

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

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

Certified Public Accountants & Consultants

December 23, 2022

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC. 1000 Dunbar St. MYRTLE BEACH, SC 29577

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

Nathan E. Skipper, CPA

Nathan E. Skipper, CPA

I/ We have reviewed and accept the attached TAX ENGAGEMENT AGREEMENT.

1134e414-986f-4c03-a008-af7401078

Robert # Dumanois

### Signature

Robert H. Dumanois

Title

12/23/2022

Date



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### TAX ENGAGEMENT AGREEMENT

This agreement is to confirm and specify the terms of our engagement with you for the year indicated on the attached letter and to clarify the nature and extent of the tax services we will provide.

We will prepare the federal and state tax returns as listed on the attached letter. We are not responsible for returns not on the list. The Affordable Care Act has added various new health insurance mandates, penalties and credits beginning in 2014. You acknowledge and agree that we will rely solely on information provided by you to us for the specific returns listed on the attached letter. We have been retained only to prepare your tax returns for the authorities and periods on the attached letter and have provided no advice regarding your compliance or eligibility for any Affordable Care Act provisions. The Affordable Care Act contains severe penalties for non-compliance. As such, we strongly suggest, if you have not already done so, that you consult with a qualified insurance agent/broker and review all of your insurance and cafeteria plans, including, but not limited to, insurance reimbursement arrangements.

This agreement does not cover the preparation of any financial statements, which, if we are to provide, will be covered under a separate engagement letter. This agreement does not alter any other understanding or engagement letter we have with you regarding other types of engagements for any period.

You are responsible for the safeguarding of assets, the proper recording of transactions in the books of accounts, the substantial accuracy of the financial records, and the full and accurate disclosure of all relevant facts affecting the return(s) to us. You also have final responsibility for the tax return and distribution of any Schedules K-1, if applicable and, therefore, the appropriate officials should review the return carefully before an authorized officer signs the returns or authorizes us to electronically file the returns for you.

You are responsible for assuming all management responsibilities, and for overseeing any services we provide by designating an individual, preferably within senior management, who possesses suitable skill, knowledge, or experience. In addition, you are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for the results of such services.

You represent that the information you are supplying to us is accurate and complete to the best of your knowledge and that you have disclosed to us all relevant facts affecting the returns. This will include the ownership of or signature authority over any foreign bank accounts and the ownership of any other foreign financial assets. We will not verify the information you give us; however, we may ask for additional clarification of some information.

If, during our work, we discover information that affects prior-year tax returns, we will make you aware of the facts. However, we cannot be responsible for identifying all items that may affect prior-year returns. If you become aware of such information during the year, please contact us to discuss the best resolution of the issue. We will be happy to prepare appropriate amended returns as a separate engagement.

Our work in connection with the preparation of the tax return(s) does not include any procedures designed to discover defalcations or other irregularities, should any exist. The returns will be prepared solely from information provided to us without verification by us.

We use professional judgment in resolving questions where the tax law is unclear, or where there may be conflicts between the taxing authorities' interpretations of the law and other supportable positions. Unless otherwise instructed by you, we will resolve such questions in your favor whenever possible.

The Internal Revenue Code and regulations impose preparation and disclosure standards with noncompliance penalties on both the preparer of a tax return and on the taxpayer. To avoid exposure to these penalties, it may be necessary in some cases to make certain

disclosures to you and/or in the tax return concerning positions taken on the return that do not meet these standards. Accordingly, we will advise you if we identify such a situation and we will discuss those tax positions that may increase the risk of exposure to penalties and any recommended disclosures with you before completing the preparation of the return. If we conclude that we are obligated to disclose a position and you refuse to permit the disclosure, we reserve the right to withdraw from the engagement. Likewise, where we disagree about the obligation to disclose a position, you also have a right to choose another professional to prepare your return. In either event, you agree to compensate us for our services to the date of withdrawal. Our engagement with you will terminate upon our withdrawal.

The IRS permits you to authorize us to discuss, on a limited basis, aspects of your return for one year after the return's due date. Your consent to such a discussion is evidenced by checking a box on the return. Unless you tell us otherwise, we will check that box authorizing the IRS to discuss your return with us.

It is our policy to keep records related to this engagement for three years. However, we do not keep any of your original records, so we will return those to you. When records are returned to you, it is your responsibility to retain and protect the records for possible future use, including potential examination by governmental or regulatory agencies.

By signing this agreement, you acknowledge and agree that upon the expiration of the three year period, we are free to destroy our records related to this engagement.

Certain communications involving tax advice are privileged and not subject to disclosure to the IRS. If you, your employees, or agents disclose the contents of those communications to anyone, or by turning over information about those communications to the government, you may be waiving this privilege. To protect this right to privileged communication, please consult with us or your attorney prior to disclosing any information about our tax advice. Should you decide that it is appropriate for us to disclose any potentially privileged communication, you agree to provide us with written, advance authority to make that disclosure.

The return(s) may be selected for review by the taxing authorities. In the event of an audit, you may be requested to produce documents, records, or other evidence to substantiate the items of income and deduction shown on a tax return. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of a tax examination, we will be available, upon request, to represent you. However, such additional services are not included in the fees for the preparation of the tax return(s).

Our fees for tax services will be based in part upon the amount of time required at our standard billing rates for the personnel working on the engagement, plus out-of-pocket expenses. All invoices are due and payable upon presentation. Amounts not paid within 30 days from the invoice date will be subject to a late payment charge of 1.5% per month (18% per year). If the account is turned over to an attorney for collection, an additional charge of 33 1/3% will be added to cover collection costs.

We have the right to withdraw from this engagement, in our discretion, if you do not provide us with any information we request in a timely manner, non-payment of fees, refuse to cooperate with our reasonable requests or misrepresent any facts. Our withdrawal will release us from any obligation to complete your return and will constitute completion of our engagement. You agree to compensate us for our time and out-of-pocket expenses through the date of withdrawal.

If the foregoing correctly sets forth your understanding of our tax engagement, please sign where indicated and return it to our office. If you disagree with any of these terms, please notify us immediately.

We want to express our appreciation for this opportunity to work with you.



