

Certified Public Accountants & Consultants

Myrtle Beach

4728 Jenn Drive Suite 100 Myrtle Beach, SC 29577

Phone (843) 448-8334 Fax (843) 626-7363 www.sccpa.com Conway

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

ENGAGEMENT

November 12, 2021

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 2020 Exempt Organization return, as follows...

2020 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 AGREEMENT.	reviewed	d and	accept	the		
Electroficaty Signed  AssureSign®			ا	_/	2021-11-12 23:44:25 UTC - 75.183.183.120	
Signature						
Treasurer						
Title						
11/12/21						
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.

You have consulted with and utilized the specialized help of your nonprofit attorney for all judgments, disclosures and related impacts of the excess benefit transactions impacting the organization. No judgments disclosures or other impacts of these transactions or any other transaction are based upon consulting or advice provided by us. The Board of Directors takes responsibility all judgments, disclosures and impacts related to the excess benefit transactions in addition to the responsibility for the entirety of the Form 990 discussed throughout this engagement letter.

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.



# TAX RETURN FILING INSTRUCTIONS

FORM 990

# FOR THE YEAR ENDING

December 31, 2020

Prepared for	BOYS AND GIRLS CLUB OF THE GRAND STRAND INC. 1000 Dunbar St. MYRTLE BEACH, SC 29577
Prepared by	SMITH SAPP 4728 JENN DR. SUITE 100 MYRTLE BEACH, SC 29577
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by November 15, 2021.
	****** ADDITIONAL REQUIREMENT *******
	Please sign the attached Tax Engagement Agreement where indicated and return to our office.

# IRS e-file Signature Authorization for an Exempt Organization

2020	and ending	

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2020, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

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

Name of exempt organization or person subject to tax

Taxpayer identification number

BOYS AND GIRLS CLUB OF THE GRAND STRAND

57-1051611

Name and title of officer or person subject to tax

JERRELL DEAVER

TREASURER

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

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b. 2b. 3b. 4b. 5b. 6b. or 7b. whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the

return, then enter -0- on the applicable line below. <b>Do not</b> complete more than one line in P	, , ,	red o on the	
1a Form 990 check here <b>X</b> b Total revenue, if any (Form 990, Part VIII, column	(A), line 12)	1b	458,807.
2a Form 990-EZ check here    D  D  Total revenue, if any (Form 990-EZ, line 9)	2b		
3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b		
4a Form 990-PF check here <b>b</b> Tax based on investment income (Form 990			
5a Form 8868 check here <b>b</b> Balance due (Form 8868, line 3c)		5b	
6a Form 990-T check here  b Total tax (Form 990-T, Part III, line 4)			
7a Form 4720 check here b Total tax (Form 4720, Part III, line 1)		7b	
Part II Declaration and Signature Authorization of Officer or Per	son Subject to Ta	X	
Under penalties of perjury, I declare that $X$ I am an officer of the above organization or	I am a person sub	ject to tax with r	respect to
(name of organization)	, (EIN)	and that I	have examined a cop
a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later that (settlement) date. I also authorize the financial institutions involved in the processing of the confidential information necessary to answer inquiries and resolve issues related to the pay identification number (PIN) as my signature for the electronic return and, if applicable, the confidence on the play identification on the play identification on the play identification of the play	electronic payment of to ment. I have selected a	axes to receive personal	
X lauthorize SMITH SAPP		to enter my PIN	06645
ERO firm name			Enter five numbers, but do not enter all zeros
as my signature on the tax year 2020 electronically filed return. If I have indicated a state agency(ies) regulating charities as part of the IRS Fed/State program, I als PIN on the return's disclosure consent screen.			•
As an officer or person subject to tax with respect to the organization, I will enter electronically filed return. If I have indicated within this return that a copy of the regulating charities as part of the IRS Fed/State program, I will enter my PIN on the regulating charities as part of the IRS Fed/State program, I will enter	eturn is being filed with	a state agency(ie	
Signature of officer or person subject to tax	23d3-9419-46aa-a49b-adde017d4fa7	Date $ ightharpoonup^1$	1/12/21
Part III Certification and Authentication			

