for each program service reported.	others, the total expenses, a	nd
40	F3C C7C	evenue \$ 64,2	238.)
4a	(Code:) (Expenses \$ 536,676 including grants of \$) (Repenses \$ SCHOOL, AND SUMMERTIME ACTIVITIES FOR AT		
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE '	THEM OPPORTUNIT	TIES
	SO THEY CAN SEE THEIR POTENTIAL.		
4b	(Code:) (Expenses \$	evenue \$)
			······
4c	(Code:) (Expenses \$ including grants of \$	Revenue \$)
	/ (0000)		
			···
			····
4d	Other program services (Describe on Schedule O.)	i	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses > 536,676.)	
<u>4e</u>	Total program service expenses ► 536,670.	Ears O	90 (2019)
		Form 3 9	~~ (∠∪ (∀)

BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 3 Form 990 (2019) Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Χ If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, fine 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundralsing, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 Х 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х 17 column (A), fines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 18 1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

complete Schedule G, Part III

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H
 b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

19

20b

Х

X

X

-orm	BOYS AND GIRLS CLUB OF THE GRAND STRAND INC. 57-1051	611	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_X_
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	'		
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		X
	"Yes," complete Schedule L, Part IV	28b		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?//f	28c		X
	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		Х
	contributions? If "Yes," complete Schedule M	31		Х
31 32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		х
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		 	†
34	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		+
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	<u> </u>
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
Au	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
		مات	Yes	No

ar	Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V				Tv	<u> </u>
					Yes	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a		0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporte	able gaming			
	(gambling) winnings to prize winners?			1c	<u> </u>	<u> </u>
	4 01-20-20			Form	ղ 990	(2019)

			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 37			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	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		1	
	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	<u> </u>	ļ
10	Section 501(c)(7) organizations. Enter:		1	1
а	Initiation fees and capital contributions included on Part VIII, line 12	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations, Enter:			
а		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			1
	amounts due or received from them.)	1		
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u> </u>		_
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
C		ļ	╀	
14a		14a		X
b		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			~
	excess parachute payment(s) during the year?	15	+	X
	If "Yes," see instructions and file Form 4720, Schedule N.			~
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	+	X
	If IIVan II normalate Form 4790, Pohodulo O	E	1	1

Form 990 (2019) INC. 57 – 10 51 611 Page
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.

	to line 88, ob, or four below, describe the chedinal lines, processes, or charges			X
	Check if Schedule O contains a response or note to any line in this Part VI			
Sect	ion A. Governing Body and Management	I	V	No.
	14		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1		
	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 0.			
b	Enter the pumber 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		Х	
	officer, director, trustee, or key employee?	2	<u> </u>	—
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		х
	of officers, directors, trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X	 ^
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	ь		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		X
	more members of the governing body?	7a		72
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	76.		X
	persons other than the governing body?	7b		- 22
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		х	
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			X
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1.7.	1
			Yes	No_X
10a	Did the organization have local chapters, branches, or affiliates?	10a		122
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	201		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	+-
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Α.	
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		+
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	┼	┼
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	4.5		
	in Schedule O how this was done	12c	╄	X
13	Did the organization have a written whistleblower policy?	13	+	$\frac{1}{X}$
14	Did the organization have a written document retention and destruction policy?	14	 	122
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?	4 100	X	
а	The organization's CEO, Executive Director, or top management official	15a	╅	 -
b	Other officers or key employees of the organization	15b	1	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	i Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			X
	toyoblo optity during the year?	16a	┪—	+
t	of "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	1		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	Ч	Щ
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►SC			. 21 - 1- 1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-1 (Section 50 (c))	ുട or	ıy) av	allable
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X 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, a	ınd fin	ancia	
	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 🕨			
	DR. TRACY BAILEY - 843-839-3616			
	1000 DUNBAR ST, MYRTLE BEACH , SC 29577			_

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

INC.