Form 8879-TE	IRS e-file Signature Authorization for a Tax Exempt Entity	F	OMB No. 1545-0047
Form OOI 9-IL	For calendar year 2021, or fiscal year beginning, 2021, and ending	20	0004
	Do not send to the IRS. Keep for your records.	_ , 20	2021
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879TE for the latest information.		
Name of filer BOYS A	ND GIRLS CLUB OF THE GRAND STRAND	EIN or SSN	
INC.		57-10	51611
Name and title of officer or pe	rson subject to tax ROB DUMANOIS BOARD CHAIR		
Part I Type of	Return and Return Information		
Form 5330 filers may ente or <b>10a</b> below, and the amo	rn for which you are using this Form 8879-TE and enter the applicable amount, if any, r dollars and cents. For all other forms, enter whole dollars only. If you check the box obunt on that line for the return being filed with this form was blank, then leave line <b>1b</b> , 2 ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applica	on line <b>1a, 2a, 3</b> 2 <b>b, 3b, 4b, 5b,</b>	<b>8a, 4a, 5a, 6a, 7a, 8a, 9</b> a, 6 <b>b, 7b, 8b, 9b,</b> or <b>10b,</b>
1a Form 990 check h	ere <b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 12)		1ь 821,655.
2a Form 990-EZ che			2b
3a Form 1120-POL			
4a Form 990-PF che			4b
5a Form 8868 check			5b
6a Form 990-T chec			
7a Form 4720 check			
8a Form 5227 check			8b
9a Form 5330 check			9b
10a Form 8038-CP ch Part II Declarat	eck here <b>b</b> b Amount of credit payment requested (Form 8038-CP, Part I ion and Signature Authorization of Officer or Person Subject to		10b
	I declare that $\boxed{X}$ I am an officer of the above entity or $$ I am a person subject to		aat ta (nama
of entity)		-	examined a copy of the
entry to the financial institu financial institution to debi later than 2 business days payment of taxes to receiv	a, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electro ution account indicated in the tax preparation software for payment of the federal taxe t the entry to this account. To revoke a payment, I must contact the U.S. Treasury Fin prior to the payment (settlement) date. I also authorize the financial institutions involv te confidential information necessary to answer inquiries and resolve issues related to other (PIN) as my signature for the electronic return and, if applicable, the consent to e	es owed on this ancial Agent al red in the proce the payment. I	return, and the 1-888-353-4537 no essing of the electronic have selected a
PIN: check one box only X   authorize SM		ta antan nu Di	N 06645
	ERO firm name	to enter my Pi	Enter five numbers, but
			do not enter all zeros
with a state age on the return's c	on the tax year 2021 electronically filed return. If I have indicated within this return than ncy(ies) regulating charities as part of the IRS Fed/State program, I also authorize the lisclosure consent screen. person subject to tax with respect to the entity, I will enter my PIN as my signature on	aforementione	d ERO to enter my PIN
	ndicated wi <del>thin this return that a copy of the return is being filed with a state agency</del> (i rogram, I will enter my PIN on the retends displaying consent screen.	es) regulating c	harities as part of the $12/23/2022$
Signature of officer or person subje		Date	
	tion and Authentication		
•	ur six-digit electronic filing identification	20	
number (EFIN) followed by	your five-digit self-selected PIN. 5791174708 Do not enter all zero		
	neric entry is my PIN, which is my signature on the 2021 electronically filed return indi cordance with the requirements of <b>Pub. 4163,</b> <u>Modernized e</u> , File (MeF) Information fo		
ERO's signature		2/23/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	)o So	
		<i>i</i> 00 00	

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

			HURRICANE IAN RELIEF	I							
	Ω	00	Return of Organization Exempt Fro	om lı	ncome Tax	OMB No. 1545-0047					
Forr	n J	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co			ns) <b>2021</b>					
Deres		- ( )	Do not enter social security numbers on this form as in the security numbers on the security number	it may b	e made public.	Open to Public	_				
Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	e latest	information.	Inspection					
<u>A</u> F	or th	e 2021 cale	ndar year, or tax year beginning and end	ding							
B c	heck if		of organization		D Employer identific	cation number					
	Addr	BOI	S AND GIRLS CLUB OF THE GRAND STRAND								
	chan					1 1					
	chan	ge Doing	business as	<i>(</i> );	57-10516						
	Initial returnNumber and street (or P.0. box if mail is not delivered to street address)Room/suiteETelephone numberFinal Febure1000 DUNBAR ST.843-839-362										
	returr∟ termi				<b>G</b> Gross receipts \$	821,655	_				
	ated Amer	nded MVVD	r town, state or province, country, and ZIP or foreign postal code TLE BEACH, SC 29577				•				
	_lreturr ]Appli _tion		and address of principal officer:ROB DUMANOIS		H(a) Is this a group re for subordinates		^				
	pend		DUNBAR ST., MYRTLE BEACH, SC 29577		H(b) Are all subordinates in						
IT	ax-ex		: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527		list. See instructions	•				
			BGCLUBGS.ORG		H(c) Group exemption						
ΚF	orm o	f organization:	X Corporation Trust Association Other ►	L Year o		State of legal domicile: S	C				
Pa	irt I	Summa									
ė	1	Briefly desc	ribe the organization's mission or most significant activities: <b>PROVID</b>	E AF	TER SCHOOL	AND					
anc		SUMMER	TIME ACTIVITIES FOR AT RISK CHILDREN	IN	THE GRAND S'	TRAND AREA					
Governance	2		box  if the organization discontinued its operations or disposed	of more							
Gov	3						23 23				
8	4		ndependent voting members of the governing body (Part VI, line 1b)				$\frac{3}{34}$				
Activities &	5		er of individuals employed in calendar year 2021 (Part V, line 2a)				3				
tivi	6		er of volunteers (estimate if necessary)				<u>.</u>				
Ac			ted business revenue from Part VIII, column (C), line 12				).				
		Net unrelate		<u> </u>	Prior Year	Current Year	÷				
0	8	Contribution	ns and grants (Part VIII, line 1h)		434,564.	662,520	J .				
Revenue	9		rvice revenue (Part VIII, line 2g)		17,405.	51,617					
eve	10	Investment	income (Part VIII, column (A), lines 3, 4, and 7d)		0.	167					
ш	11	Other reven	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,838.	107,351					
	12		ue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		458,807.	821,655					
	13		similar amounts paid (Part IX, column (A), lines 1-3)		0.		).				
	14	<u> </u>	d to or for members (Part IX, column (A), line 4)		0. 275,100.		).				
Expenses	15	Salaries, oth	her compensation, employee benefits (Part IX, column (A), lines 5-10)		275,100.	387,264	<u>.</u>				
ens	16a	Professiona	If undraising fees (Part IX, column (A), lines 5-10) ising expenses (Part IX, column (A), line 11e) 26, 374		0.	0	•				
Ext			nses (Part IX, column (A), lines 11a-11d, 11f-24e)		188,893.	382,129	)				
	18		ses. Add lines 13-17 (must equal Part IX, column (A), line 25)		463,993.	769,393					
	19		se expenses. Subtract line 18 from line 12		-5,186.	52,262					
Net Assets or Fund Balances					ginning of Current Year	End of Year	—				
sets alano	20	Total assets	s (Part X, line 16)		3,197,804.	3,551,372					
t As	21	Total liabiliti	es (Part X, line 26)		2,341,931.	2,507,430					
Fur	22		or fund balances. Subtract line 21 from line 20		855,873.	1,043,942	•				
	rt II		ire Block								
		E Electronicellui	y, I declare that I have examined this return, including accompanying schedules and			/ knowledge and belief, it is	3				
true,	corre	ct, and comple	te. Declaration of preparer (other than officer) is based on all information of which in Robert # Dumanois	preparer		12/23/2022					
0:	_	Sionat			Date						
Sigr Her		· ·	DUMANOIS, BOARD CHAIR								
ner	6		r print name and title				—				
		,	reparer's name Preparer's signature		ate Check	PTIN					
Paid			E. SKIPPER, CPA NATHAN E. SKIPPER	, c1	2/23/22	P02070919					
Prep	arer	Firm's name	SMITH SAPP		Firm's EIN	57-0801130					
Use	Only	Firm's addre									
			MYRTLE BEACH, SC 29577		Phone no.84						
May	the l		his return with the preparer shown above? See instructions				lo				
13200	01 12-	09-21 LHA	For Paperwork Reduction Act Notice, see the separate instructions.			Form <b>990</b> (202	21)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	BOYS AND GIRLS CLUB OF THE GRAND STRAND	
Form	n 990 (2021) INC. 57–1051611	Page <b>2</b>
Pa	rt 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	ΤN
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE THEM	±11
	OPPORTUNITIES SO THEY CAN SEE THEIR POTENTIAL.	
	OPPORIUNITIES SO THEI 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.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XNo
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	a
42		517.)
чa	PROVIDE AFTER SCHOOL AND SUMMERTIME ACTIVITIES FOR AT RISK CHILDREN	/
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE THEM OPPORTUNIT	
	SO THEY CAN SEE THEIR POTENTIAL.	
	SU THEY CAN SEE THEIR PUTENTIAL.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	)
		/
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses 599,129.	

