CHANGE OF ACCOUNTING PERIOD

Form 990 (Rev. January 2020) Epartment of the Treasury Internal Revenue Sorvice

Return of Organization Exempt From Income Tax

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

2019

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

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

Ç Open tō Public C ⊈ Inspection:

A	For th	e 2019 calendar year, or tax year beginning $$ JAN $1,$ 2020 $$ and endin	g JUN 30, 2020
В	Check if applicab	C Name of organization BOYS & GIRLS CLUBS OF THE COASTAL PLAIN	D Employer Identification number
	Addre	INC.	
	Nome chang Initial	Doing business as	56-0927694
	return Finel return	, 621 W. FIRETOWER ROAD	/suite E Telephone number 252-355-2345
	termir ated	City or town, state or province, country, and ZiP or foreign postal code	G Gross receipts \$ 2,775,787.
	Amen	ded WINTERVILLE, NC 28590	H(a) is this a group return
	Application	F Name and address of principal officer:DUSTIN MILLS	for subordinates? Yes X No
	pendi	SAME AS C ABOVE	H(b) Are all subordinates Included? Yes No
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list. (see instructions)
		te: WWW.BGCCP.COM	H(c) Group exemption number ▶
KF	Form of	organization: X Corporation	Year of formation: 1966 M State of legal domicile; NC
	arti		
	1	Briefly describe the organization's mission or most significant activities: TO ENABL	LE ALL YOUNG PEOPLE,
Activities & Governance		ESPECIALLY THOSE WHO NEED US MOST, TO REACH	THEIR FULL POTENTIAL AS
Ē	1	Check this box If the organization discontinued its operations or disposed of	· · · · · · · · · · · · · · · · · · ·
Š		Number of voting members of the governing body (Part VI, line 1a)	3 27
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)	4 27
οğ.	1	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 305
itie		Total number of volunteers (estimate if necessary)	6 136
휹		Total unrelated business revenue from Part VIII, cournn (RegEIVED	7a 0.
₹	/ "h	Net unrelated business taxable income from Form \$90 (7, line 39	7b 0.
	<u> </u>		Prior Year Current Year
	8	Contributions and grants (Part VIII, line 1h)	E 710 020 2 720 164
ĕ		Contributions and grants (Part VIII, line 1h)	12,968. 5,586.
Revenue	9		24,392. 5,295.
8	10	Investment Income (Part VIII, column (A), lines 3, 4, and 7d) GDEN, UT	-31,160. 6,306.
	l ''' '	Other revenue (Fact viii, Column (-y, lines 5, 00, 00, 00, 100, 100, 100)	5,725,238. 2,746,351.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0. 2,740,331.
	ı	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0. 0.
	•	Benefits paid to or for members (Part IX, column (A), line 4)	3,783,391. 1,692,036.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,956.
e	1	Professional fundraising fees (Part IX, column (A), line 11e)	
R	1	(-,,	
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,409,553. 1,165,064.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,199,900. 2,857,100.
	19	Revenue less expenses. Subtract line 18 from line 12	-474,662110,749.
f Assets or of Balances			Beginning of Current Year End of Year
SSE	20	Total assets (Párt X, line 16)	9,921,273. 10,229,044.
		Total liabilities (Part X, line 26)	461,211. 983,003.
		Net assets or fund balances. Subtract line 21 from line 20	9,460,062. 9,246,041.
		Signature Block	
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st	
true,	correct	, and complete. Declaration of preparer (other than officer) is based on all information of which prep	
		<u> </u>	5./3,21
Sign	۱	Signature of officer	Date
Here	e	DUSTIN MILLS, TREASURER	
		Type or print name and tille	
		Print/Type preparer's name Preparer's signature	Date Check PTIN
Paid		DEETRA B. WATSON WELLAS WALTON	5/13/21 "self-employed P00534544
Prep		Firm's name BLACKMAN & SLOOP, CPAS, P.A.	Firm's EIN 56-1304727
Use (Only [Firm's address 1414 RALEIGH RD, SUITE 300	
		CHAPEL HILL, NC 27517	Phone no. (919)942-8700
May	the IR	S discuss this return with the preparer shown above? (see instructions)	. Yes No