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

57911747080 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

023051 11-03-20

Nathan E. Skipper, CPA

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

Form **8879-EO** (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

# Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Α	For th	e 2020 calendar year, or tax year beginning and endir	ng		
В	Check if applicab	DOIS AND GIRLS CLUB OF THE GRAND STRAND		D Employer identifie	cation number
	Addre chang	ss INC.			
Ē	Name chang Initial	Doing business as		57-10516	
	return Final return	1000 DUNBAR ST.	n/suite	E Telephone numbe 843-839-	3616
	termir ated			<b>G</b> Gross receipts \$	458,807.
	Amen return	MINIBE BEACH, SC 29377		H(a) Is this a group re	
	Application	F Name and address of principal officer: JERRELL DEAVER		for subordinates	? Yes X No
	pendi	$^{9}$   1000 DUNBAR ST., MYRTLE BEACH, SC 29577		H(b) Are all subordinates in	ncluded? Yes No
T	Tax-ex	empt status: X 501(c)(3) 501(c)( ) ( insert no.) 4947(a)(1) or □	527	If "No," attach a	list. See instructions
J	Websi	te: WWW.BGCLUBGS.ORG		H(c) Group exemptio	n number 🕨
K	Form o	organization: X Corporation Trust Association Other L	<b>L</b> Year o	of formation: 1996 N	1 State of legal domicile: SC
	art I	Summary			
-0	1	Briefly describe the organization's mission or most significant activities: PROVIDE	E AF	TER SCHOOL	AND
Governance		SUMMERTIME ACTIVITIES FOR AT RISK CHILDREN	IN '	THE GRAND S	TRAND AREA
ra	2	Check this box  if the organization discontinued its operations or disposed o	of more	than 25% of its net as	ssets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		l l	14
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			12
စ္စ	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			27
ij	6	Total number of volunteers (estimate if necessary)			6
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
		, ,		Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)		726,879.	434,564.
n	9	Program service revenue (Part VIII, line 2g)		64,238.	17,405.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20.	0.
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		50,206.	6,838.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		841,343.	458,807.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.		
w	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0. 415,409.	275,100.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	.	0.	0.
per	h	Total fundraising expenses (Part IX, column (D), line 25) 18, 160.	: 🗀		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		288,154.	188,893.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		703,563.	463,993.
	19	Revenue less expenses. Subtract line 18 from line 12	. –	137,780.	-5,186.
Or or	3	Torondo lodo oxponedos. Cabalada into 10 nominto 12	Bed	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	150,	3,187,522.	3,197,804.
ASS	21	Total liabilities (Part X, line 26)	.	2,260,434.	2,341,931.
Net :	22	Net assets or fund balances. Subtract line 21 from line 20	`	927,088.	855,873.
P	art II	Signature Block		J = : <b>,</b>	
Und	der pen	ulties of perjury, I declare that I have examined this return, including accompanying schedules and	*stateme	ents, and to the best of m	v knowledge and belief, it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	I		,
_	,	AssureScorie 1996(2012-04979-9496	-		1/12/21
Sig	nr	Signature of officer		Date	
He		JERRELL DEAVER, TREASURER			
	. •	Type or print name and title			
_		Print/Type preparer's name Preparer's signature	D	ate Check	PTIN
Pai	id	NATHAN E. SKIPPER, CPA NATHAN E. SKIPPER,	, C1	1/11/21 if self-employs	P02070919
	parer	Firm's name SMITH SAPP		Firm's EIN	57-0801130
	e Only	Firm's address 4728 JENN DR. SUITE 100		THIN O LIN	
		MYRTLE BEACH, SC 29577		Phone no. 84	3 448-8334
Ma	v the I	RS discuss this return with the preparer shown above? See instructions		1 110110 110.0 2	X Yes No
	,	- · · · · · · · · · · · · · · · · · · ·			<u> </u>

Pa	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 IN
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE THEM
	OPPORTUNITIES SO THEY CAN SEE THEIR POTENTIAL.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$366 , 854 •
<del>-r</del> a	PROVIDE AFTER SCHOOL AND SUMMERTIME ACTIVITIES FOR AT RISK CHILDREN IN
	THE GRAND STRAND AREA TO ENRICH THEIR LIVES AND GIVE THEM OPPORTUNITIES
	SO THEY CAN SEE THEIR POTENTIAL.
	DO THEIR CAM BEE THEIR TOTANTIANS
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 366,854.
	Form <b>990</b> (2020)

# Form 990 (2020) 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)?	1	х	
2	If "Yes," complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
J	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			.,,
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			١
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	, 1 , , ,	14a		X
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			۱,,
	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
	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			v
<b>4</b> -	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		x
<b>00</b> -	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
b od	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Page **4** 

Form 990 (2020) INC .

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
		_	$\Omega$	(

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				Yes					
	filed for the calendar year ending with or within the year covered by this return	2a	27							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	Х					
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b						
4a	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
b	<b>b</b> If "Yes," enter the name of the foreign country ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5а	5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anization solicit			7.7				
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	tions o	or gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).			7a		Х				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the pay									
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired	_		х				
	to file Form 8282?	 I <b>-</b>	 I	7c						
	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70						
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of			7e 7f						
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F			7g						
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained									
				8						
9	Sponsoring organizations maintaining donor advised funds.									
а				9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? I	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			40						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
l-	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the	126	ı							
^	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand	13b 13c								
	Enter the amount of reserves on hand  Did the organization receive any payments for indoor tanning services during the tax year?		l	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		<del></del>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune									
	excess parachute payment(s) during the year?			15		х				
	If "Yes," see instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	nt inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									

Form 990 (2020)

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

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 14 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 12 **b** Enter the number of voting members included on line 1a, above, who are independent \_\_\_\_\_ 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? X 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c  $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х a The organization's CEO, Executive Director, or top management official 15a X **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed SC Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request X Own website Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records DR. TRACY BAILEY - 843-839-3616 1000 DUNBAR ST, MYRTLE BEACH, SC 29577

Form 990 (2020)

57-1051611

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)	(C)				прсі	isat	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	rs per box, unless person is both an		compensation	compensation	amount of				
	week	_	Jei aii	luau	II ecto	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	(VV 27 1000 WIIOO)	organization
	organizations	trust	nal tru		oyee	ompe		,		and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig	For			
(1) TRACY BAILEY	40.00			,,				17 450	0	0
CEO	40 00			Х				17,452.	0.	0.
(2) DIONE BUONTO	40.00	,,		,,				0 020	0	0
EXECUTIVE DIRECTOR - FORMER	4 00	Х		Х				8,038.	0.	0.
(3) JOHN RHODES	4.00	Ι,,		7.7					0	0
BOARD CHAIR	2.00	Х		Х				0.	0.	0.
(4) RYAN CANNELLA	2.00	Х		х				0.	0.	0.
TREASURER (5) ANITA FLOYD LEE	2.00	^		^				0.	0.	<u> </u>
DIRECTOR	2.00	X		х				0.	0.	0.
(6) COLBERT BROWN JR	2.00	^		Δ				0.	0.	<u></u>
DIRECTOR	2.00	X						0.	0.	0.
(7) ROBERT H DUMANIOS	2.00	<u> </u>						0.	0.	
SECRETARY	2.00	X						0.	0.	0.
(8) JIMMY FEUGER	2.00								0.	
DIRECTOR		x						0.	0.	0.
(9) GERRY POLONY	2.00							•	•	
DIRECTOR		х						0.	0.	0.
(10) ADAM KIPPLE	2.00									
VICE CHAIR		Х						0.	0.	0.
(11) ELLA M THOMAS	2.00									
DIRECTOR		Х						0.	0.	0.
(12) LENA BROWN	2.00									
DIRECTOR		Х						0.	0.	0.
(13) MATTHEW BRITTAIN	2.00									
DIRECTOR		Х						0.	0.	0.
(14) DANIEL BROWN	2.00									_
DIRECTOR		Х						0.	0.	0.
(15) JENNIFER TYLER	2.00									
DIRECTOR		Х						0.	0.	0.
(16) DAN BROWN	2.00	_ [						_	_	_
DIRECTOR		Х			<u> </u>		<u> </u>	0.	0.	0.
(17) ANDY KOVAN	2.00									_
DIRECTOR		Х						0.	0.	0.