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Form 990 (2021) INC .
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		x
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I</i> . See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u> </u>
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	.0		<u> </u>
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Form	1990 (2021) INC. 57-1051	.611	P	age <b>4</b>
Pa	rt 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			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2 <del>.</del>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
a				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	051		x
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		v	
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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 on Schedule O for Part VI, lines 11b and 19?			
•	•	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O           ttv         Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	)		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

### BOYS AND GIRLS CLUB OF THE GRAND STRAND - -

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Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)								
		r		Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	~ 1							
	filed for the calendar year ending with or within the year covered by this return 2a	34							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.								
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X				
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No" to line 3b, provide an explanation on Schedule O								
4a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X				
b	If "Yes," enter the name of the foreign country	_							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	Г	5c		<u> </u>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?		6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pa	· •	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		<b> </b>				
С	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 year7d	_	7e						
е									
f									
g									
h									
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
-	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.		9a						
	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b						
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.)		10-						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		12a		<u> </u>				
		-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- F	13a						
а	Is the organization licensed to issue qualified health plans in more than one state?	····	ISa						
h	<b>Note:</b> 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 gualified health plans								
•		-							
		-	14a		x				
14a b		F	14a		<u> </u>				
15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	·····			<u> </u>				
10	excess parachute payment(s) during the year?		15		x				
	If "Yes," see the instructions and file Form 4720, Schedule N.	····	.5						
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		x				
.0	If "Yes," complete Form 4720, Schedule O.	····	.0						
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		1				
	If "Yes." complete Form 6069.								

Form 990 (2021)

INC.

## BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No"	respoi	nse
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 23			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 23			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74		
		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10		
	The governing body?	8a	х	
h	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
5	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	5		
<u></u>			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
~	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
119	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	114		
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a		x
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe</i>	12.0		
v	on Schedule O how this was done	12c		
12	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent	17		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	x	
5	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	155		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
5	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
17	List the states with which a copy of this Form 990 is required to be filed <b>SC</b>			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only	avail	able
10	for public inspection. Indicate how you made these available. Check all that apply.	3 Only	avalli	
10		dfine		
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	u inar	ICIAI	
20	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			

Form 990 (2021)

Form 990 (	2021)	INC.					57-10
Part VII	Compensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, an	d Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation	amount of
	week		cer an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or di	ee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/	from the
	organizations	ustee	trust		ee	npens		1099-NEC)	1099-NEC)	organization and related
	below	dual ti	tiona		nploy	st cor yee	-	1000 1120)		organizations
	line)	ndivid	nstitutional trustee	Officer	Key employee	Highe emplo	Former			
(1) TRACY BAILEY	40.00	_	_		-					
CEO				x				85,476.	0.	0.
(2) JENNIFER TYLER	2.00									
BOARD CHAIR		Х						0.	Ο.	0.
(3) KIMBERLY WEST	2.00									
SECRETARY		Х		Х				0.	0.	0.
(4) ANITA FLOYD LEE	2.00									
VICE CHAIR		Х		Х				0.	0.	0.
(5) COLBERT BROWN JR	2.00									_
DIRECTOR		Х						0.	0.	0.
(6) ROBERT H DUMANIOS	2.00									_
BOARD CHAIR		Х						0.	0.	0.
(7) JIMMY FEUGER	2.00									
DIRECTOR		Х						0.	0.	0.
(8) RAMON SESSIONS	2.00									
DIRECTOR		Х						0.	0.	0.
(9) BRIAN WHITE	2.00									•
DIRECTOR		Х						0.	0.	0.
(10) ELLA M THOMAS	2.00									•
DIRECTOR		Х						0.	0.	0.
(11) LENA BROWN	2.00								0	•
DIRECTOR		X						0.	0.	0.
(12) RYAN CANNELLA	2.00								0	0
DIRECTOR		X						0.	0.	0.
(13) FELICIA FRATTO	2.00							0	0	0
DIRECTOR		X						0.	0.	0.
(14) DARRALYN ALEXANDER	2.00	37						0	0	0
DIRECTOR	2 00	X						0.	0.	0.
(15) SCOTT GASPERSON	2.00	37						0.	0.	0
DIRECTOR	2 00	X						0.	0.	0.
(16) MICHAEL MAHONEY	2.00	x		x				0.	0.	0
TREASURER	2 00	Ā		<u> </u>				0.	0.	0.
(17) BRANDON FRAZIER	2.00	x						0.	0.	0.
DIRECTOR		Δ					I	0.	0.	U .

### BOYS AND GIRLS CLUB OF THE GRAND STRAND

INC.

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Form 990 (2021) INC .									57-10	51	611	Pa	ge <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average			Posi				Reportable	Reportable		Est	imate	b
	hours per	(do not check more than one box, unless person is both an						compensation	compensation		am	ount c	of
	week	offi	officer and a direct				tee)	from	from related		c	other	
	(list any	ctor						the	organizations		comp	ensat	ion
	hours for	- dire				eq		organization	(W-2/1099-MISC	2/		om the	
	related	tee or	istee			ensat		(W-2/1099-MISC/	1099-NEC)		orga	nizatio	on
	organizations	l trus	nal tri		yee	dwo		1099-NEC)			and	relate	d
	below	Individual trustee or director	Institutional trustee	er	Key employee	est c lo yee	Jer				orga	nizatio	ns
	line)	Indiv	Insti	Officer	Keye	Highest compensated employee	Former						
(18) MICHAEL DILEONARDO	2.00												
DIRECTOR		Х						0.		0.			0.
(19) GREG MITCHELL	2.00												
DIRECTOR		X						0.		0.			Ο.
(20) JOE HILL	2.00												
DIRECTOR		x						0.		0.			0.
(21) JEN BRUNSON	2.00												
DIRECTOR		x						0.		0.			0.
(22) MARK LAZARUS	2.00												
DIRECTOR		x						0.		٥.			0.
(23) PERRY THOMAS	2.00									••			•••
DIRECTOR	2.00	x						0.		ο.			0.
										••			••
								85,476.		0.			0.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI								85,476.		0.			0.
d Total (add lines 1b and 1c)										-			0.
2 Total number of individuals (including but n	ot limited to th	lose	liste	ed al	bove	e) wł	no r	received more than \$100	0,000 of reportable				•
compensation from the organization												<u>.</u>	0
										г		Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,													
line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4 For any individual listed on line 1a, is the su	im of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch j	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation fr	om	
the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	ithir	n the organization's tax	year.				
(A)				0				(B)			(C	)	
Name and business	address	N	ONE	Ξ				Description of s	ervices	С	ompen		I
2 Total number of independent contractors (i		ot li	mita	d to	the	60 li		d abovo) who received m	oro than				
<ol> <li>Total number of independent contractors (i \$100,000 of compensation from the organi</li> </ol>		UL II	mie	u 10		se 11: )	3180	above, who received ff					