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	on nor any related	orga	ıniza	tion	con	nper	ısat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	>)			(D)	(E)	(F)
Name and title	Average	(do	not ct	⊃osi reck	ition more	than e	one	Reportable	Reportable	Estimated
	hours per	box.	, unies	s pe	rson i	is botl r/trus	าลก	compensation	compensation	amount of
	week		e all	uau	16010	7,003	1007	from	from related organizations	other compensation
	(list any	ndividual trustee or director						the organization	(W-2/1099-MISC)	from the
	hours for related	b 10 d	tee			sated		(W-2/1099-MISC)	(11 2 1000 111100)	organization
	organizations	ruste	Institutional trustee		ee.	mpen		(11 2) 1000 (11100)		and related
	below	dual	rtio Tri		Key emplayee	est co ayee	a			organizations
	line)	İndivi	Instit	Officer	Keye	Highest compensated employee	Ротпег			
(1) JOHN RHODES	4.00								•	2
BOARD CHAIR		X		X				0.	0.	0.
(2) RYAN CANNELLA	2.00								_	۸
TREASURER		X		X	_	<u> </u>		0.	0.	0.
(3) ANITA FLOYD LEE	2.00					1			0.	_
DIRECTOR		X		X	_	<u> </u>		0.	U •	0.
(4) COLBERT BROWN JR	2.00	٦,						0.	0.	0.
DIRECTOR	200	X				-	<u> </u>	U •	0.	0.
(5) ROBERT H DUMANIOS	2.00	X						0.	0.	0.
SECRETARY	2.00		 		 	-		0 +	V •	
(6) JIMMY FEUGER	4.00	x			1			0.	0.	0.
DIRECTOR	2.00	₽		_	\vdash	┢		•		
(7) GERRY POLONY	2.00	X						0.	0.	0.
DIRECTOR (8) ADAM KIPPLE	2.00	1	⊢		├	\vdash				
(8) ADAM KIPPLE VICE CHAIR	2,00	X						0.	0.	0.
(9) ELLA M THOMAS	2.00	1	 	\vdash		 				
DIRECTOR		\mathbf{x}^{\dagger}			ļ			0.	0.	0.
(10) DIONE BUONTO	40.00	Ħ		 -			_			
EXECUTIVE DIRECTOR		x		x				80,383.	0.	0.
(11) LENA BROWN	2.00	Π			1	Τ				
DIRECTOR		X						0.	0.	0.
(12) MATTHEW BRITTAIN	2.00	Ī								
DIRECTOR		\mathbf{x}						0.	0.	0.
(13) DANIEL BROWN	2,00									
DIRECTOR		X				<u> </u>		0.	0.	0.
(14) JENNIFER TYLER	2.00									
DIRECTOR		X			<u> </u>			0.	0.	0.
(15) DAN BROWN	2.00	1		1					_	_
DIRECTOR		X	↓_		<u> </u>	 		0.	0.	0.
(16) ANDY KOVAN	2.00	١.,						1 0.	0.	0.
DIRECTOR		X	₽	\vdash	-	4	-	<u> </u>	V •	· ·
	<u></u>	-								
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Subtotal	Name and title	(do not check more than one		•										
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schiedule J for such individual 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? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 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 NONE Description of services Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization promite organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to those listed above) who received more than \$100,000 of compensation from the organization promited to t	c Total from continuation sheets to Part V	II. Section A						>	0.	().			0.
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ompensation from the organization Yes No	2 Total number of individuals (including but i	not limited to t	hose	liste	ed a	bov	/e) w	ho r	eceived more than \$10	0,000 of reportable				
Yes No														0
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and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	line 1a? If "Yes," complete Schedule J for	such individua			<i>.</i>						_	3		X
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rendered to the organization? If "Yes," complete Schedule J for such person	and related organizations greater than \$15	0,000? <i>If</i> "Yes	," cc	mpl	ete	Sch	edul	eJ	for such individual			4		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 NONE Description of services 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														٦r
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(A) Name and business address NONE Description of services 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	 Complete this table for your five highest complete. 	ompensated in	dep	ende	ent (con	tract	ors	that received more than	\$100,000 of comp	ensat	tion fr	om	
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\$100,000 of compensation are organization			HOLI	HIIII	su il	Jul		io (C)	a above, who received	HOTO MIGHT				
	\$100,000 or compensation from the organ	nzation 📂					~				F	orm (390 e	2010

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Par	VII		Statement of Revenue	oin this Part VIII		
	•		Check if Schedule O contains a response or note to any line	(A) Total revenue	(B) (C) Related or exempt Unrelated function revenue business revenu	Hevenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	b c c e f		Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1a 1b 72,521.	726,879.		
0 0	<u>r</u>	<u> </u>	Total, Add lines 1a-1f Business Code			
Program Service Revenue	2 a	,	CHARGES FOR SERVICES 624410	64,238.	64,238.	
Rev	(d ,				
Prog			All other program service revenue Total, Add lines 2a-2f	64,238.		
	3		Investment income (including dividends, interest, and	20.		20.
	4 5		other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	20		
	- 1	a b	Gross rents Less: rental expenses Rental income or (loss) (i) Real (ii) Personal 6a 6b 6c			
	7	d a	Net rental income or (loss) Gross amount from sales of assets other than inventory (i) Securities (ii) Other 7a			
элеппе		С	Less: cost or other basis and sales expenses 7b Gain or (loss) 7c			
Other Revenue			Net gain or (loss) Gross income from fundraising events (not including \$			
		h	Less: direct expenses 8b 0.	1		
			Net income or (loss) from fundralsing events	50,206		50,206.
	9	а	Gross income from gaming activities. See Part IV, line 19 9a			
			Less: direct expenses9b Net income or (loss) from gaming activities			
	ı		Gross sales of inventory, less returns and allowances 10a			
		b	Less; cost of goods sold 10b			
			Net income or (loss) from sales of inventory			
2			Business Code			
Miscellaneous Revenue	11			1		
lan Jeni		b				
Re		C	All other revenue			
Ξ			Total. Add lines 11a-11d			
	12		Total revenue, See instructions	841,343	. 64,238.	0. 50,226.
02200					-	Form 990 (2019)

57-1051611 Page 10 INC. Form 990 (2019) INC.
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).