832001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION



	1 990 (2019) INC. July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7074	Page Z
Pai	rt III Statement of Program Service Accomplishments		X
1	Check if Schedule O contains a response or note to any line in this Part III Briefity describe the organization's mission:		<u></u>
'	TO ENABLE ALL YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST,	TО	
	REACH THEIR FULL POTENTIAL AS PRODUCTIVE, CARING, RESPONSIBLE		
	CITIZENS.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990·EZ?	L∐Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	XYes	☐ 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		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total erevenue, if any, for each program service reported.	xpenses, a	ma
4a	(Code) (Expenses \$ 935,582 • Including grants of \$) (Revenue \$	2.	234.)
74	HEALTHY LIFESTYLES - BGCCP OFFERS A VARIETY OF PROGRAMS AND		,
	OPPORTUNITIES THAT PROMOTE HEALTH AND WELLBEING FOR OUR MEMBER	S. YO	UTH
	PARTICIPATE IN DAILY PHYSICAL ACTIVITY, ENGAGE IN PROGRAMS ON		
	LIFE CHOICES AND HEALTHY EATING. 90% OF BGCCP MEMBERS RECEIVE		
	REDUCED LUNCH AT SCHOOL. BGCCP PROVIDES AN ADDITIONAL NUTRITIO		
		IX MO	
	FISCAL YEAR, DURING PERIODS OF COVID SCHOOL CLOSURES IN-CLUB M		
	REPLACED BY DRIVE THROUGH MEAL DISTRIBUTION FOR LOCATIONS NOT		
	SCHOOL DISTRICTS, IN ALL 81,013 MEALS WERE SERVED. THE MAJORIT COSTS ARE REIMBURSED THROUGH USDA.	I OF I	MEAL
	COSIS ARE REIMBURSED INCOOGN USDA:		
4b	(Code) (Expenses \$ 634,090. including grants of \$) (Revenue \$	1,	955.)
	ACADEMIC SUCCESS - BOYS & GIRLS CLUB YOUTH RECEIVE DAILY HOMEW	ORK H	ELP
	AND TUTORING THROUGH THE POWER HOUR PROGRAM. ADDITIONAL TARGET	ED	
	PROGRAMS ADDRESS CRITICAL LEARNING BARRIERS. CLUB ACADEMY IS A		P
	PROGRAM DESIGNED TO ADDRESS THE CRITICAL IMPORTANCE OF 3RD GRA		
	READING PROFICIENCY. THE PROGRAM IS UNIQUE IN ITS DUAL APPLICA		
	BOTH THE SCHOOL AND CLUB ENVIRONMENTS. BGCCP PLACES TUTORS IN		
	FOR 1:1 INTERVENTION DURING THE SCHOOL DAY. NEW SKILLS ARE REI WITH PROVEN SMALL GROUP INTERVENTIONS IN THE CLUB AFTER SCHOOL		
	BGCCP MEMBERS WHO STAY WITH THE ORGANIZATION THROUGH HIGH SCHO		6 OF
	GRADUATE ON TIME.	<u> </u>	
	ORADONII ON IIMI.		_
4c	(Code) (Expenses \$ 271,753. including grants of \$) (Revenue \$	1	838.)
	LEADERSHIP, CITIZENSHIP & CHARACTER DEVELOPMENT - BGCCP PROVID		
	SERIES OF PROGRAMS AND OPPORTUNITIES FOR YOUTH TO DEVELOP INTO		NG ,
	RESPONSIBLE AND ENGAGED CITIZENS. THE YOUTH OF THE YEAR PROGRA		
	PROVIDES TRAINING IN PUBLIC SPEAKING, PROBLEM SOLVING AND LEAD		Ρ,
	PREPARING YOUNG PEOPLE WITH 21ST CENTURY LEADERSHIP SKILLS. TH		ID.
	KEYSTONE AND TORCH CLUB PROGRAMS FOCUS ON SERVICE TO FAMILY, C COMMUNITY. IN THE 2020 SIX MONTH FISCAL YEAR, 871 BGCCP YOUTH		
	MORE THAN 3,359 HOURS OF COMMUNITY SERVICE.	T.VOAT1	<u></u>
	MONE THAN 3,333 HOORD OF COMMONTH DERVICE.	<u>.</u>	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 181,169. including grants of \$) (Revenue \$ 559	•)	
4e	Total program service expenses ▶ 2,022,594.		
		Fa Q(20 (2010)

Form 990 (2019) 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)?		v	
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	_		x
		3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			 -
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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	10		
•	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			X
نہ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401	v	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	X	X
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	. 70		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		Ì	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	ليبا	<u> </u>

INC.