Par	t VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	est (		es (continued)	<del></del>		F)	_
	(A)	(B)			•	C)	_		(D)	(E)	` '			
	Name and title	Average hours per	Position (do not check more than one box, unless person is both ar						Reportable	Reportable			nated	
		week					or/trus			compensation from related			unt of her	
		(list any	director						the	organizations		compe		n
		hours for	or dire	a.			ated		organization	(W-2/1099-MISC	)		n the	
		related organizations	ustee	truste		eo	suedi		(W-2/1099-MISC)			•	nization	
		below	lual tr	tional		ploye	st com						related ization:	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	Zationi	
(18)	JERRELL DEAVER	2.00	<del>                                     </del>	<del>                                     </del>	_	<u> </u>		<u> </u>			ヿ			_
TREA	ASURER		Х						0.	(	) <b>.</b>		(	0 .
			1											
				_		<u> </u>	_				$\dashv$			
			-											
							-	-			$\dashv$			
			1											
							1				$\dashv$			_
			1											
											$\exists$			_
											$\dashv$			
							-				$\dashv$			_
			1											
	Subtotal		l			<u> </u>	<u> </u>		25,490.		o .			0 .
	Subtotal Total from continuation sheets to Part V								0.		<u>;</u>			0 .
	Total (add lines 1b and 1c)								25,490.		<b>5</b> .			0 .
2	Total number of individuals (including but r									0.000 of reportable				_
	compensation from the organization						,		•	,				(
												Y	'es N	ю
3	Did the organization list any former officer	director, trust	ee, l	key (	emp	loye	ee, o	r hiç	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for s											3	2	X
4	For any individual listed on line 1a, is the si	•							-	•			٠,	.,
_	and related organizations greater than \$15											4		X
5	Did any person listed on line 1a receive or rendered to the organization? <i>If</i> "Yes," <i>com</i>	=				-			ted organization or indiv	idual for services		5	3	X
Sec	tion B. Independent Contractors	ipiete Scriedai	<del>e</del>	01 3	uCII	pers	5011					3		_
1	Complete this table for your five highest co	mpensated in	dep	ende	ent c	ont	ract	ors	that received more than	\$100,000 of comp	ens:	ation fro	m	_
	the organization. Report compensation for	-	-											
	(A)								(B)			(C)		
	Name and business	address	N	INC	3				Description of s	services		ompens	ation	
										<del></del>				_
														_
2	Total number of independent contractors (		ot li	mite	d to		^	ste	d above) who received r	nore than				
	\$100,000 of compensation from the organi	zation >					0					Farm QC	20 (00)	

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Form 990 (2020) INC.
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	( <b>D</b> ) Revenue excluded
						Total revenue	Related or exempt function revenue	Unrelated business revenue	f
							- Tantonon Toronao		sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a					
Sra	b	Membership dues		1b					
S, (	С	Fundraising events		1c					
直	d	Related organizations		1d					
ini,	е	Government grants (contr	ributions)	1e	148,071.				
흔	f	All other contributions, gifts,	grants, an	d					
ള		similar amounts not included	above	1f	286,493.				
g	g	Noncash contributions included in	lines 1a-1f	1g \$					
징륜	h	Total. Add lines 1a-1f			<b></b>	434,564.			
		E			Business Code				
Se	2 a	CHARGES FOR S	ERVI	CES	624410	17,405.	17,405.		
Program Service Revenue	b								
n Si	С								
lev ev	d								
og F	е								
ه ا	f	All other program service	revenue						
	g	Total. Add lines 2a-2f			<b></b>	17,405.			
	3	Investment income (include	ding divic	lends, inter	est, and				
		other similar amounts)							
	4	Income from investment of	of tax-exe	mpt bond p	oroceeds 🕨				
	5	Royalties							
				(i) Real	(ii) Personal				
	6 a	Gross rents	6a						
	b	Less: rental expenses	6b						
	С	Rental income or (loss)	6c						
	d	Net rental income or (loss	)		<b></b>				
	7 a	Gross amount from sales of	(i)	Securities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
nue		and sales expenses	7b						
ther Revenue		Gain or (loss)							
ı,		Net gain or (loss)			, <b></b>				
E P	8 a	Gross income from fundraisi	ng events	(not					
0		including \$		_ of					
		contributions reported on	,						
		Part IV, line 18							
		Less: direct expenses							
		Net income or (loss) from		_	<b>&gt;</b>				
	9 a	Gross income from gamin		I .					
		Part IV, line 19							
		Less: direct expenses							
		Net income or (loss) from	-		·····				
	10 a	Gross sales of inventory,							
		and allowances			<u> </u>				
		Less: cost of goods sold							
$\rightarrow$	С	Net income or (loss) from	sales of i	nventory					
s l					Business Code	C 030	C 020		
Miscellaneous Revenue	11 a				624410	6,838.	6,838.		
llar en	b				<u> </u>				
Re Sc	С				<u> </u>				
ž		All other revenue				6 020			
		Total. Add lines 11a-11d				6,838.	24 242		
	12	Total revenue. See instruction	DΠS		🕨 🛭	458,807.	24,243.	0.	0.