BOYS	AND	GIRLS	CLUB	OF	THE	GRAND	STRAND
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Form	n 990	(2					57-1051	611 Page <b>9</b>
Pa	rt VI		Statement of Revenue					
			Check if Schedule O contains a response of	or note to any lin		(5)		
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts nts	1 a	a	Federated campaigns 1a					
arar			Membership dues 1b					
ts, ( Am	c	c	Fundraising events 1c					
Gifi	c	d I	Related organizations 1d					
ns,				116,500.				
er S	f		All other contributions, gifts, grants, and					
Oth				546,020.				
Contributions, Gifts, Grants and Other Similar Amounts	ç	-	Noncash contributions included in lines 1a-1f		662,520.			
aC	r	<u>า</u>	Total. Add lines 1a-1f	Business Code	002,520.			
đ	2 a	_	CHARGES FOR SERVICES	624410	51,617.	51,617.		
vice	z a b	-		024410	51,017.	51,017.		
Ser	с С	-						
am	c							
Program Service Revenue	e	-						
P	f	F,	All other program service revenue					
	ç	g .	Total. Add lines 2a-2f	►	51,617.			
	3		Investment income (including dividends, intere		1.68			1.68
			other similar amounts)		167.			167.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
	•			(ii) Personal				
			Gross rents 6a Less: rental expenses 6b					
			Less: rental expenses 6b Rental income or (loss) 6c					
			Net rental income or (loss)					
			Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
	b	o I	Less: cost or other basis					
venue		i	and sales expenses 7b					
evel	c	c (	Gain or (loss)					
r Re			Net gain or (loss)	🕨				
Other	8 a		Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See Part IV, line 18 8a	16,070.				
	r		Less: direct expenses	0.				
				····· •	16,070.			16,070.
			Gross income from gaming activities. See					
			Part IV, line 19 9a					
	b	o I	Less: direct expenses 9b					
			Net income or (loss) from gaming activities	►				
	10 a		Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold10b	<b></b>				
	c	;	Net income or (loss) from sales of inventory	Business Code				
snc	11 -	a (	OTHER REVENUE	624410	91,281.	91,281.		
ane	ti e	-		<b>-</b> -	,	,		
Miscellaneous Revenue	c	-						
Alisc B	c	d /	All other revenue					
2			Total. Add lines 11a-11d		91,281.			
	12		Total revenue. See instructions	►	821,655.	142,898.	0.	16,237.

## BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

Form 990 (2021) 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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b.	(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,				
	trustees, and key employees	85,476.	68,381.	12,821.	4,274
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				10.010
7	Other salaries and wages	256,202.	204,962.	38,430.	12,810.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	15 602	10 400	0 0 4 0	
9	Other employee benefits	15,603.	12,483.	2,340.	780.
10	Payroll taxes	29,983.	23,986.	4,498.	1,499.
11	Fees for services (nonemployees):				
а	F				
b					
	Accounting				
d	, , , , , , , , , , , , , , , , , , ,				
e	ů , , , , , , , , , , , , , , , , , , ,				
f	Investment management fees				
g					
10	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14 15	Information technology				
15 16	Royalties	140,228.	119,194.	14,023.	7,011.
10		110,2200	119,1910	11/0251	,,,,,,,
18	Travel Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	85,395.	76,856.	8,539.	
23	Insurance	23,653.	14,191.	9,462.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OTHER OPERATING EXPENSE	48,514.	31,534.	16,980.	
b	PROFESSIONAL FEES	41,818.	25,092.	16,726.	
c	TECHNOLOGY AND COMMUNIC	36,159.	18,080.	18,079.	
d	DUES & SUBSCRIPTIONS	4,758.	3,568.	1,190.	
	All other expenses	1,604.	802.	802.	
25	Total functional expenses. Add lines 1 through 24e	769,393.	599,129.	143,890.	26,374.
26	Joint costs. Complete this line only if the organization		-		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2021)
Part X Balance Sheet

INC.

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			243,885.	1	478,463
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			4	63,750	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, substantial contributor, or 35%					
		controlled entity or family member of any of these persons				5	88,415
	6	Loans and other receivables from other disqua	lified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ		6			
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
<	9	Duran side som som som som stade formande skonstande			2,522.	9	1,821
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	3,046,809.			
	b	Less: accumulated depreciation	10b	127,886.	2,951,397.	10c	2,918,923
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must eq	ual line 3	33)	3,197,804.	16	3,551,372
	17	Accounts payable and accrued expenses		17	24,538		
	18	Grants payable		18			
	19	Deferred revenue		19	150,000		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offic	cer, director,			
		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
-	23	Secured mortgages and notes payable to unre		· · · · · · · · · · · · · · · · · · ·	2,332,892.	23	2,332,892
	24	Unsecured notes and loans payable to unrelat	ed third	parties		24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line	es 17-24	. Complete Part X	0 0 0 0		
		of Schedule D			9,039.		
	26	Total liabilities. Add lines 17 through 25			2,341,931.	26	2,507,430
ŝ		Organizations that follow FASB ASC 958, ch	eck her				
uč		and complete lines 27, 28, 32, and 33.			694 694		766 904
ala	27	Net assets without donor restrictions			684,624.	27	766,894
a b	28	Net assets with donor restrictions			171,249.	28	277,048
n-		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 🛄			
- -		and complete lines 29 through 33.					
ŝts	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		E	0 5 5 0 7 3	31	1 042 040
ž	32	Total net assets or fund balances			855,873.	32	1,043,942
	33	Total liabilities and net assets/fund balances			3,197,804.	33	3,551,372 Form <b>990</b> (202

Form 990 (2021)

BOYS	AND	GIRLS	CLUB	OF	THE	GRAND	STRAND
TNO							

	1990 (2021) INC.	57-10	51011	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	821	.,6	55.
2	Total expenses (must equal Part IX, column (A), line 25)	2	769	),3	93.
3	Revenue less expenses. Subtract line 2 from line 1	3	52	2,2	62.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	855	5,8	73.
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			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	135	5,8	07.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,043	3,9	42.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			`	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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?		<b>2</b> b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		

Form **990** (2021)