Page 4

Form	990 (2019) INC. 56-092	<u> 27694</u>	: P	age 4
Par	TIV 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			۱.,
	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	00	х	
04-	Schedule J	23	A.	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
-	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b	↓	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	 	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	2	
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).			, all
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	-		2000
а	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?lf		†	
	"Yes," complete Schedule L, Part IV	28c	ł	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		l
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
05	Part V, line 1	34	<u> </u>	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	├	
D	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		\vdash	
50	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 33		<u> </u>
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	_ X_	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	27		4
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	_4 🎏		15.78
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	<u>1c</u>	X	<u></u>
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Form	990 (2019) INC. 56-0927	694	_ Pa	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 305			
þ,	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	ł		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		<u> </u>
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ. —	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7.7
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<u> </u>	<u> </u>	\mathbf{x}
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	<u> </u>	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	۱ ـ		х
_	to file Form 8282?	7c	-	
	If "Yes," indicate the number of Forms 8282 filed during the year			$\overline{\mathbf{x}}$
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		$\frac{x}{x}$
† 	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	'''		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	۴		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.	<u> </u>		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1		1
11	Section 501(c)(12) organizations. Enter.	1		
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against	1		1
-	amounts due or received from them.)	ŀ		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	<u> </u>		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			آا
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		<u> </u>	
		Forn	9 90	/2010\

INC.

56-0927694

Page 6

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

	10 m/0 cd, 65, 67 102 cd, 67 102									
	Check if Schedule O contains a response or note to any line in this Part VI	-		X						
Sec	tion A. Governing Body and Management									
	Enter the number of voting members of the governing body at the end of the tax year 1a 27		Yes	No						
па		1								
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
_	, I A									
	Enter the number of voting members included on line 1a, above, who are independent 1b 2 / Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	ł								
2	officer, director, trustee, or key employee?	2		X						
3										
3	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		х						
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ť		-						
,	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
_	persons other than the governing body?	7b		х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
	The governing body?	8a	X							
		8b	Х							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X							
11a	11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		x							
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	X							
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
_		15a	X	ļ						
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15b		X						
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	<u> </u>		† <u> </u>						
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			'						
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	i								
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ▶NC									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) avai	lable						
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d finai	ncıal							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records		_							
	CARRIE PURNELL - 252-355-2345									
	621 W. FIRE TOWER ROAD, WINTERVILLE, NC 28590									