Secti	on 501(c)(3) and 501(c)(4) organizations must comp				· · · · · · · · · · · · · · · · · · ·
	Check if Schedule O contains a respon	se or note to any line in : (A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,	00 202	C4 20C	12 057	4 020
	trustees, and key employees	80,383.	64,306.	12,057.	4,020.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	225 026	260 022	E0 254	16 750
7	Other salaries and wages	335,026.	268,022.	50,254.	16,750.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				·
9	Other employee benefits				un permitter i
10	Payroli taxes				
11	Fees for services (nonemployees):			į	
a					
b	Legal				
C	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				umana.
g	•	7,563.	4,538.	3,025.	
	column (A) amount, list line 11g expenses on Sch 0.)	1,505.	4,550.	5,025	
12	Advertising and promotion		WELLIAM TO THE TAX TO		
13	Office expenses				
14	Information technology				.
15	Royalties	55,541.	47,210.	5,554,	2,777
16	Occupancy	33,341,	T1, A10	3/3341	4, 7, 7, 7,
17	Travel		uin-east action		
18	Payments of travel or entertainment expenses		;		
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Payments to affiliates Depreciation, depletion, and amortization	6,500.	5,850.	650.	
22		14,744.	8,846.	5,898.	
23 24	Insurance Other expenses, Itemize expenses not covered	,,,	· , · · · · ·	3,73334	
4 4	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 0.) CHILDRENS PROGRAMS & TR	82,367.	82,367.		
a	OTHER OPERATING EXPENSE	34,709.	22,561.	12,148.	
b	STAFF DEVELOPMENT	32,073.	MM,001+	32,073.	
ç	TECHNOLOGY AND COMMUNIC	22,240.	11,120.	11,120.	· · · · · · · · · · · · · · · · · · ·
d		32,417.	21,856.	10,561.	
e os	All other expenses	703,563.	536,676.	143,340.	23,547
25	Joint costs. Complete this line only if the organization	, , , , , , , , , , ,	20010101		
26	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation,	ļ			
	Check here fif following SOP 98-2 (ASC 958-720)				
	The state of the s				Form 990 (2019

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 336,472. 99,491. Cash - non-interest-bearing 1 641,443. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 13,665. 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 3,351. 8,017. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 2,857,805. basis. Complete Part VI of Schedule D 10a 51,890. 2,847,699. 10,106. 10c b Less: accumulated depreciation 10b 11 Investments - publicly traded securities 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments · program-related. See Part IV, line 11 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 814,506. 3,187,522. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 8,007 37,071. 17 Accounts payable and accrued expenses ______ 17 18 18 Grants payable 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 2,061,052. 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 191,375. 0. 25 of Schedule D 2,260,434. 37,071. 26 Total liabilities. Add lines 17 through 25 . Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 272,927. 654,161. 135,992. Net assets without donor restrictions 641,443. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 31 927,088. 777,435. 32 Total net assets or fund balances _____ 32 3,187,522. 814,506. Total liabilities and net assets/fund balances Form **990** (2019)

BOYS AND GIRLS CLUB OF THE GRAND STRAND

	990 (2019) INC.	57-1051	611	Page	e 12
	990 (2019) INC. t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	Clieck is occidence of contains a response of flare to any line with the				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	841	.,34	13.
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,56	
3	Revenue less expenses, Subtract line 2 from line 1	3		7,78	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	777	7,43	35.
5	Net unrealized gains (losses) on investments	5	····		
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	13	[,8'	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
10	column (B))	10	92	7,0	<u> </u>
Par	t XII Financial Statements and Reporting				
· · · ·	Check if Schedule O contains a response or note to any line in this Part XII				<u>X</u>
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	*********	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			i
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,		х	
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O.			l
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			х
	Act and OMB Circular A-1337	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	uired audit	ا ا		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(0046)
_			Form	330	(2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

BOYS AND GIRLS CLUB OF THE GRAND STRAND

OMB No. 1545-0047

2019

Open to Public Inspection Employer identification number

INC 57-1051611 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 L section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activitles 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 INC.

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

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

Sec	tion A, Public Support						/A T - 1
Caler	idar year (or fiscal year beginning in) 🖊	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received, (Do not		455 455	000 503	706 752	726,879.	3,128,967.
	include any "unusual grants.")	240,315.	455,428.	909,593.	796,752.	120,013.	3,120,301.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities				i		
	furnished by a governmental unit to						
	the organization without charge	0.40 0.45	4FE 400	909,593.	796,752.	726,879.	3,128,967.
	Total. Add lines 1 through 3	240,315.	455,428.	909,593.	190,132.	120,013.	0,120,50.1
5	The portion of total contributions						
	by each person (other than a				·		
	governmental unit or publicly				}		
	supported organization) included				1		
	on line 1 that exceeds 2% of the				1		
	amount shown on line 11,						
	column (f)						3,128,967.
	Public support. Subtract line 5 from line 4.			<u> </u>	<u> </u>	<u> </u>	, ,,,,,,,,
	ction B. Total Support	T / \ == -=	11.3.004.0	(a) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in) 🕨	(a) 2015 240, 315.	(b) 2016 455, 428.	(c) 2017 909, 593.	796,752.	726,879.	3,128,967.
7	Amounts from line 4	240,313.	433,420.	505,555.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		4.	442.	4,676.	20.	5,142.
	and income from similar sources		1	7.20.	270100		
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	<u> </u>					
10	Other income, Do not include gain			!			
	or loss from the sale of capital	L. C.			1		
	assets (Explain in Part VI.)			-			3,134,109.
11		the (oot instruction	lane)	1		12	
12	, w ones c	s, etc. (see mstruc)	ionoj	ird fourth or fifth:			
13	First five years. If the Form 990 is to organization, check this box and sto	or the organization	a mar, accoma, un	na, rourni, or mur	,		>
<u> </u>	organization, check this box and sto ction C. Computation of Pub	olic Support Pe	ercentage				
	Public support percentage for 2019			column (fl)		14	99.84 %
14	Public support percentage for 2019 Public support percentage from 201	8 Schedulo A Per	t II. line 14			15	%
15	Public support percentage from 201 a 33 1/3% support test - 2019. If the	organization did r	ot check the box	on line 13, and line	∍ 14 is 33 1/3% or	more, check this b	ox and
16	a 33 1/3% support test - 2019. If the stop here. The organization qualifie	s as a nublicly sun	ported organizatio	on		.,,	▶ X
	stop nere. The organization qualities b 33 1/3% support test - 2018. If the	organization did r	ot check a box or	line 13 or 16a, an	nd line 15 is 33 1/3	% or more, check t	this box
	ond stan here. The organization are	elifies as a publich	supported organ	ization			▶∐
4-	and stop here. The organization qualifies as a publicly supported organization						
17	a 10% -racts-and-circumstances te and if the organization meets the "fa	ects-and-circumsta	nces" test. check	this box and stop	here. Explain in P	art VI how the orga	nization
	meets the "facts-and-circumstances	test. The organiz	ration qualifies as	a publicly support	ed organization		, >
	h 10% facts and circumstances to	est - 2018. If the o	ganization did not	check a box on li	ne 13, 16a, 16b, o	r 17a, and line 15 k	s 10% or
	b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the						
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization						
40	organization meets are nacts and c	ion did not check	a box on line 13. 1	6a, 16b, 17a, or 1	7b, check this box	and see instructio	ns ▶└
76	Private foundation. If the organization	ava dia not oncor		/	Sch	nedule A (Form 99	0 or 990-EZ) 2019