<b>(For</b>	r <b>m 99</b>	DULE A 0) f the Treasury nue Service	Co	omplete if the organ 494 ►	rity Status an hization is a section 50 <sup>-</sup> 47(a)(1) nonexempt cha Attach to Form 990 or F //Form990 for instructio	l(c)(3) org ritable tru Form 990-	anization ıst. EZ.	or a section		OMB No. 1545-0047 <b>2021</b> Open to Public Inspection
Nam	e of t	he organizati	on BOYS	AND GIRLS	CLUB OF THE	GRAN	D STR	AND	Employer	identification number
			INC.							7-1051611
Pa	rt I	Reason	for Public (	Charity Status.	(All organizations must c	omplete tl	nis part.) S	See instructio	ns.	
The o	organi	ization is not a	private found	lation because it is: (	For lines 1 through 12, c	heck only	one box.)			
1		A church, co	vention of ch	urches, or associatio	on of churches described	d in <b>sectio</b>	n 170(b)(	1)(A)(i).		
2					Attach Schedule E (Form					
3					anization described in <b>se</b>		)(b)(1)(A)(i	ii).		
4		•	•		njunction with a hospital			-	)(iii). Enter	the hospital's name.
-		city, and stat	-		· ,					·····,
5		-		or the benefit of a co	llege or university owned	d or opera	ted by a d	overnmental	unit describ	oed in
•				Complete Part II.)		a er epera				
6				-	nental unit described in s	section 17	70(h)(1)(A)	(v)		
7	X				intial part of its support f				the general	public described in
•				omplete Part II.)	and part of ito support	ioni a gov	ommonia		ano general	
8					(1)(A)(vi). (Complete Par	E II A				
9		-			in section 170(b)(1)(A)(		ad in coniu	inction with a	land-grant	college
5					ulture (see instructions).					
		university:	or a normania g	grant conege of agric			name, en	y, and state c	in the colleg	
10			on that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	one mombor	hin foos a	ad aross receipts from
10					t to certain exceptions;					
					(less section 511 tax) fro					
				mplete Part III.)			.5505 acqt		gamzation	
11					ively to test for public sa	fety See	section 5	<b>19(</b> a)(4)		
12		•	-	-	ively for the benefit of, to	•			arry out the	purposes of one or
		-	-	-	ed in section 509(a)(1) o				-	
					of supporting organizatio					
а		7			supervised, or controlled					, aivina
				-	gularly appoint or elect a	•	-			
			-	complete Part IV, Se		, ,				11 5
b		٦ <sup>-</sup>		-	l or controlled in connec	tion with it	s support	ed organizati	on(s), by ha	ving
				-	anization vested in the s			-		•
			-	t complete Part IV,		•			•	
с		] Type III fur	nctionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	ally integrate	ed with,
					6). You must complete I					
d		] Type III no	n-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	orted organi	zation(s)
		that is not f	unctionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement an	d an attent	iveness
		requiremen	t (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	۷.		
е		Check this	box if the orga	anization received a	written determination fro	m the IRS	that it is a	а Туре I, Туре	e II, Type III	
					nally integrated support					
g				about the supporte		(iv) Is the orga	nization listed			
	(1	Name of supp organizatior		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions)
		3			above (see instructions))	Yes	No		,	
Tota	1									

### BOYS AND GIRLS CLUB OF THE GRAND STRAND

Schedule A (Form 990) 2021

57-105161<u>1</u> Page 2

		 (· •				/ _ `
Par	t II	S	uļ	эp	or	t S

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.)

fails to qualify under the tests listed below, please complete Part III.)

INC.

	ction A. Public Support	i					
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	909,593.	796,752.	726,879.	458,110.	653,100.	3,544,434.
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						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	909,593.	796,752.	726,879.	458,110.	653,100.	3,544,434.
	The portion of total contributions						, , ,
•	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
~	·····						3,544,434.
	Public support. Subtract line 5 from line 4. ction B. Total Support						5,544,454.
	endar year (or fiscal year beginning in)	(-) 0017	(1-) 0010	(-) 0010	(4) 0000	(-) 0001	
		(a) 2017 909, 593.	(b) 2018 796,752.	(c) 2019 726,879.	(d) 2020 458,110.	(e)2021 653,100.	(f) Total 3,544,434.
	Amounts from line 4	505,555.	150,152.	120,019.	<u>+30,110.</u>	055,100.	5,544,454.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	440	1 676	20	607	227	C 070
	and income from similar sources	442.	4,676.	20.	697.	237.	6,072.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on $\dots$						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						3,550,506.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section §	501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2021 (					14	99.83 %
15	Public support percentage from 2020	) Schedule A, Part	II, line 14			15	99.83 %
<b>16</b> a	<b>33 1/3% support test - 2021.</b> If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
k	<b>33 1/3% support test - 2020.</b> If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances te	est. The organization	on qualifies as a pi	ublicly supported of	organization	-	
k	0 10% -facts-and-circumstances tes	•	•	,	•	17a, and line 15 is	10% or
	more, and if the organization meets tl						
	organization meets the facts-and-circ						
18	Private foundation. If the organization		•	• •			
		and ther encound		.,,,	,		····· F

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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

INC.

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

Se	ction A. Public Support	, i	,				
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
Ŭ	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
1 0	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
	••	() 0017	(1) 0010	() 0010	( 1) 0000	() 0004	(0 T ) )
	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orga	nization,
	check this box and stop here						▶∟
Se	ction C. Computation of Pub	ic Support Pe	ercentage				
15	Public support percentage for 2021 (	line 8, column (f), o	divided by line 13,	column (f))		15	%
16	Public support percentage from 2020	· · · · ·				16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	mn (f), divided by li	ine 13, column (f))		17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a	a 33 1/3% support tests - 2021. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
k	<b>33 1/3% support tests - 2020.</b> If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/	'3%, and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	t <b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organiza	ation ►
20	Private foundation. If the organization						

<u>Schedule A (Form 990)</u> 2021

### 57-1051611 Page 4

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.

INC.

- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Yes No 1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

	BOYS AND GIRLS CLUB OF THE GRAND STRAND	0 - 1 - 1	1	
	edule A (Form 990) 2021 INC. 57-1	05161	L Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
	Lie the eventiation accepted a rift or contribution from any of the following measure 0		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44.		
Sec	detail in Part VI. tion B. Type I Supporting Organizations	11c		
<u> </u>			Vee	Na
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
-	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		1	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations		-	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b			1	
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		

- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- **a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "*Yes*," *describe in* **Part VI** *the role played by the organization in this regard.*

3b

3a

BOYS AND GIRLS CLUB OF THE GRAND STRAN
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che Par	dule A (Form 990) 2021 INC . t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ		57-1051611 <sub>Pa</sub>
1	Check here if the organization satisfied the Integral Part Test as a qualify			Part VI) See instructio
•	All other Type III non-functionally integrated supporting organizations mu	•		
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2021

#### BOYS AND GIRLS CLUB OF THE GRAND STRAND TNC

57-1051611 Page;	ae <b>7</b>	Pa	1	51	1	5	0	-1	7	5	
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	dule A (Form 990) 2021 INC .			5	7-1051611 Page 7
Par		(a)(3) Supporting Orga	anizations (continu	ued)	1
Sect	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
-	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
i					
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
-	line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
Ŭ	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
'	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2017				
	Excess from 2019				
-	Excess from 2020				
e	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	BOYS INC.	AND	GIRLS	CLUB	OF	THE	GRAND	STRAND	57-1051611 <sub>Page</sub> 8
Part VI	Supplemental Inform Part IV, Section A, lines 1,	nation. 2, 3b, 3c, ines 2 and	4b, 4c, I 3; Part	5a, 6, 9a, 9b IV, Section I	o, 9c, 11a, E, lines 1c	11b, a , 2a, 2t	und 11c; 5, 3a, ar	Part IV, Sec d 3b; Part V	tion B, lines 1 /, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,

### **Schedule B**

(Form 990)

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information OMB No. 1545-0047

191 )[

Department of the Treasury Internal Revenue Service									
Name of the organizatio		AND	GIRLS	CLUB	OF	THE GRANI	O STRAND	Em	ployer identification number
	INC.	-			-			5	57-1051611
Organization type (che	eck one):								
Filers of:	Sec	ction:							
Form 990 or 990-EZ	X	] 501(c	)( 3) (ente	er number)	organ	ization			
		] 4947(	a)(1) nonexe	mpt charit	able tr	rust <b>not</b> treated as	a private foundation		
		] 527 p	olitical orgar	nization					
Form 990-PF		] 501(c	)(3) exempt	private fou	Indatio	n			
		] 4947(	a)(1) nonexe	mpt charit	able tr	rust treated as a p	rivate foundation		
		] 501(c	)(3) taxable p	private fou	ndatio	n			
•	•	•					e year, contributions total or determining a contribut	•	
Special Rules									
sections 509(a	a)(1) and 1 uring the y	170(b)(1) year, tota	(A)(vi), that c al contributic	checked So ons of the	chedul	le A (Form 990), Pa	at met the 33 1/3% suppo art II, line 13, 16a, or 16b, ( <b>2)</b> 2% of the amount on (	and th	at received from any one
							r 990-EZ that received fro		
,	0,	, ,					y for religious, charitable, animals. Complete Parts		
	•	•				ress), II, and III.	animais. Completer arts	i (enten	ng
For an organiz	ation des	cribed ir	n section 501	1(c)(7), (8),	or (10)	) filing Form 990 or	r 990-EZ that received fro	m any o	one contributor, during the
			•	-		•	uch contributions totaled ar for an <i>exclusively</i> religio		
							his organization because		
							es doesn't file Schedule B 10-EZ or on its Form 990-F		

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

### Schedule B (Form 990) (2021)

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Name of organization

INC.