# 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).

	On 50 I (c)(3) and 50 I (c)(4) organizations must com	·		· · · · · · · · · · · · · · · · · · ·	П
Da :	Check if Schedule O contains a respon	nse or note to any line in (A)	this Part IX	(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				
•	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	25,490.	20,392.	3,824.	1,274.
6	Compensation not included above to disqualified	-	-	-	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	202,159.	161,727.	30,324.	10,108.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	8,797.	7,038.	1,320.	439.
9	Other employee benefits	17,055.	13,644.	2,558.	853.
10	Payroll taxes	21,599.	17,279.	3,240.	1,080.
11	Fees for services (nonemployees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	15,216.	9,130.	6,086.	
40	column (A) amount, list line 11g expenses on Sch 0.)	15,210.	J, 130 •	0,000.	
12 13	Advertising and promotion				
14	Office expenses Information technology				
15	Royalties				
16	Occupancy	88,106.	74,890.	8,810.	4,406.
17	Travel	,	,	, , , ,	,
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,385.	29,147.	3,238.	
23	Insurance	9,831.	5,898.	3,933.	
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	14,280.	10,014.	4,266.	
b	TECHNOLOGY AND COMMUNIC	13,447.	6,724.	6,723.	
С	TRANSPORTATION	6,799.	3,399.	3,400.	
d	DUES & SUBSCRIPTIONS	4,747.	3,560.	1,187.	
е	All other expenses	4,082.	4,012.	70.	40.44
25	Total functional expenses. Add lines 1 through 24e	463,993.	366,854.	78,979.	18,160.
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)				Earm <b>990</b> (2020)

Form 990 (2020)
Part X Balance Sheet

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	336,472.	1	243,885		
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
		controlled entity or family member of any of t	nese perso	ns		5	
	6	Loans and other receivables from other disqu	alified pers	sons (as defined			
		under section 4958(f)(1)), and persons descri	bed in sect	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			3,351.	9	2,522
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	2,993,888.			
	b	Less: accumulated depreciation	10b	42,491.	2,847,699.	10c	2,951,397
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	e 11			12	
	13	Investments - program-related. See Part IV, li	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e	qual line 33	3)	3,187,522.	16	3,197,804
	17	Accounts payable and accrued expenses	8,007.	17			
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV c	of Schedule D		21	
es	22	Loans and other payables to any current or f	ormer office	er, director,			
		trustee, key employee, creator or founder, su	bstantial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of t	· ·			22	
_	23	Secured mortgages and notes payable to un			0.064.050	23	2,332,892
	24	Unsecured notes and loans payable to unrela			2,061,052.	24	
	25	Other liabilities (including federal income tax,	payables t	o related third			
		parties, and other liabilities not included on li	nes 17-24).	Complete Part X	101 255		0 000
		of Schedule D			191,375.	25	9,039
	26	Total liabilities. Add lines 17 through 25			2,260,434.	26	2,341,931
ς,		Organizations that follow FASB ASC 958, or	heck here	· ► X			
nce L		and complete lines 27, 28, 32, and 33.			0.00		604 604
<u>a</u>	27	Net assets without donor restrictions			272,927.	27	684,624
<u>0</u>	28	Net assets with donor restrictions			654,161.	28	171,249
Ë		Organizations that do not follow FASB AS6	C 958, che	ck here 🕨 📖			
-		and complete lines 29 through 33.					
įį	29	Capital stock or trust principal, or current fun				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			007 000	31	000
ž	32	Total net assets or fund balances			927,088.	32	855,873
	33	Total liabilities and net assets/fund balances			3,187,522.	33	3,197,804

# BOYS AND GIRLS CLUB OF THE GRAND STRAND

Form 990 (2020) INC. 57-1051611 Page 12

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>07.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			93.
3	Revenue less expenses. Subtract line 2 from line 1	3		•	.86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	92	7,0	88.
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	-6	6,0	29.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,		,		
	column (B))	10	85	5,8	73.
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 in Schedule	Ο.			
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?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	J	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud	lit I		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3h		

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
BOYS AND GIRLS CLUB OF THE GRAND STRAND

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization INC. 57-1051611 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

57-1051611 Page 2

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

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

Sec	ction A. Public Support		·				
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	455,428.	909,593.	796,752.	726,879.	458,110.	3,346,762.
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	455,428.	909,593.	796,752.	726,879.	458,110.	3,346,762.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						3,346,762.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018 796, 752.	(d) 2019 726,879.	(e) 2020	(f) Total
	Amounts from line 4	455,428.	909,593.	796,752.	726,879.	458,110.	3,346,762.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,		440	4 606		607	F 020
	and income from similar sources	4.	442.	4,676.	20.	697.	5,839.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2 250 601
11	<b>Total support.</b> Add lines 7 through 10		,				3,352,601.
12	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for th	-	rst, second, third,	fourth, or fifth tax	year as a section t	o01(c)(3)	
800	organization, check this box and stop etion C. Computation of Publ		roontago				<b>P</b>
	-			I (f)			99.83 %
	Public support percentage for 2020 (					14	00 04
15	Public support percentage from 2019 33 1/3% support test - 2020. If the company is the company in the company in the company is the company in the company is the company in the company is the company in the company i					15	
Ioa	• •	· ·		,		,	x and ▶ X
h	<ul><li>stop here. The organization qualifies</li><li>33 1/3% support test - 2019. If the organization</li></ul>						
L.							
170	and <b>stop here.</b> The organization qual <b>10%</b> -facts-and-circumstances tes						
11 d	and if the organization meets the fact	ū					*
	meets the facts-and-circumstances to		•	•	·	G	<b>.</b> .
h	10% -facts-and-circumstances tes	•	·			 17a, and line 15 is 1	
Ď.	more, and if the organization meets the	-					070 UI
	organization meets the facts-and-circ		•		•		
18	Private foundation. If the organization						