Part I

Part III Support Schedule for O	rnanizatione	Described in	Section 509/a	1(2)		TVII rage o
					ort IL 1f the execut	ration fails to
(Complete only if you checked t			organization falled	i to quality under F	an ii. ii ine organi	zation falls to
qualify under the tests listed be Section A, Public Support	iow, piease com	piete Part II.)	<u></u>			
	(-) 004E	(6) 0040	(m) 0047	(d) 2018	(e) 2019	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(u) 2016	(6) 2019	(i) iotai
1 Gifts, grants, contributions, and						1
membership fees received, (Do not		<u> </u>				
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 bus- lness under section 513		****	!		:	
4 Tax revenues levied for the organ-					<u> </u>	
ization'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 fines 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. (Subtractline 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	<u></u>					
12 Other income. Do not include gain						

13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%						
	Public support percentage from 2018 Schedule A, Part III, line 15	16	%						
Sec	Section D. Computation of Investment Income Percentage								
17	Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%						
	Investment income percentage from 2018 Schedule A, Part III, line 17	18	%						
	100 22 1/29/ support toots 2010. If the organization did not check the box on line 14 and line 15 is more than 33 1/39/, and line 17 is not								

9a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not		
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and		
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	▶∟	

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

or loss from the sale of capital assets (Explain in Part VI.)

Part IV | Supporting Organizations

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

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

BOYS AND GIRLS CLUB OF THE GRAND STRAND

57-1051611 Page 6 Schedule A (Form 990 or 990-EZ) 2019 INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year (A) Prior Year (optional) Section A - Adjusted Net Income 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 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) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) (B) Current Year (A) Prior Year Section B - Minimum Asset Amount (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): 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter $1 \cdot 1/2\%$ of line 3 (for greater amount, 4 see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 Multiply line 5 by .035. 6 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 1 2 Enter 85% of line 1. 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 Income tax imposed in prior year

	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting	organization (see
	instructions).			

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019

BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 7 Schedule A (Form 990 or 990-EZ) 2019 INC . Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) (i) Distributable Underdistributions **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2019 Pre-2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder, Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j

Schedule A (Form 990 or 990-EZ) 2019

and 4c.

8 Breakdown of line 7:

a Excess from 2015

b Excess from 2016

c Excess from 2017

d Excess from 2018

e Excess from 2019

BOYS AND GIRLS CLUB OF THE GRAND STRAND

m 1 (4 A	(Form 990 or 990-EZ) 2019 INC.	57-1051611 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	/. Section B. line 1e; Part V.
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		10000
		La Company

Schedule B

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

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number Name of the organization BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 INC. Organization type (check one): Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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 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, 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization
BOYS AND GIRLS CLUB OF THE GRAND STRAND
INC.

Employer identification number

57-1051611

Part I	Contributors (see instructions), Use duplicate copies of Part I if addition	nal space is needed,	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHAPIN FOUNDATION PO BOX 70248 MYRTLE BEACH, SC 29577	\$ 250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET, N.E. ATLANTA, GA 30309	53,634.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MOGLIA FAMILY FOUNDATION 200 S 108TH AVE OMAHA, NE 68154	\$ 40,600.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CITY OF MYRTLE BEACH PO BOX 2468 MYRTLE BEACH, SC 29578	\$\$35,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	CAROLINA RADIOLOGY ASSOCIATES, LLC 1303 AZALEA CT, SUITE B MYRTLE BEACH, SC 29577		Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NEWMAN'S OWN FOUNDATION ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

Employer identification number

57-1051611

Part I	Contributors	(see instructions)	l lse duolicate co	nies of Part I	if additional spa	ce is	needed
ганы	CONTRIBUTOR	1266 II 1211 NOTIONS	i, use auplicate co	Pico VI Falli	ii audiionai spa	CC 10	meeded.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	UNITED WAY OF HORRY COUNTY PO BOX 673 CONWAY, SC 29528	\$ 25,852.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8	WELLS FARGO FOUNDATION 90 SOUTH STREET MINNEAPOLIS, MN 55479	\$15,000.	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9	SEA CAPTAIN'S INVESTORS, INC. 3002 N. OCEAN BLVD MYRTLE BEACH, SC 29577	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
10	BANK OF AMERICA FOUNDATION 2501 OAK ST MYRTLE BEACH, SC 29577	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
11	RAMON D. SESSIONS PO BOX 54094 ATLANTA, GA 30308	\$	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Oncash Occash (Complete Part II for noncash contributions.)

INC.