932006 01-20-20

56-0927694 Page 7

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 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 employees."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization n	orga	nıza	tion	cor	nper	nsat	ated any current officer, director, or trustee.					
(A)	(B)			(0				(D)	(E)	(F)		
Name and title	Average	(do	Position (do not check more than o					Reportable	Reportable	Estimated		
	hours per	ьох	box, unless person is both an officer and a director/trustee)			ıs botl	han	compensation	compensation	amount of		
	week	-					(66)	from	from related	other		
	(list any	recto						the	organizations	compensation from the		
	hours for related	poo	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization		
	organizations	ruste	Itrus		ee /ee	mpen		(***2/1033 ****100)		and related		
	below	dual	iţious	_	ogd L	st co	15			organizations		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			J		
(1) SHIRLEY CARRAWAY	1.00											
MEMBER		X						0.	0.	0.		
(2) DEBBIE CHUSED	1.00											
MEMBER		X						0.	0.	0.		
(3) MIKE COLOMBO	1.00											
MEMBER	1.00	X				Ш		0.	0.	0.		
(4) BRIAN FLOYD	1.00											
MEMBER		X						0.	0.	0.		
(5) SCOTT LEWIS	1.00									•		
MEMBER	1 22	X						0.	0.	0.		
(6) ROY LILLEY	1.00									•		
MEMBER	4 00-	X						0.	0.	0.		
(7) PATRICK MILLER	1.00							_		•		
MEMBER	4 00	X				Ш		0.	0.	0.		
(8) DUSTIN MILLS	1.00								_	•		
MEMBER	4 00	X	_			Ш		0.	0.	0.		
(9) REGINA PARKER	1.00									0		
MEMBER	4 00	X	<u> </u>			Ш		0.	0.	0.		
(10) TIM PATE	1.00								_	0		
MEMBER	1.00	X				Ш		0.	0.	0.		
(11) SUZANNE PECHELES	1.00							_		0		
MEMBER	4 00	X				Ш		0.	0.	0.		
(12) GARRETT TAYLOR	1.00									0		
MEMBER	1 00	X				Ш		0.	0.	0.		
(13) RAY ULMER	1.00	7.5							•	0		
MEMBER	1 00	X			_			0.	0.	0.		
(14) JORDY WHICHARD	1.00	3.7						_	0	0		
MEMBER	1.00	X						0.	0.	0.		
(15) KAREN WILLIS	1.00	37						_	0.	0		
MEMBER	1 00	X	_					0.	0.	0.		
(16) STEVE STEPHENSON	1.00	v						0.	0.	0.		
MEMBER	1.00	Y	\vdash		<u> </u>	\vdash		0.	0.	· ·		
(17) KATRINA ARNOLD	1.00	v						0.	0.	0.		
MEMBER	L	X						<u> </u>	U •	- 000		

932007 01-20-20

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

INC.

56-0927694

Page 8

(A)	(B)	(C)						(D)	(E)	(F)			
` Name and title	Average	(do	not c		itior more		оле	Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	a	mount		
•	week (list any	_	1	1	1	T	T	from	from related		other		
	hours for	lirect				L		the organization	organizations (W-2/1099-MISC)	1	npensa rom th		
	related	90.0	tee			sated		(W-2/1099-MISC)	(11-27 1033-11130)		ganızat		
	organizations	truste	at trus		ee/	m per		(** 27 , 00000)			d relat		
	below	Individual frustee or director	negn		og m	estco	≅	l		org	anızatı	ions	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Беш						
(18) JOHN BERRY	1.00							·					
MEMBER		X					$ldsymbol{ld}}}}}}$	0.	0.	ļ		<u>0.</u>	
(19) TAYLOR DUCK	1.00	Į							_			_	
MEMBER	ļ	Х		<u> </u>	<u> </u>	<u> </u>		0.	0.	<u> </u>		0.	
(20) KELLY BARNHILL, JR.	2.00								_	1		_	
RD COMMITTEE CHAIR		X		<u> </u>		_	$ldsymbol{ld}}}}}}$	0.	0.	↓		<u>0.</u>	
(21) JILL CAMNITZ	2.00						1		_			_	
IMMEDIATE PAST CHAIR		Х	L.	ļ		_	L	0.	0.			0.	
(22) MITCH GAY	2.00			ŀ		ļ	1					•	
RD COMMITTEE CHAIR		Х			L	igspace		0.	0.			0.	
(23) ANDY MOYE	2.00											•	
OPERATIONS CHAIR	<u> </u>	X	L.,			<u> </u>		0.	0.	<u> </u>		0.	
(24) PAUL ANDERSON	2.00			l					•			^	
TREASURER/FINANCE CHAIR	1.00	X		X	_	<u> </u>	_	0.	0.	Ь—	_	0.	
(25) ALAN LEARY	2.00	ļ		١					•			•	
SECRETARY	<u> </u>	X		X				0.	0.	├		0.	
(26) BYNUM SATTERWHITE 2.00				۱					•			•	
CHAIRPERSON	1.00	X		X				0.	0.	├		$\frac{0}{0}$	
1b Subtotal								0.	0.	 			
c Total from continuation sheets to Part V	II, Section A							345,340.	0.		27,801. 27,801.		
d Total (add lines 1b and 1c)			_				<u> </u>	345,340.			1,0	01.	
2 Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	no re	eceived more than \$100	0,000 of reportable			2	
compensation from the organization											Yes	No	
0 0 0		1									163	110	
3 Did the organization list any former officer	•		key e	emp	ioye	e, o	rnig	nest compensated emp	oloyee on	3	·	X	
line 1a? If "Yes," complete Schedule J for s							4 ~ 41	har aamaanaatian fram	the ergonization	⊢ *	 		
4 For any individual listed on line 1a, is the si and related organizations greater than \$15									the organization	4	X	├ ──	
5 Did any person listed on line 1a receive or									idual for convices	-		\vdash	
rendered to the organization? If "Yes," con							Cial	ed organization or indivi	dual for services	5	 	X	
Section B. Independent Contractors	ipiete ecinedar		<u> </u>		porc								
Complete this table for your five highest co	mpensated in	dene	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compen	sation	from		
the organization Report compensation for													
(A)	tiro baloridai y	-	<u> </u>			<u> </u>		(B)		- (C)		
Name and business	address	N	INC	3				Description of s	ervices	Compe	ensatio	on	
							一						
										<u>.</u>			
											3		
											_		
							\Box					_	
							- 1						
				_	_		\rightarrow	· · · · · · · · · · · · · · · · · · ·					