Schedule A (Form 990 or 990-EZ) 2020

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

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

Calendary part (or fiscal year beginning in)    Galter, grants, contributions, and membership less received. (Do not include any "unusual grants.")  Gross received from admissions, merchandise sold or services personal purpose of continuous and particular to the organization of tax exempl purpose. Gross receives from admissions, merchandise sold or services personal purpose of considerations and the particular to the organization of tax exempl purpose. Gross receives from activities that are not an unrelated trade or flushings and the particular to the organization of tax exemple purpose of considerations and the particular to the par		palify under the tests listed be Public Support	elow, please com	plete Part II.)				
Giffes, grants, contributions, and membership less received. (Dr not include any "unusual grants,")  Giress receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission, more contributed in any activity that is related to the organizations tax exempt purpose  3 Gross receipts from admission and the part of contribution and the part of th			(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	(f) Total
membership fees received. (Do not include any "unusual grants")  2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from admissions that are not an unrelated trade or business under section 513  4 Tax revenues levied for the organization's tax-exempt purpose 3 cross receipts from admission that are not an unrelated trade or business under section 513  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf or the organization without charge to the organization without charge to Total. Add lines 1 through 5			(a) 2016	(b) 2017	(C) 2016	(a) 2019	(e) 2020	(I) Total
include any *unusual grants.*) Gross receipts from admissions, merchandise soil or services per formed, or facilities furnished in any activity that is related to the organization's trave-weight purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues levied for the organization's to expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7. A mounts holded on lines 1, 2, and 3. received from disqualified persons b. Avacusis included in lines 2 and 3 very wind the second to grant or the sec	. •							
2 Gross receipts from admissions, merchandles sold or services performed, or facilities furnished in any activity that is related to the organization's tax exempt purpose of Gross receipts from activities that are not an unrelated trade or business under section 513  4. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  5. The value of services or facilities furnished by a governmental unit to the organization without charge  6. Total. Add lines 1 through 5.  7.a Amounts included on lines 1, 2, and 3 received from disqualified persons  8.b Amounts included on lines 1, 2, and 3 received from disqualified persons  9.b Amounts included on lines 1, 2, and 3 received from disqualified persons are exerced to general of 55,000 or 1% of the transvers of the second or 1% of the sec		•						
merchandise sold or services per- formed, or facilities furnished in  any activity that is related to the  organization's trave-empt purpose  3. Gross receipts from activities that  are not an unrelated trade or bus- inses under section 513.  4. Tax revenues levels for the organ- ization's benefit and either paid to  or expended on its behalf  5. The value of services or facilities  6. Total. Add lines 1 through 5.  7. A Amount is included on lines 1, 2, and  3. received from disqualified persons  5. Amounts included on lines 1, 2, and  3. received from disqualified persons  5. Public support, significantly 11-related  5. Public support, significantly 11-related  5. Public support, significantly 11-related  5. Public support is to the yar  1. Amounts included the services of  1. Add lines 7 and 7 to  1. Add lines 7 and 7 to  1. Add lines 7 and 7 to  1. Amounts include 11-related  5. Public support is serviced  1. Add lines 7 and 7 to  1. Add lines 7 to  1. Add lines 7 and 7 to  1. Add lines 7								
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5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than 15 for the year and secret the greate of \$5,00 or 1% of the amount of the 15 for the year and secret the greate of \$5,00 or 1% of the amount of the 15 for the year and the secret the greate of \$5,00 or 1% of the amount of the 15 for the year and 15 for the year		·						
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6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons b Amounts from disqualified persons c Add lines 7 a and 7 b 3 Public support. (Supparting 1/2 through § 1) Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business staxible income (less section 511 taxes) from businesses activities not included in line 10b, whether or not the business is regularly carried on 110 Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 7 to 1 the business is regularly carried on 1 for 1 to 1								
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12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1		carried on						
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# 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.
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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		
	За		
	3b		
	3c		
	4a		
	4a		
	4b		
	4c		
	5a		
	FL		
	5b 5c		
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	8		
	9a		
	9b		
	0-		
	9c		
	10a		
	ioa		
	10b		
m 9	90 or 99	90-EZ)	2020

		2101	⊥ Pa	ıge <b>5</b>
Pa	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	tion B. Type I Supporting Organizations		· ·	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	<i>y</i> , 1, 5 5		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 in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
202	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).  The organization satisfied the Activities Test. Complete line 2 below.	,.		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	estructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	iotraotro	Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orga	anizations	ĭ			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section A - Adjusted Net Income  (A) Prior Year (B) Current Year (optional)						
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
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					
Sect	ion 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-functional	lly integra	ated Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2020

Sche	chedule A (Form 990 or 990-EZ) 2020 INC. 57-1051611 Page 7								
Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Secti	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 exempt								
	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 Part VI)		5					
_6	Other distributions (describe in Part VI). See instructions.			6					
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	he organization is responsive	9						
	(provide details in Part VI). See instructions.			8					
_9_	Distributable amount for 2020 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) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020				
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
c	From 2017								
d	From 2018								
e	From 2019								
	Total of lines 3a through 3e								
	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2020 distributable amount								
<u>i</u> _	Carryover from 2015 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
_	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018 Excess from 2019								
	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