Name of organization
BOYS AND GIRLS CLUB OF THE GRAND STRAND

Employer identification number

57-1051611

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	• • •		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. Yom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) . FMV (or estimate) (See instructions.)	(d) Date received
MAA-POOLINE TO THE PARTY OF THE		\$	
(a) No. irom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization
BOYS AND GIRLS CLUB OF THE GRAND STRAND

Employer identification number

NC.	and it also the second		57-1051611
art III	from any one contributor. Complete columns (a) to completing Part III. enter the total of exclusively religious, cha	ritable, etc., contributions of \$1,000 or les	otion 501(c)(7), (8), or (10) that total more than \$1,000 for the year. For organizations so for the year. (Enter this Info. ence.) \$\Bigsim \\$
	Use duplicate copies of Part III if additional sp	pace is needed.	
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and		Relationship of transferor to transferee
-	Fransièree's name, audiess, and		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
		(2)	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, at	nd ZIP + 4	Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

INC.

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.
BOYS AND GIRLS CLUB OF THE GRAND STRAND

2019 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 57-1051611

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat □ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements 2b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ...l No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Schedule D (Form 990) 2019 INC. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Loan or exchange program Public exhibition Scholarly research Preservation for future generations С Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? 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 No on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year _____ 1d e Distributions during the year f Ending balance No 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (d) Three years back (b) Prior year (a) Current year 1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment > c Term endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No Yes 3a(i) (i) Unrelated organizations (ii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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. (d) Book value (b) Cost or other (c) Accumulated (a) Cost or other Description of property depreciation basis (other) basis (investment) 1a Land 2,823,324. 2,823,324. b Buildings c Leasehold improvements 1,981. d Equipment 32,500. 10,106. e Other 2,847,699. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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Port VIII Investments Other Securities			
Part VII Investments - Other Securities.	n Form ODO Dort N/ line	11h See Form 990 Part Y line 12	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-of	-vear market value
	(b) DOOK Value	(c) Welling of Valuation, Older S, Charles	y out married tall
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 Part IV Has	atta Sas Form 000 Part V line 12	
Complete if the organization answered "Yes" of (a) Description of Investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end-o	f-vear market value
	(D) DOOK VAIGE	(c) Method of Valdation, Cost of Ond C	, your marrier raide
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	(b) Book value
(a) L	Description		(b) Book value
(1)			
(2)			····
(3)			<u></u>
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)	<u> </u>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X, line 25.	(b) Book value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			0 007
(2) ACCRUED COMPENSATION			9,987. 5,395.
(3) SCHOLARSHIP COMMITMENTS			175,993.
(4) RETAINAGE PAYABLE			1/5,993.
(5)			
(6)			
(7)			
(8)			
(9)			404 095
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		191,375.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote	to the organization's financial statements th	at reports the

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I.	INU.	

	t XI Reconciliation of Revenue per Audited Financial States	ments With Re	venue per Return.	JULIA Tage 1
Pai	t XI Reconciliation of Revenue per Audited Financial States Complete if the organization answered "Yes" on Form 990, Part IV, line 1	20	Tollao por literario	
			1 1	841,343.
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments Donated services and use of facilities			
þ				
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.) Add lines 2a through 2d		2e	0.
e	Add lines 2a through 2d Subtract line 2e from line 1			841,343.
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************		
4		1 42		
a	•			
ь	Other (Describe in Part XIII.)		4c	0.
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			841,343.
5	rt XII Reconciliation of Expenses per Audited Financial State	ements With E	xpenses per Returr	1,
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
	Total expenses and losses per audited financial statements		1 1	703,563.
1	•			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a		
a				
b				
С				
C			2e	0.
е	Add lines 2a through 2d			703,563.
3	Subtract line 2e from line 1	***************************************	····	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		
a				
k			4c	0.
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			703,563.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart 1, whe 10.) art XIII Supplemental Information.			· · · · · · · · · · · · · · · · · · ·
Pro	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	Part IV, lines 1b and additional informati	d 2b; Part V, line 4; Part X ion.	, line 2; Part XI,
_	RT X, LINE 2:	N AG DEGG	TODO THE CECH	TON
	E ORGANIZATION IS A NONPROFIT CORPORATIO			
<u>50</u>	1(C)(3) OF THE UNITED STATES INTERNAL RE	VENUE CODE	E AND IS EXEM	PT FROM
FE	DERAL AND STATE INCOME TAXES.			
		Name of the Addition	· · · · · · · · · · · · · · · · · · ·	
AC	COUNTING STANDARDS PRESCRIBE WHEN TO REC	OGNIZE ANI	O HOW TO MEAS	URE THE
EE	FECTS OF TAX POSITIONS TAKEN OR EXPECTED	TO BE TAI	KEN. IN ORDER	TO BE
_	COGNIZED, A TAX POSITION MUST BE MORE LI			
	PON EXAMINATION BY TAXING AUTHORITIES. TO			
	ORTION OF A TAX POSITION IS NOT RECOGNIZE	υ, α птир.	THITI MOUTH E	, <u></u>
R	COGNIZED FOR THE UNRECOGNIZED BENEFITS.			