Page 2

Employer	identification	number

57-1051611

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>    1</u>	BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE STREET, N.E. ATLANTA, GA 30309	\$ <u>95,200.</u>	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	MOGLIA FAMILY FOUNDATION 200 S 108TH AVE OMAHA, NE 68154	\$ <u>40,000.</u>	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	NEWMAN'S OWN FOUNDATION ONE MORNINGSIDE DRIVE NORTH WESTPORT, CT 06880	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BANK OF AMERICA FOUNDATION       2501 OAK ST       MYRTLE BEACH, SC 29577	\$ <u>30,000</u> .	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	AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD # 118 HUDSON, OH 44236	\$ <u>50,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	FIRST PRESBYTERIAN CHURCH 3810 ROBERT M GRISSOM PKWY MYRTLE BEACH, SC 29577	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

### Schedule B (Form 990) (2021)

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Name of organization

INC.

Page 2

Employer	identification	number

57-1051611

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RAMON D. SESSIONS PO BOX 54094 ATLANTA, GA 30308	\$41,366.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CITY OF MYRTLE BEACH PO BOX 2468 MYRTLE BEACH, SC 29578	\$ <u>35,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	<u>SC STATE TREASURER</u> <u>1200 SENATE STREET - SUITE 214</u> <u>COLUMBIA, SC 29201</u>	\$ <u>17,500.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	SEA CAPTAINS INVESTORS, INC. 3002 N. OCEAN BLVD MYRTLE BEACH, SC 29577	\$ <u>40,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

INC.		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. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990) (2021) Name of organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND

Page 3

Employer identification number

Schedule	B (Form 990) (2021)			Page 4
	organization			Employer identification number
	AND GIRLS CLUB OF THE G	RAND STRAND		
INC. Part III	Exclusively religious, charitable, etc., contribut	ons to organizations described in s	section 501(c)(7) (8) or (10)	57-1051611
Fartin	from any one contributor. Complete columns (a)	through (a) and the following line en	tny For organizations	· · · · · ·
	completing Part III, enter the total of exclusively religious, or Use duplicate copies of Part III if additional	space is needed.	less for the year. (Enter this info. on	ce.) • •
(a) No. from		•	(	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	+ I	
		(c) manorer er git	•	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
		[		
		[		
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
			[	
		(e) Transfer of gif	+ I	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	+ I	
		(c) manorer er git	•	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from			( ) =	
Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
		, ,		
	Transferee's name, address, ar	nd ZIP + 4	Relationship of tra	ansferor to transferee

(Forr	HEDULE D n 990) ment of the Treasury		OMB No. 1545-0047 <b>2021</b> Open to Public			
	I Revenue Service	► Go to www.irs.gov/Form990 for instru		Inspection		
Nam	e of the organizati	BOYS AND GIRLS CLUB OF T INC.	Emp	bloyer identification number 57-1051611		
Pa	rt I Organiza	ions Maintaining Donor Advised Funds	or Other Similar Funds o	or Accou		
		answered "Yes" on Form 990, Part IV, line 6.				
		(a) D	onor advised funds	<b>(b)</b> Fun	ds and other accounts	
1	Total number at e	of year				
2		contributions to (during year)				
3	Aggregate value of	grants from (during year)				
4	Aggregate value a	end of year				
5	Did the organization	inform all donors and donor advisors in writing that t	he assets held in donor advised	l funds		
	are the organization	's property, subject to the organization's exclusive leg	gal control?		Yes 📖 No	
6	•	inform all grantees, donors, and donor advisors in w	• •			
		ses and not for the benefit of the donor or donor advi	sor, or for any other purpose co	onferring		
De	impermissible priv					
Pa		tion Easements. Complete if the organization ar		rt IV, line 7		
1		rvation easements held by the organization (check al	· · · · · · · · · · · · · · · · · · ·	"		
		of land for public use (for example, recreation or educ	·	,	important land area	
		natural habitat of open space	Preservation of a c	certified his	storic structure	
0			ation contribution in the form of		ation accoment on the last	
2	day of the tax yea	nrough 2d if the organization held a qualified conserva	ation contribution in the form of	a conserva	Held at the End of the Tax Year	
а		sonvation assomants		2a		
b		servation easements				
0	•	tion easements on a certified historic structure includ	ded in (a)			
с С						
u		ttion easements included in (c) acquired after 7/25/06 I Register				
3		tion easements modified, transferred, released, extin			during the tax	
Ŭ	year ►		guidhea, or terminated by the e	gamzation		
4		 nere property subject to conservation easement is loo	cated			
5		on have a written policy regarding the periodic monito				
	-				Yes No	
6		hours devoted to monitoring, inspecting, handling of				
7	Amount of expense	s incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservatio	n easemer	nts during the year	
	▶\$					
8	Does each conser	ation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)	(4)(B)(i)		
	and section 170(h	l)(B)(ii)?			Yes 📖 No	
9	In Part XIII, descri	how the organization reports conservation easemen	ts in its revenue and expense st	tatement a	nd	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's acc	unting for conservation easements.		0:	<b>A - I</b> -	
Pai		ions Maintaining Collections of Art, Hist		er Simil	ar Assets.	
		he organization answered "Yes" on Form 990, Part IV				
<b>1</b> a		lected, as permitted under FASB ASC 958, not to rep				
		sures, or other similar assets held for public exhibition			public	
	· •	art XIII the text of the footnote to its financial stateme				
b	-	lected, as permitted under FASB ASC 958, to report				
		res, or other similar assets held for public exhibition, e	education, or research in further	rance of pu	IDIIC SERVICE,	
	-	g amounts relating to these items:		► .	<u>ሱ</u>	
		ed on Form 990, Part VIII, line 1			ው	
~		in Form 990, Part X			⊅	
2		eceived or held works of art, historical treasures, or ot		ain, provid	e	
-	-	ts required to be reported under FASB ASC 958 relation n Form 990, Dort VIII, line 1	-		¢	
a h		n Form 990, Part VIII, line 1			\$	
		orm 990, Part X				
LHA	For Paperwork R	luction Act Notice, see the Instructions for Form 9			Schedule D (Form 990) 2021	