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

57-1051611 Page 8 Schedule A (Form 990 or 990-EZ) 2020 INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, line 1e; Part V, Section B, lines 1 and 2; Part V, Section B, lines 1 and 3b; Part V, Section B, lines 1 and 2; Part V, Section B, lines 1 and 3; Part V Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

2020

OMB No. 1545-0047

Name of the organization

Organization type (check one):

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

Employer identification number

57-1051611

Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
01 1 1 1						
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or yone contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; Z, line 1. Complete Parts I and II.					
contributor, during literary, or educat	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., omplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \ \cdot\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), n Part IV, line 2, of its Form 990-PF, Part I, line 2, to					

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$ 

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

Employer identification number

57-1051611

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOYS AND GIRLS CLUB OF AMERICA  1275 PEACHTREE STREET, N.E.  ATLANTA, GA 30309	\$46,952.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY OF HORRY COUNTY PO BOX 673 CONWAY, SC 29528	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	MOGLIA FAMILY FOUNDATION  200 S 108TH AVE  OMAHA, NE 68154	\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	NEWMAN'S OWN FOUNDATION  ONE MORNINGSIDE DRIVE NORTH  WESTPORT, CT 06880	\$	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	SHARON AND MICHAEL CLAYTON  8008 CORTONA DRIVE  MYRTLE BEACH, SC 29572	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	CAROLINA RADIOLOGY ASSOCIATES, LLC  1303 AZALEA CT, SUITE B  MYRTLE BEACH, SC 29577	\$	Person X Payroll

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

Employer identification number

57-1051611

Part I	<b>Contributors</b> (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BANK OF AMERICA FOUNDATION  2501 OAK ST  MYRTLE BEACH, SC 29577	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COASTAL COMMUNITY FOUNDATION  1691 TURNBULL AVENUE  NORTH CHARLESTON, SC 29405	\$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WESTGATE RESORT FOUNDATION  415 SOUTH OCEAN BLVD  MYRTLE BEACH, SC 29577	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	PO BOX 54094 ATLANTA, GA 30308	\$\$	Person X Payroll
(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.)

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

Employer identification number

57-1051611

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	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
		\$	

Name of organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND

INC.

57-1051611

о.	e duplicate copies of Part III if additional		
lo. m t l	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			<u> </u>
		() = ( ) ::	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt l	(b) Ful pose of glit	(c) Use of gift	(a) Description of now gift is field
_   _			
		(e) Transfer of gift	
	Transferee's name, address, a	nd <b>7</b> ID ± <i>4</i>	Relationship of transferor to transferee
l l	ii alisielee s liallie, auuless, a	IIU ZIF T T	neialionaliib oi li analei oi lo li analei ee
No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No.	(b) Purpose of gift		
No. om irt I	(b) Purpose of gift		
No. om art I	(b) Purpose of gift	(c) Use of gift	
No. om art I	(b) Purpose of gift		
No. om art I	(b) Purpose of gift  Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	
No. om art I		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
No. om art I		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
art I	Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held
rt I	Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
rt I	Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
No. om art I  No. om art I  No. om art I	Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee
rt I	Transferee's name, address, a	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held  Relationship of transferor to transferee

## **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

BOYS AND GIRLS CLUB OF THE GRAND STRAND

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INC.

Employer identification number 57-1051611

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea	ation or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
•			0(1-)(4)(D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
^	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	•	
	balance sheet, and include, if applicable, the text of the footr	lote to the organization's linancial stater	nents that describes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections or	f Δrt Historical Treasures or (	Other Similar Assets
· ui	Complete if the organization answered "Yes" on Form		other emmar 7,000to.
12	If the organization elected, as permitted under FASB ASC 95		and halance sheet works
ıu	of art, historical treasures, or other similar assets held for put	•	
	service, provide in Part XIII the text of the footnote to its final	, ,	•
h	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	o oximpliani, caacation, or recoaren in rai	anoranoe or pasite service,
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>L</b> .
2	If the organization received or held works of art, historical tre		
_	the following amounts required to be reported under FASB A		g, p. 5 g
а	Revenue included on Form 990, Part VIII, line 1	_	<b>&gt;</b> \$
b	Assets included in Form 990, Part X		

57-1051611 Page 2

Sche	dule D (Form 990) 2020 INC.								<u>51611</u>	
Pai	t III   Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	ar Asse	<b>ts</b> (continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following th	at make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ı   _	Loan or exc	hange progr	ram				
b	Scholarly research	е	(	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	<u>=</u> '		•	-			se in Par	t XIII.	
5	During the year, did the organization solicit of		,		,				7	
D	to be sold to raise funds rather than to be m								Yes	No_
Pai	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod								7.,	<b>—ъ.</b>
	on Form 990, Part X?								<b>⊻</b> Yes	∟ No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	ollowing 1	iable:					A	
_	Designing halance						4.		Amount	
	Beginning balance									
	Additions during the year									
	Distributions during the year						1e			
	Ending balance  Did the organization include an amount on F								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.	•								
Pai										
	· ·	(a) Current year		rior year	(c) Two year			ears back	(e) Four v	ears back
1a	Beginning of year balance	(,	(/-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(-, ,		(, ,		(-)	
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment >	%								
С	Term endowment >	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ınd administ	ered for th	ne organiz	ation	_	
	by:								Y	es No
	(i) Unrelated organizations								3a(i)	-
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization								3b	
4	Describe in Part XIII the intended uses of the		owment :	funds.						
Pai	t VI Land, Buildings, and Equipm			, ,, ,, ,						
	Complete if the organization answere	1				<del> </del>				
	Description of property	(a) Cost or o			or other	1 ' '	ccumulate	ea	(d) Book	/alue
	Land	basis (investr	пепі()	Slasia	(other)	aep	preciation			
	Land	0 0 4 4	201				25,1	65	2,919	125
	Buildings		<u>⊿</u> 9 U •				4J, 1	-	<u>4,313</u>	, 149.
	Leasehold improvements									
	Equipment	10	598.				17,3	26.	32	,272.
	Other			nn (R) line 1	10c)		1,,5		$\frac{32}{2,951}$	
. J. La		, ran	, Joiuii	(2),	·/				,	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			
Total. (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	a 11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear 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)	15)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 900 Part IV line	a 110 or 11f Soo Form 900 Part V line 25	
1. (a) Description of liability	ii Foiii 990, Part IV, IIIle	e Tie Or Tii. See Form 990, Part A, line 25.	(b) Book value
(1) Federal income taxes			(b) Book value
(2) ACCRUED INTEREST			9,039.
(3)			3,003.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b>b</b>	9,039.
2. Liability for uncertain tax positions. In Part XIII, provide t		-	-