932008 01-20-20

\$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS Form **990** (2019)

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 INC.							_		56-092	7694
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours per	(cl	(C) Position (check all that apply)				ly)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
•	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) MICHAEL SMITH VICE CHAIR	2.00	x		x				0.	0.	0
(28) KIMBERLY BOYD PRESIDENT AND CEO	40.00	x		х		-		203,872.	0.	18,529
(29) CARRIE PURNELL	40.00	x	-	x				12,450.	0.	150
CFO (30) LORENE JACKSON	40.00	^		^				-		
CHIEF DEVELOPMENT OFFICER & SENIOR V						Х		129,018.	0.	9,122
		_				_				
									·	
										<u>-</u>
										_
			_							
	-									
										<u>.</u>
						_				
		<u> </u>	L							<u> </u>
otal to Part VII, Section A, line 1c								345,340.		27,801

Form 990 (2019)

INC.

Par	t V	<u>/III</u>		venue						
			Check if Schedule O	contains a	response	or note to any lii	ne in this Part VIII			
		•			•		(A)	(B)	(C)	(D)
							Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
								iunction revenue	Dusiness revenue	sections 512 - 514
छ छ	1	_	Federated campaigns		1a					
E a	•		Membership dues		1b	89,607.	1			
Contributions, Gifts, Grants and Other Similar Amounts			•		-	19,035.	1		,	
T A			Fundraising events		1c	10,000.	1			
ਤੁ <u>≅</u>			Related organizations		1d	516,431.	ł			
Sir			Government grants (contr	•	1e	310,431.				
불			All other contributions, gifts,			101 001				
들된			similar amounts not included	above		104,091.				
털		g	Noncash contributions included in	lines 1a-1f	1g \$					
हैं ठ		h	Total. Add lines 1a-1f				2,729,164.			
						Business Code				
ဗ္ဗ	2	а	MISCELLANEOUS	PROG	RAM_	624110	5,586.	5,586.		
اہ جَ		b								
8 ž		С								
E a		d	-							
Program Service Revenue		_								
Ĕ		f	All other program service	revenue						
			Total. Add lines 2a-2f	. 570,100		•	5,586.			l
	3		Investment income (include	duna divide	nde intere		3,000			
	3		other similar amounts)	ang arvide	nas, intere	st, and	3,695.			3,695.
			- · · · · · · · · · · · · · · · · · · ·	. 			3,033.			- 3,0301
	4		Income from investment of	or tax-exem	ipt bona p	roceeds		<u> </u>		
	5		Royalties		\ Dool	(i) Personal				-
				I _	Real	(ii) Personal				
	6		Gross rents	-	,110.		1			·
		b	Less: rental expenses	6b	0.					
		С	Rental income or (loss)	6c 9	,110.		0.440			0 110
			Net rental income or (loss)	· — —			9,110.			9,110.
l	7	а	Gross amount from sales of	(i) S	ecurities	(ii) Other				
l			assets other than inventory	7a		27,232.]			
		b	Less cost or other basis							
ã			and sales expenses	7b		25,632.				
Revenue		C	Gain or (loss)	7c		1,600.				
8		d	Net gain or (loss)	-		•	1,600.			1,600.
Je.	8		Gross income from fundraisii	ng events (r	ot					
ğ			including \$ 19							
			contributions reported on	line 1c). S	ee					
			Part IV, line 18	•	8a	1,000.				
			Less: direct expenses		8b	3,804.	1			
			Net income or (loss) from	fundraisin	events		-2,804.		-	-2,804.
	۵		Gross income from gamin				1			ı
	Ŭ		Part IV, line 19	ig dourno	9a					
			Less: direct expenses		9b		1			
			Net income or (loss) from	aomina oc						<u> </u>
	40		, ,	-						
l	10	а	Gross sales of inventory, I	iess return			ļ			
		_	and allowances		10a		1			
			Less cost of goods sold		10b	<u> </u>				
\dashv		С	Net income or (loss) from	sales of in	ventory	<u> </u>	 		 	
ရွှ						Business Code				ļ
6 e	11	а							<u> </u>	
ᇣᆲ		þ		· -						<u> </u>
इंड		С								ļ
Miscellaneous Revenue		d	All other revenue							<u> </u>
		е	Total. Add lines 11a-11d							
	12		Total revenue. See instruction	ons			2,746,351.	5,586.	0.	11,601.
		_								