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 99
132051	10-28-21

BOYS AND GIRLS CL	UB OF	THE G	RAND	STRAND
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<b>.</b>		D GIKUS CU	UB UF	IUP	GRAND 5	IKAND		5161	L Page <b>2</b>
	dule D (Form 990) 2021 INC . t III Organizations Maintaining C	Collections of A	rt Hista	rical Tr		Other			
									ueu)
3	Using the organization's acquisition, accessi	on, and other record	is, check	any of the	following that	make sigr	incant use of its		
	collection items (check all that apply):	d			hange progran	2			
a L					nange program	[]			
b	Scholarly research Preservation for future generations	e		ther					
C A	C C	alloctions and ovalai	n how the	v furthor t	o organizatio	o'o ovomn	t nurnana in Da	+ VIII	
4 5	Provide a description of the organization's co During the year, did the organization solicit c							L AIII.	
5	to be sold to raise funds rather than to be m		,		,			Yes	
Pa	t IV Escrow and Custodial Arran		9						
	reported an amount on Form 990, Pa			Jiganizatio	in answered i	63 01110	, nin 550, i ait iv,	1116 3, 01	
12	Is the organization an agent, trustee, custod		diary for c	ontribution	s or other ass	ets not inc			
Ia	on Form 990, Part X?							Yes	No No
h	If "Yes," explain the arrangement in Part XIII						······ └─		
D		and complete the lo	nowing ta	IDIC.				Amount	
~	Beginning balance						1c	,	
	Additions during the year						1d		
	Additions during the year						1e		
f	Ending balance						1f		
' 2a	Did the organization include an amount on F							Yes	No
	If "Yes," explain the arrangement in Part XIII.								
Pa									
		(a) Current year		or year			Three years back	(e) Four	years back
1a	Beginning of year balance	()	. ,				-		
	Contributions								
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
Ũ	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the cur		ce (line 1a	column (a	)) held as:				
	Board designated or quasi-endowment	forte your on a balance	%	, 00101111 (0					
	Permanent endowment	%							
		<u></u> / -							
-	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	-	ation that	are held a	nd administere	ed for the	organization		
	by:	5					5	Г	Yes No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations								
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Sc	hedule R?				3b	
4	Describe in Part XIII the intended uses of the								
Pa	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		D, Part IV,	line 11a. S	See Form 990,	Part X, lin	e 10.		
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Accu	Imulated	(d) Bool	value
		basis (investr		basis		• •	ciation	( )	
1a	Land								
	Buildings		043.			10	0,823.	2,85	5,220.
	Leasehold improvements								
	Equipment		711.			2	7,063.	48	3,648.
	Other		055.						4,055.
	Add lines 1a through 1e. (Column (d) must e		X. columi	n (B), line 1	0c.)				3,923.

Schedule D (Form 990) 2021

BOYS	AND	GIRLS	CLUB	OF	THE	GRAND	STRAND
TNC							

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.		51	IUJIUII Pageu
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	e 11b. See Form 990. Part X. line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(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.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(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" o		e 11d. See Form 990, Part X, line 15.	
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	
<b>1.</b> (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		

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

	edule D (Form 990) 2021 INC .			U51611 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With Rev	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.		
1	Total revenue, gains, and other support per audited financial statements			821,655.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	. 2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	. 2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			821,655.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	821,655.
	rt XII Reconciliation of Expenses per Audited Financial Stater			
		nents With Ex		n.
	rt XII Reconciliation of Expenses per Audited Financial Stater	nents With Ex <sup>a.</sup>	penses per Retur	
Pa	Reconciliation of Expenses per Audited Financial Stater           Complete if the organization answered "Yes" on Form 990, Part IV, line 123	nents With Ex <sup>a.</sup>	penses per Retur	n.
Pa 1	Reconciliation of Expenses per Audited Financial Stater           Complete if the organization answered "Yes" on Form 990, Part IV, line 122           Total expenses and losses per audited financial statements	nents With Ex a.	penses per Retur	n.
Pa 1 2	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With Ex a. 2a	penses per Retur	n.
Pa 1 2 a	Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	nents With Ex a. 2a 2b	penses per Retur	n.
Pa 1 2 a b	Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	nents With Ex a. 2a 2b 2c	penses per Retur	n.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses	2a            2b            2c            2d	penses per Retur 1	n. 769,393. 0.
Pa 1 2 a b c	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d	2a            2b            2c            2d	penses per Retur	n. 769,393.
Pa 1 2 b c d e	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a            2b            2c            2d	penses per Retur	n. 769,393. 0.
Pa 1 2 a b c d e 3	<b>Reconciliation of Expenses per Audited Financial Stater</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	nents With Ex a. 	penses per Retur	n. 769,393. 0.
Pa 1 2 a b c d e 3 4	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a            2a            2b            2c            2d	penses per Retur	n. 769,393. 0.
Pa 1 2 a b c d e 3 4 a b	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a       2b       2c       2d       2d	penses per Retur	n. 769,393. 0. 769,393. 0.
Pa 1 2 a b c d e 3 4 a b c 5	rt XII       Reconciliation of Expenses per Audited Financial Stater         Complete if the organization answered "Yes" on Form 990, Part IV, line 12:         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a        2a        2b        2c        2d	penses per Retur	n. 769,393. 0. 769,393.

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

### PART X, LINE 2:

THE ORGANIZATION IS A NONPROFIT CORPORATION AS DESCRIBED IN SECTION

501(C)(3) OF THE UNITED STATES INTERNAL REVENUE CODE AND IS EXEMPT FROM

FEDERAL AND STATE INCOME TAXES.

ACCOUNTING STANDARDS PRESCRIBE WHEN TO RECOGNIZE AND HOW TO MEASURE THE

EFFECTS OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN. IN ORDER TO BE

RECOGNIZED, A TAX POSITION MUST BE MORE LIKELY THAN NOT TO BE SUSTAINED

UPON EXAMINATION BY TAXING AUTHORITIES. TO THE EXTENT THAT ALL OR A

PORTION OF A TAX POSITION IS NOT RECOGNIZED, A LIABILITY WOULD BE

RECOGNIZED FOR THE UNRECOGNIZED BENEFITS.

BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 5 TNC. Schedule D (Form 990) 2021 Part XIII Supplemental Information (continued) THE ORGANIZATION HAS DETERMINED THAT CERTAIN TRANSACTIONS OCCURRED DURING THE YEAR ENDING DECEMBER 31, 2021, AND PREVIOUS YEARS, MAY MEET THE DEFINITION OF AN EXCESS BENEFIT TRANSACTION AS DEFINED BY INTERNAL REVENUE CODE ("IRC") SECTION 4958, ARISING FROM THE DISCOVERY OF POTENTIALLY INAPPROPRIATE TRANSACTIONS OF AN EXECUTIVE STAFF MEMBER. 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, 2021, 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 2021.