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

Schedule D (Form 990) 2020

57-105<u>1611 Page 4</u>

Schedule D (Form 990) 2020 INC.		57-10	51611 Page 4
	ted Financial Statements With Revenue	per Return.	
Complete if the organization answered "Yes" of			4
1 Total revenue, gains, and other support per audited fi	nancial statements	1	458,807.
2 Amounts included on line 1 but not on Form 990, Par	· · · · · · · · · · · · · · · · · · ·		
a Net unrealized gains (losses) on investments			
<b>b</b> Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			0
			0.
3 Subtract line 2e from line 1		3	458,807.
4 Amounts included on Form 990, Part VIII, line 12, but	1 1		
a Investment expenses not included on Form 990, Part			
<b>b</b> Other (Describe in Part XIII.)			0
			0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form		5	458,807.
Part XII Reconciliation of Expenses per Aug	-	es per Return	•
Complete if the organization answered "Yes" o		<del></del>	463,993.
1 Total expenses and losses per audited financial state		1	403,333
2 Amounts included on line 1 but not on Form 990, Par	· · · · · · · · · · · · · · · · · · ·		
a Donated services and use of facilities			
<b>b</b> Prior year adjustments			
c Other losses			
d Other (Describe in Part XIII.)	•		0
e Add lines 2a through 2d			463,993
3 Subtract line 2e from line 1		3	403,993
4 Amounts included on Form 990, Part IX, line 25, but n	1 1		
a Investment expenses not included on Form 990, Part			
b Other (Describe in Part XIII.)		4.	0
	Form 000 Port I line 10		463,993
5 Total expenses. Add lines 3 and 4c. (This must equal Part XIII Supplemental Information.	-omi 990, Pari i, iine 18.)	5	403,333
Provide the descriptions required for Part II, lines 3, 5, and 9	): Part III, lines 1a and 4: Part IV, lines 1b and 2b: Par	+ \/ line 4: Dort V	line 2: Dort VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complet		t v, iii le 4, Fait A,	iiile 2, Fait Ai,
illes 20 and 4b, and Fait All, lines 20 and 4b. Also complet	e this part to provide any additional information.		
PART X, LINE 2:			
THE ORGANIZATION IS A NONPROFI	T CORPORATION AS DESCRIBED	IN SECTI	ON
501(C)(3) OF THE UNITED STATES	INTERNAL REVENUE CODE AND	IS EXEMP	T FROM
FEDERAL AND STATE INCOME TAXES	J.		
ACCOUNTING STANDARDS PRESCRIBE	WHEN TO RECOGNIZE AND HOW	TO MEASU	RE THE
EFFECTS OF TAX POSITIONS TAKEN	OR EXPECTED TO BE TAKEN.	IN ORDER	TO BE
RECOGNIZED, A TAX POSITION MUS	T BE MORE LIKELY THAN NOT	TO BE SUS	STAINED
UPON EXAMINATION BY TAXING AUT	HORITIES. TO THE EXTENT TH	AT ALL OF	R A
PORTION OF A TAX POSITION IS N	OT RECOGNIZED, A LIABILITY	WOULD BE	<u> </u>
RECOGNIZED FOR THE UNRECOGNIZE	D BENEFITS.		

Part XIII | Supplemental Information (continued)

THE ORGANIZATION HAS DETERMINED THAT CERTAIN TRANSACTIONS OCCURRED DURING
THE YEAR ENDING DECEMBER 31, 2020, 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, 2020, 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 2020.

## **SCHEDULE J** (Form 990)

**Compensation Information** 

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

**Employer identification number** 57-1051611

Yes   No	Pa	rt I Questions Regarding Compensation			
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.    First-class or charter travel				Yes	No
First-class or charter travel    Housing allowance or residence for personal use   X Travel for companions   Payments for business use of personal residence   Tax indemnification and gross-up payments   Payments for business use of personal residence   Discretionary spending account   X Personal services (such as maid, chauffeur, chef)	1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
Travel for companions		Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
Tax indemnification and gross-up payments  □ liscretionary spending account  □ list any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain  2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?  3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  □ Compensation committee □ Written employment contract □ Independent compensation consultant □ Compensation survey or study □ Form 990 of other organizations □ Approval by the board or compensation committee  4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: □ Receive a severance payment from as supplemental nonqualified retirement plan? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive payment from an equity-based compensation arrangement? □ Participate in or receive pa		First-class or charter travel			
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9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			<u> </u>		
Regulations section 53.4958-6(c)?	9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2020

INC.

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(i)							
(ii							
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# BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

	INC.	57-1051611	Page 3
Part III Supplemental Information			
Provide the information, explanation, or	or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, at	d for Part II. Also complete this part for any additional information.	