Form 990 (2019)

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	· .	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	i			-
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	Individuals. See Part IV, line 22 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,				
3	trustees, and key employees	174,062.	36,472.	96,583.	41,007
6	Compensation not included above to disqualified				
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,200,887.	900,674.	199,437.	100,776
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)	6,593.	4,891.	1,702.	
9	Other employee benefits	207,978.	116,453.	69,850.	21,675
10	Payroll taxes	102,516.	70,129.	21,911.	10,476
11	Fees for services (nonemployees):				
a					
þ	Legal	-			
C	, · · .				
d	· · · · · · · · · · · · · · · · ·				
е	D -4				
f	Investment management fees				
g					
Ĭ	column (A) amount, list line 11g expenses on Sch O.)	60,824.	8,602.	34,683.	17,539
12	Advertising and promotion	13,886.	1,358.	401.	12,127
13	Office expenses	38,953.	12,273.	23,729.	2,951
14	Information technology	150,328.	56,142.	79,771.	14,415
15	Royalties				
16	Occupancy	246,711.	233,250.	12,808.	653
17	Travel	4,585.	2,533.	1,160.	892
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		400		
22	Depreciation, depletion, and amortization	209,208.	197,793.	10,861.	554
23	Insurance	77,133.	69,067.	7,074.	992
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.)	į		_	
а	PROGRAM SUPPLIES- FOOD	210,908.	210,908.		
b	PROGRAM SUPPLIES- SERVI	89,307.	84,580.	4,492.	235
c	PROFESSIONAL DEVELOPMEN	36,692.	3,428.	32,243.	1,021
d	VEHICLE EXPENSE	22,970.	13,079.	9,891.	
	All other expenses	3,559.	962.	2,597.	
25	Total functional expenses. Add lines 1 through 24e	2,857,100.	2,022,594.	609,193.	225,313
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 Infollowing SOP 98-2 (ASC 958-720)				

932010 01-20-20

Form 990 (2019)

INC.

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 738,768, 821,556. 1 Cash - non-interest-bearing 1,699,443. 1,030,512. 2 2 Savings and temporary cash investments 1,614,623. 1,346,617. 3 3 Pledges and grants receivable, net 138,736. 43,931. 4 4 Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 64.596. 120,547. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 10,742,276. basis. Complete Part VI of Schedule D 10a 6,304,155. 6,167,067. 4,575,209. 10b 10c b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 12 Investments - other securities. See Part IV, line 11 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 29,883. 29,883. Other assets. See Part IV, line 11 15 15 9,921,273. 10,229,044. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 445,386. 303,665. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to any current or former officer, director, iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 670,503. 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 8,835. 15,825 25 of Schedule D 461,211. 983,003. 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 7,187,181 7,403,806. 27 27 Net assets without donor restrictions 2,272,881. 1,842,235. 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 29 Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 9,460,062. 9,246,041. 32 32 Total net assets or fund balances 9,921,273. 10,229,044. 33 Total liabilities and net assets/fund balances