SCHEDULE G	Suppleme	ntal Information Regard	ding Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes rganization entered more tha				or 19, or if the	2021
Department of the Treasury Internal Revenue Service	Ν.	Attach to Form					Open to Public Inspection
Name of the organizatio		to www.irs.gov/Form990 for D GIRLS CLUB OF					r identification number
	INC.		0	,	5 prints		51611
	sing Activities complete this par	Complete if the organization a	Inswered "Y	'es" o	n Form 990, Part IV,	line 17. Form 99	90-EZ filers are not
<ul> <li>Indicate whether th</li> <li>a Mail solicitation</li> <li>b Internet and</li> <li>c Phone solicitation</li> <li>d In-person solicitation</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	ne organization rais tions l email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	ed funds through any of the fo e So f So g Sp or oral agreement with any indiv art VII) or entity in connection v viduals or entities (fundraisers)	licitation of licitation of vecial fundra vidual (inclu- vith profess pursuant to	non-g gover aising ding o ional f agree	overnment grants nment grants events fficers, directors, true undraising services?	stees, or	
.,	(i) Name and address of individual or entity (fundraiser) (ii) Activity		(iii) fundi have c or cor contrib	itrol of	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
			Yes	No			
Total							
3 List all states in wh or licensing.	ich the organizatio	n is registered or licensed to so	olicit contrik	oution	s or has been notified	d it is exempt fro	om registration

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

Schedule G (Form 990) 2021

BOYS AND GIRLS CLUB OF THE GRAND STRAND

		le G (Form 990) 2021 INC .				-1051611 Page 2
Pa	art	3	-			
		of fundraising event contributions and g			-	ots greater than \$5,000.
			(a) Event #1 GOLF	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			TOURNAMENT	(	(t = t = 1 =	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	16,070.			16,070.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	16,070.			16,070.
	4	Cash prizes				
es	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 throug			•	
	11					16,070.
Pa	irt					
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)			
		ter the state(s) in which the organization cond				
		the organization licensed to conduct gaming a	ctivities in each of these	states?		. Ves No
b	) If "	No," explain:				
40	<u>, , , , , , , , , , , , , , , , , , , </u>					
		ere any of the organization's gaming licenses r			year?	. L Yes No
D	, II "	Yes," explain:				

132082 10-21-21

Schedule G (Form 990) 2021

		BOYS	AND	GIRLS	CLUB	$\mathbf{OF}$	$\mathbf{THE}$	GRAND	STRAND	
--	--	------	-----	-------	------	---------------	----------------	-------	--------	--

Sch	edule G (Form 990) 2021 INC. 57-1	L051	L611	Pad	je <b>3</b>
11	edule G (Form 990) 2021       INC •       5 /         Does the organization conduct gaming activities with nonmembers?       5 /		Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?		Yes		No
	Indicate the percentage of gaming activity conducted in:	13a	1		0/
	n The organization's facility An outside facility				% %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				,,,
	Name				
	Address				
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes		No
k	o If "Yes," enter the amount of gaming revenue received by the organization $\blacktriangleright$ \$ and the amount of gaming revenue retained by the third party $\triangleright$ \$				
c	If "Yes," enter name and address of the third party:				
	Name				
	Address				
16	Gaming manager information:				
	Gaming manager compensation <pre></pre>				
	Description of services provided				
	Director/officer Employee Independent contractor				
	Mandatory distributions:				
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes		No
Ł	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	100		110
	organization's own exempt activities during the tax year <b>&gt;</b> \$				
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, I	ines 9,	9b, 1	0b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

Schedule G (Form 990)				CLUB	OF	THE	GRAND	STRAND	57-1051611 Page 4
	mation	Sommue	:u)						

SCI	HEDULE J   Compensation Information	OMB No. 1545-0047
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest	2021
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	
Depar	tment of the Treasury	Open to Public
Interna	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	Inspection
Nam	-	ployer identification number
	INC.	57-1051611
Pa	rt I Questions Regarding Compensation	
		Yes No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990	),
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.	
	First-class or charter travel       Housing allowance or residence for personal to the second s	
	Travel for companions Payments for business use of personal reside Each Payments for business use of personal reside Health or social club dues or initiation fees	nce
		hof)
	Discretionary spending account	
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	
D	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b X
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	
-	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2 X
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 t	to I I I
	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	nittee
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:	
а	Receive a severance payment or change of control payment?	4a X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b X
с	Participate in or receive payment from an equity-based compensation arrangement?	4c X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
	contingent on the revenues of:	
а	The organization?	<u>5a X</u>
b	Any related organization?	5b X
	If "Yes" on line 5a or 5b, describe in Part III.	
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	
	contingent on the net earnings of:	
а	The organization?	6a X
b	Any related organization?	6b X
_	If "Yes" on line 6a or 6b, describe in Part III.	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	
_	not described on lines 5 and 6? If "Yes," describe in Part III	7 X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	
~	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	<u>8</u> X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	
	Regulations section 53.4958-6(c)?	
.HA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Form 990) 2021

### BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

Schedule J (Form 990) 2021

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

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

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

	(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	d (D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
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(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

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Schedule J (Form 990) 2021

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

### SCHEDULE D PART XIII

### SEE SCHEDULE D PART XIII FOR FURTHER INFORMATION.

SCHEDULE L (Form 990) Department of the Treasury Internal Revenue Service	Complete in	Transactions With Interested Persons         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.         ▶ Go to www.irs.gov/Form990 for instructions and the latest information.										OMB No. 1545-0047 <b>2021</b> Open To Public Inspection			
Name of the organizatio	n BOYS A INC.	ND (	GIRLS CL	JUB	OF	THE GRAND	STRAND	-	-	identi 516		on nu	mber		
Part I Excess I		sactio	ons (section 50	01(c)(3	B), sect	ion 501(c)(4), and se	ction 501(c)(29) orga				<u> </u>				
Complete i	f the organizatio					art IV, line 25a or 25b	o, or Form 990-EZ, Pa	art V, lii	ne 40	)b.					
1 (a) Name of disqual	(b) Relationship between disqual person and organization				lified (c	) Description of tran	Description of transaction				(d) Correcte Yes No				
											_				
2 Enter the amount of	of tax incurred by	the or	ganization mar	agers	or dise	qualified persons dur	ing the year under								
section 4958 <b>3</b> Enter the amount of						aanization			► \$ ► \$						
	n tax, ii ariy, or i	inc 2, a		scu by		gamzation			Ψ						
	o and/or Froi														
-	-					, Part V, line 38a or F	Form 990, Part IV, lin	e 26; o	or if th	ie orga	nizatio	on			
(a) Name of	h amount on For (b) Relatio	m 990, Part X, line 5, onship <b>(c)</b> Purpose		1/ 0.		(e) Original	(f) Balance due	(g)	In	(h) Approved (i) Written					
interested person				from the organization?		principal amount				by board or committee?					
				То	From			Yes	No	Yes	No	Yes			
DIONE BUONTO	) PREVI	ous			X	88,415.	88,415.		Х		X		X		
													<u> </u>		
							00.415								
Total	or Assistance	Bon	ofiting Into	rocto	d Do	<b>&gt;</b> \$	88,415.								
	f the organizatio		-												
(a) Name of interested person			(b) Relationship between interested person and the organization			(c) Amount of assistance	(d) Type of assistance			(e) Purpose of assistance					
		_													
		-													
		_													
									+						

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

Schedule L (Form 990) 2021

# BOYS AND GIRLS CLUB OF THE GRAND STRAND 57-1051611 Page 2 Schedule L (Form 990) 2021 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 (b) Relationship between interested (c) Amount of (d) Description of (a) Name of interested person òrganization's person and the organization transaction transaction revenues? Yes No Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCHEDULE L, PART II, LOANS TO AND FROM INTERESTED PERSONS: (A) NAME OF PERSON: DIONE BUONTO (B) RELATIONSHIP WITH ORGANIZATION: PREVIOUS DIRECTOR

SCHEDULE	0
(F a www. 000)	

(Form 990)



57-1051611

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:

INC.

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 B, LINE 11B:

990 WILL BE REVIEWED BY BOARD.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CONVERSION TO GAAP

135,807.

PART XII, LINE 1

THE ORGANIZATION CONVERTED FROM A CASH TO ACCRUAL BASIS.