Part XIII | Supplemental Information (continued)

THE ORGANIZATION HAS DETERMINED THAT CERTAIN TRANSACTIONS OCCURRED DURING
THE YEAR ENDING DECEMBER 31, 2019, AND PREVIOUS YEARS, WHICH MEET THE

DEFINITION OF AN EXCESS BENEFIT TRANSACTION AS DEFINED BY INTERNAL REVENUE
CODE ("IRC") SECTION 4958. THESE TRANSACTIONS ARE CURRENTLY UNDER

INVESTIGATION BY THE BOARD OF DIRECTORS AND OTHER AUTHORITIES. THE BOARD
OF DIRECTORS HAS EVALUATED THE POTENTIAL IMPACT THESE TRANSACTIONS MAY
HAVE ON THE ORGANIZATIONS TAX EXEMPT STATUS AND DETERMINED THAT THEY

BELIEVE IT IS MORE LIKELY THAN NOT THEIR TAX EXEMPT STATUS WILL REMAIN
INTACT. AS SUCH, NO RELATED TAX EXPENSE OR LIABILITY FOR THIS UNCERTAIN
TAX POSITION HAS BEEN RECORDED WITH THE ASSOCIATED FINANCIAL STATEMENTS AT
THIS TIME.

AS OF DECEMBER 31, 2019, MANAGEMENT HAS DETERMINED THAT THE ORGANIZATION DOES NOT HAVE ANY MATERIAL UNRECOGNIZED TAX BENEFITS.

PT X, LINE 2

IT IS THE ORGANIZATION'S POLICY TO EVALUATE ALL TAX POSITIONS TO IDENTIFY
ANY THAT MAY BE CONSIDERED UNCERTAIN. ALL IDENTIFIED MATERIAL TAX

POSITIONS ARE ASSESSED AND MEASUREED BY A "MORE-LIKELY-THAN-NOT" THRESHOLD
TO DETERMINE IF THE TAX POSITIONS IS UNCERTAIN AND WHAT, IF ANY, THE

EFFECT OF THE UNCERTAIN TAX POSITION MAY HAVE ON THE FINANCIAL STATEMENTS.

NO MATERIAL UNCERTAIN TAX POSITIONS WERE IDENTIFIED FOR 2019 AND 2018.

CURRENTLY, THE STATUTE OF LIMITATIONS REMAINS OPEN SUBSEQUENT TO AND
INCLUDING 2015. HOWEVER, NO EXAMINATIONS ARE IN PROCESS OR ANTICIPATED.

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Employer identification number 57-1051611

INC.					57-1051	······································
Part I Fundraising Activities.	Complete if the organization answ	ered "Y	es" or	ı Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part.						
 1 Indicate whether the organization raise a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written or key employees listed in Form 990, Pa 	e Soliciti f Soliciti g Specia oral agreement with any individuant VII) or entity in connection with	ation of I ation of I al fundra al (includ professi	non-ge goveri Ising e Iing oi onal f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees, or Yes	
b if "Yes," list the 10 highest paid indivi- compensated at least \$5,000 by the	duals or entities (fundraisers) pur	suant to	agree	ements under which	the fundraiser is to b	е
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribi	Did alser ustody trol of utlons?	(iv) Gross recelpts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount pald to (or retained by) organization
		Yes	No			
1						
						- Harriston
	and the second s					
		1				
Total 3 List all states in which the organization	n is registered or licensed to solic	it contri	oution	I ns or has been notifie	ed it is exempt from i	registration
or licensing.						
	Authority Committee Commit					
	, , , , , , , , , , , , , , , , , , ,					
		***			· · · · · · · · · · · · · · · · · · ·	
				LLAND.		

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

BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 2 Schedule G (Form 990 or 990-EZ) 2019 INC. Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events SPRING TIUFK GOLF (add col. (a) through FUNDRAISER TOURNAMENT col. (c)) (total number) (event type) (event type) 16,200. 50,206. 18,200. 15,806. 1 Gross receipts _____ 2 Less: Contributions 50,206. 16,200. 18,200 15,806. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 50,206. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Revenue Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses Yes Yes % Yes No No No 6 Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d)

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
a	Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b if "No," explain:	Yes	□ No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	□ No
ļ	b If "Yes," explain: Schedule G (Form	990 or 990-	EZ) 2019

932082 09-11-19

BOYS AND GIRLS CLUB OF THE GRAND STRAND

ኒ րեւ	hedule G (Form 990 or 990-EZ) 2019 INC. 57-1	T02T0TT	T
1	Does the organization conduct gaming activities with nonmembers?	Yes	L No
2	ls the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
_	to administer charitable gaming?	Yes	Ll No
3	e Indicate the percentage of gaming activity conducted in:	1 1	
а	a The organization's facility	13a	<u>%</u>
E.	h An outside facility	13b	%
14	FAIT outside facility 4 Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >		
	Address >		
	5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
E	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
,	c If "Yes," enter name and address of the third party:		
	Name >		
	Address		
16	6 Gaming manager information:		
	Name ▶	<u>. </u>	<u>.</u>
	Gaming manager compensation > \$		
	Description of services provided 🕨		
	,, 		
	Director/officer Employee Independent contractor		
17	17 Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	rotain the state gaming license?	Yes	L∐ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	J	
	y v v v v v v v v v v v v v v v v v v v		- 01 101
P	Part IV Supplemental Information. Provide the explanations required by Part I, line 25, columns (iii) and (v); and	Part III, lines	9, 9b, 10b,
L	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
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BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 4 Schedule G (Form 990 or 990-EZ) INC. Part IV Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

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.

Name of the organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

57-1051611

Par	t I Questions Regarding Compensation	1	1	
····			Yes	No
1a (Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			İ
	Part VII. Section A. line 1a. Complete Part III to provide any relevant information regarding these items.			
[First-class or charter travel Housing allowance or residence for personal use			
	X Travel for companions Payments for business use of personal residence			
1	Tax indemnification and gross-up payments Health or social club dues or initiation fees			1
ļ	Discretionary spending account X 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			Х
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2_		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
_	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:		1	\ \ _{\tau}
а	Receive a severance payment or change-of-control payment?	. 4a	<u> </u>	X
h	Participate in or receive payment from, a supplemental nonqualified retirement plan?	4b	ļ	X
c	Participate in or receive payment from, an equity-based compensation arrangement?	. 4c		+≏-
	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:	1 _		\ v
a	The organization?	. <u>5a</u>	-	X
	Any related organization?	. 5b	 	$\frac{\Lambda}{\Lambda}$
	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:			X
а	The organization?	. 6a	 	X
b	Any related organization?	6b	-	 ^^
	If "Yes" on line 6a or 6b, describe in Part III.			1
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		x
	not described on lines 5 and 62 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			X
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	-	- 1
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?			
9		1 4	E .	