#### **SCHEDULE L**

Department of the Treasury

# **Transactions With Interested Persons**

(Form 990 or 990-EZ) ► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open To Public** Inspection

Internal Revenue Service										est information.			Ins	pecti	on	
Name of the organization		ND (	GIRLS CI	'UB	OF	THE	GRA	ND	ST	RAND			identif		on nu	mber
	INC.										_		5161	L1		
Part I Excess Be	enefit Trans	sacti	ons (section 5	01(c)(3	3), sect	ion 50	)1(c)(4),	and se	ctio	n 501(c)(29) orga	anizat	ions o	nly).			
Complete if t	he organizatio	n ansv	vered "Yes" on	Form 9	990, Pa	art IV,	line 25a	a or 25b	o, or	Form 990-EZ, P	art V,	line 40	b.			
1 (a) Name of disqualific	ed person	<b>(b)</b> R	Relationship bet			lified		(c	:) De	escription of tran	sactio	n		<del>\                                    </del>		cted?
	•	137 Ta	person and o			_	mii	•		•			HOIT	Y∈		No
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2 Enter the amount of the	•			•		•	•		•	•		•				
section 4958  3 Enter the amount of the section 4958												▶ \$ ▶ \$				
• Litter the amount of	ian, ii ally, Ull l	∠, c	above, remibuls	ocu by	a ie Oi	yai iiZa						- φ				
Part II Loans to	and/or Froi	n Int	erested Per	sons												
Complete if t	he organizatio	n answ	vered "Yes" on	Form 9	990-EZ	, Part	V, line 3	38a or F	orm	n 990, Part IV, lir	ne 26;	or if th	ne orgar	nizatio	on	
reported an a	amount on For	m 990	, Part X, line 5,	6, or 2	2.											
(a) Name of	(b) Relation		(c) Purpose		an to or		e) Origin		(f	Balance due		) In	(h) App by boa	rd 0r	(i) W	ritten ment?
interested person	Willi Organ	ızatıvıı	of loan	organi	zation?	prine	cipal am	iount				ault?	commi	1100:		
				То	From						Yes	No	Yes	No	Yes	No
Total		<u></u>		<u></u>	<u></u>			▶ \$								
			nefiting Inte													
-			vered "Yes" on													
(a) Name of interest	ed person		(b) Relationship			(	c) Amoı assista			(d) Type assistan				Purpo ssista	ose of	·
			interested pers the organization	ation	u		4001010	1100		aooiotari	00		u	001010	1100	
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2020

	d "Yes" on Form 990, Part IV, line 28a, 2	8b, or 28c.	1	16101	rine:
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz	
				Yes	No
				1	
				<u> </u>	
				<u> </u>	
				+	
Part V Supplemental Information.  Provide additional information for res	oonses to questions on Schedule L (see	instructions).			
CHEDULE L, PART I, EXCES	S BENEFIT TRANSACTIO	NS:			
A) NAME OF PERSON: DIONE	BUONTO				
B) RELATIONSHIP WITH DIS	QUALIFIED PERSON: EX	ECUTIVE DI	RECTOR		
C) DESCRIPTION OF TRANSA				JS	
NAUTHORIZED TRANSACTIONS			E PREVIOUSLY		
					TT
PPROVED BUDGET. THESE T	RANSACTIONS CAUSED S	OFFICIENT (	CONCERN TO I	JAUNC	н
N INVESTIGATION, AND THE	EXTENT OF THE UNAUT	HORIZED TRA	ANSACTIONS 1	S ST	ILI
NDER REVIEW. ADDITIONAL	LY, THE MATTER HAS B	EEN REFERRI	ED TO THE SO	OUTH	
AROLINA LAW ENFORCEMENT	DIVISION AND REMAINS	UNDER INVI	ESTIGATION.		
D) CORRECTED? = NO					

#### **SCHEDULE 0** (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Name of the organization

BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.

**Employer identification number** 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: LENA AND COLBERT BROWN ARE FOUNDING MEMBERS OF THE BOYS AND GIRLS CLUB OF THE GRAND STRAND AND ARE MARRIED. FORM 990, PART VI, SECTION A, LINE 5: SEE DISCLOSURE ON SCHEDULE L, PART V. FORM 990, PART VI, SECTION B, LINE 11B: 990 WILL BE REVIEWED BY BOARD. FORM 990, PART VI, SECTION B, LINES 12 - 14: THE ORGANIZATION IS CURRENTLY IN THE PROCESS OF CREATING AND IMPLEMENTING A CONFLICT OF INTEREST POLICY, WHISTLEBLOWER POLICY, AND RECORDS RETENTION AND DESTRUCTION POLICY. THIS POLICY WAS APPROVED AND IMPLMENTED DURING 2021. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS DETERMINES THE SALARIES OF OFFICERS. FORM 990, PART VI, SECTION C, LINE 19:

AVAILABLE UPON REQUEST

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization BOYS AND GIRLS CLUB OF THE GRAND STRAND INC.	Employer identification number 57-1051611
FORM 990, PART XII, LINE 2C	
THE BOARD OF DIRECTORS HAS THE AUTHORITY TO SELECT THE AU	JDITOR, AND IN
CONJUCTION WITH MANAGEMENT, OVERSEES THE AUDIT PROCESS. N	O CHANGES FROM
PRIOR YEARS.	



Certified Public Accountants & Consultants

**Myrtle Beach** 

4728 Jenn Drive Suite 100 Myrtle Beach, SC 29577

Phone (843) 448-8334 Fax (843) 626-7363 www.sccpa.com Conway

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

November 12, 2021

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

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

Dear Division of Public Charities,

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

Sincerely,

Smith Sapp, PA

Smith Sapp Professional Association Certified Public Accountants

Nathan E. Skipper, CPA

Nathan E. Skipper, CPA