Schedule J (Form 990) 2019 INC:
Schedule J (Form 990) 2019 INC:

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.

							(I)
							(ii)
							(i)
)	(i)
)	(ii)
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	- The state of the			compensation	compensation		
on prior Form 990			compensation	(iii) Other reportable	(ii) Bonus & incentive	(i) Base compensation	(A) Name and Title
	(B)(I)-(D)		other deferred	SC compensation	(B) Breakdown of W-2 and/or 1099-MISC compensation	(B) Breakdown of	
(F) Compensation	(E) Total of columns	(D) Nontaxable) Jaticamont and	1 }			

_	Schedule J (Form 990) 2019	
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	INC.	

Provide the information, explanation, o

Octobril 1/Extra 2001/0010								ide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 6, and for Part II. Also complete this part to any explanation of any explanation of the part to any explanation of the part	The first part for any additional information.
									to (de the information, or descriptions required for Part I, lines 14, 10, 3, 44, 45, 46, 28, 30, 56, 50, 7, 400, 5, 400, 7, 400, 50, 400, 7,
									ovide the information, explanation, or descriptions required for Part I. (Irres 18, 10, 3, 46, 40, 40, 20, 20, 00, 00), /s, all to 0, et al. (I. A.
									oxide the information, explanation, or descriptions required for Part I, lines (a, 1b, 5, 4a, 4b, 4b, 2b, 5a, 5b) dat 0, if all u.b. all u.b. Fair in resolve employees and peak on the year.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury N

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

OMB No. 1545-0047

Open To Public Inspection

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Part I Excess Bene	ent Transacu	Una (section of	r(c)(o)	no De	+ IV. Sino 25a or 25h	or F	orm 990-FZ. Pa	rt V. lir	ne 40b	o.			
Complete if the	organization ansv	vered "Yes" on F	orm 9	90, Par	t IV, line 25a or 25b						(d) C	orrect	ed?
1 (a) Name of disqualified	person	Relationship betw person and org	ganiza	tion	(6)		cription of trans			ATTO:	Ye	s !	do Z
IONE BUONTO	EXE	CUTIVE D	IRE	CTOF	THE BOAR	KD_	OF DIKE	TOL	(2) 1	, 001	1	+-	<u> </u>
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2 Enter the amount of tax section 49583 Enter the amount of tax									➤ \$. ➤ \$.				
		Lange Land Davi	2000	····				····					
Part II Loans to an	nd/or From In	terested Per	sons	*		_	888 D ± 11/ E-	00	. if th	o orde	nizatio	าก	
Complete if the	organization ans	wered "Yes" on	Form 9	390-EZ,	Part V, line 38a or f	-orm	990, Part IV, III	ie zo, c) ti!	e orga	II IIZ.CLLIN	<i>7</i> 11	
reported an ап	ount on Form 99	D, Part X, line 5, f	6, or 2	2									ritten
(a) Name of	(b) Relationship	ionship (c) Purpose		an to or n the	(e) Original	(f)	Balance due	(g) defa	.Π. : :Π. :	(h) Ap by bo	ard or	agreei	nent
interested person	with organization	of loan		zation?	principal amount			Gela	uiti	cómm	mee:	ļ	
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Total Grants or /	Assistance B	enefiting Inte	rest	ed Pe	rsons.								
Complete if th	e organization an	swered "Yes" on	Form	990, P	art IV, line 27.		(d) Typ	o of		11	a) Puri	oose c	f
(a) Name of intereste	d person	(b) Relationship interested pe the organia	rson a	reen nd	(c) Amount of assistance		assista					tance	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Schedule L (Form 990 or 990-EZ) 2019 INC. Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of organization's (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person transaction transaction revenues? person and the organization Yes Νo Supplemental Information. Part V Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART I, EXCESS BENEFIT TRANSACTIONS: (A) NAME OF PERSON: DIONE BUONTO (B) RELATIONSHIP WITH DISQUALIFIED PERSON: EXECUTIVE DIRECTOR (C) DESCRIPTION OF TRANSACTION: THE BOARD OF DIRECTORS FOUND VARIOUS UNAUTHORIZED TRANSACTIONS DURING A ROUTINE REVIEW OF THE PREVIOUSLY THESE TRANSACTIONS CAUSED SUFFICIENT CONCERN TO LAUNCH APPROVED BUDGET. AN INVESTIGATION, AND THE EXTENT OF THE UNAUTHORIZED TRANSACTIONS IS STILL ADDITIONALLY, THE MATTER HAS BEEN REFERRED TO THE SOUTH UNDER REVIEW. CAROLINA LAW ENFORCEMENT DIVISION AND REMAINS UNDER INVESTIGATION. (D) CORRECTED? = NO

57-1051611 Page 2

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AND GIRLS CLUB OF THE GRAND STRAND BOYS TNC

Employer identification number 57-1051611

1.1/0 •
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO ENRICH THEIR LIVES AND GIVE THEM OPPORTUNITIES SO THEY CAN SEE THEIR
POTENTIAL.
FORM 990, PART VI, SECTION A, LINE 2:
LENA AND COLBERT BROWN ARE FOUNDING MEMBERS OF THE BOYS AND GIRLS CLUB OF
THE GRAND STRAND AND ARE MARRIED.
FORM 990, PART VI, SECTION A, LINE 5:
SEE DISCLOSURE ON SCHEDULE L, PART V.
SEE DISCHOSORE ON SCHEDOLE I, PART V.
FORM 990, PART VI, SECTION B, LINE 11B:
990 WILL BE REVIEWED BY BOARD.
FORM 990, PART VI, SECTION B, LINES 12 - 14:
THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF CREATING AND
IMPLEMENTING A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND
RECORDS RETENTION AND DESTRUCTION POLICY.
FORM 990, PART VI, SECTION B, LINE 15:
THE BOARD OF DIRECTORS DETERMINES THE SALARIES OF OFFICERS.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST

Schedule O (Form 990 or 990-EZ) (2019) Name of the organization BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.	Employer identification number 57-1051611
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS HAS THE AUTHORITY TO SELECT THE .	AUDITOR, AND IN
CONJUCTION WITH MANAGEMENT, OVERSEES THE AUDIT PROCESS.	
PRIOR YEARS.	
	AND THE RESERVE THE PARTY OF TH
	100

Form **8868** (Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

➤ Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

Contracts,	for which an extension request must be sent to the IRS s form, visit www.irs.gov/e-file-providers/e-file-for-charit	in paper ies-and-n	format (see instructions). For more on- on-profits.	details on t	he electronic						
-											
Automa	tic 6-Month Extension of Time. Only submi	it origina	ii (no copies needed).	55140	1.1						
All corpora	ations required to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnership	os, REMICs	, and trusts						
must use i	Form 7004 to request an extension of time to file income	e tax retur	ns.								
Type or	Name of exempt organization or other filer, see instruc	ctions.		Taxpayer	dentification numb	er (TIN)					
print	BOYS AND GIRLS CLUB OF THE	GRANI	STRAND		55 405464	4					
	INC.				57-105161	<u>,L</u>					
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions. 9 your 1000 DUNBAR ST.										
Instructions.	ustructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. MYRTLE BEACH, SC 29577										
Enter the	Return Code for the return that this application is for (file	e a separa	te application for each return)			0 1					
Application		Return				Return					
ls For		Code	Is For			Code					
	or Form 990-EZ	01	Form 990-T (corporation)			07					
Form 990-BL 02 Form 1041-A											
Form 472	0 (individual)	03	Form 4720 (other than individual)			09					
	Form 990-PF 04 Form 5227										
Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069											
Form 990-T (trust other than above) 06 Form 8870											
• The bo	DR. TRACY BAILS ooks are in the care of DR. TRACY BAILS 1000 DUNBAR ST	EY - <u>M</u> Y	RTLE BEACH , SC 29	577							
Teleph	one No.▶ 843-839-3616		Fax No. 🕨								
• If the o	organization does not have an office or place of business	s in the Ur	nited States, check this box		>						
	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN)	If this is for	the whole group, o	check this					
box 🕨	. If it is for part of the group, check this box 🕨 🔙	and atta	uch a list with the names and TINs o	t all membe	ers the extension is	i tor.					
the	quest an automatic 6-month extension of time until organization named above. The extension is for the orgal calendar year $\frac{2019}{1000}$ or	anization'			pt organizatlon reti ·	urn for					
2 If th	ne tax year entered in line 1 is for less than 12 months, o Change in accounting period	check reas	son: Initial return	Final retur	n						
3a If t	nis application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069,	enter the tentative tax, less			0					
any	nonrefundable credits. See instructions.			3a	\$	<u> </u>					
b ft	nis application is for Forms 990-PF, 990-T, 4720, or 6069	9, enter ar	y refundable credits and	26	œ.	0.					
<u>est</u>	imated tax payments made. Include any prior year over	payment a	allowed as a credit.	3b	\$						
	lance due. Subtract line 3b from line 3a. Include your pa			200	\$	0.					
us	ng EFTPS (Electronic Federal Tax Payment System). Se	e instructi	ons,	9452 EO o							
Caution	If you are going to make an electronic funds withdrawa	ı (direct de	epit) with this Form 8868, see Form	0400-EO 8	BO FORM BOY 9-EO P	or paymone					

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)



Certified Public Accountants & Consultants

Myrtle Beach

4728 Jenn Drive Suite 100 Myrtle Beach, SC 29577

Phone (843) 448-8334 Fax (843) 626-7363 www.sccpa.com <u>Conway</u> 1109 Main Street Suite A

Conway, SC 29526

Phone (843) 248-5284 Fax (843) 381-0027 www.scepa.com Pawleys Island

245 Business Center Drive Suite 4A Pawleys Island, SC 29585

Phone (843) 237-3453 Fax (843) 237-4809 www.scepa.com

November 16, 2020

South Carolina Secretary of State Attn: Division of Public Charities 1205 Pendleton Street, Suite 525 Columbia, SC 29201

RE: Form 990 Boys and Girls Club of the Grand Strand, Inc. - EIN: 57-1051611

Dear Division of Public Charities,

Attached is Federal Form 990 for the above-referenced organization. If you have any questions associated with this organization, please do not hesitate to contact me. Thank you in advance for advance for accepting the organization's Form 990 in place of the State's financial status information report.

Sincerely,

Smith Sapp, P.A.
Smith Sapp Professional Association

Certified Public Accountants

Nathan E. Skipper, CPA