Form	990 (2019) INC.	56-09	27694	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,746		
2	·Total expenses (must equal Part IX, column (A), line 25)	2	2,857		
3	Revenue less expenses. Subtract line 2 from line 1	3	-11(
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,460	0,0	62.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6	-84	1,8	82.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-18	3,3	90.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	9,246	5,0	<u>41.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		_		<u>X</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Cther		_		ĺĺ
	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			1
	separate basis, consolidated basis, or both		.		ŀ
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	,		1
	consolidated basis, or both				·
	Separate basis Consolidated basis Both consolidated and separate basis		<u>.,,</u>		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN

2019

Open to Public Inspection

Employer identification number

56-0927694 INC. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 6 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 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. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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 (iii) Type of organization (v) Amount of monetary (vi) Amount of other (I) Name of supported n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

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

56-0927694 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	2010664	21 60 4 2 1	E0E0300	E057104	0420167	24522045
_	include any "unusual grants.")	2818664.	3169431.	5058399.	5057184.	8429167.	24532845.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
2	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2818664.	3169431.	5058399.	5057184.	8429167.	24532845.
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)						1782578.
	Public support. Subtract line 5 from line 4	·	,				22750267.
	ction B. Total Support			<u> </u>	,		,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2818664.	3169431.	5058399.	5057184.	8429167.	24532845.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	27 255	40 315	F2 120	66 105	40 710	247 617
	and income from similar sources	37,355.	42,315.	53,130.	66,105.	48,712.	247,617.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						-
10	Other income. Do not include gain						
	or loss from the sale of capital						
11	assets (Explain in Part VI.) Total support. Add lines 7 through 10						24780462.
	Gross receipts from related activities,	etc (see instruction	one)		1	12	217001021
	First five years. If the Form 990 is for		·	d fourth or fifth ta	ax vear as a sectio	L	
	organization, check this box and stor	=	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a, 10a111, 01 mar a	ax your do a ocomo		ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2019 (I	ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	91.81 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	87.72 _%
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this b	
	stop here. The organization qualifies	as a publicly supp	orted organization	l			\triangleright X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	his box
	and stop here. The organization qual	•	• •				▶□
17a	10% -facts-and-circumstances tes	t - 2019. If the org	anızatıon dıd not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac					rt VI how the orga	nization
	meets the "facts-and-circumstances"	•	•	• • • • • • • • • • • • • • • • • • • •	•		▶ □
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the				-		e
	organization meets the "facts-and-circ						? H
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 160, 1/a, or 17b			
					Sche	eaule A (Form 990	or 990-EZ) 2019

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))

<u>%</u> 16 Public support percentage from 2018 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17

19a 33 1/3% support tests ≠ 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

%

%

17

18

Part IV | Supporting Organizations

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

<u>s</u>

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

932024 09-25-19

10b

determine whether the organization had excess business holdings)

Sche	edule A (Form 990 or 990-EZ) 2019 INC.		<u> </u>	56-0927694 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E.	
Sect	ion 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).			· · · · · · · · · · · · · · · · · · ·
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		- ·	, i
	factors (explain in detail in Part VI)			· · ·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		<u> </u>
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount		Y	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	-	
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6	š	
7	Check here if the current year is the organization's first as a non-functional	ly integrate	ed Type III supporting org	ganization (see
	unate intronal			

Schedule A (Form 990 or 990-EZ) 2019

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN 56-0927694 Page 7 Schedule A (Form 990 or 990-EZ) 2019 INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2019

a Excess from 2015
b Excess from 2016
c Excess from 2017
d Excess from 2018
e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019 INC.	56-0927694 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	17b; Part III, line 12; and 2; Part IV, Section C, Section B, line 1e, Part V,
PART II, SHORT YEAR EXPLANATION:	
THIS RETURN IS FOR A SHORT YEAR DUE TO A CHANGE IN FISCAL YE	EAR END TO
END JUNE 30.	
SCHEDULE A PART II SUPPORT SCHEDULE FOR ORGANIZATIONS DESCRI	BED IN
SECTION 170(B)(1)(A)(IV) AND 170(B)(A)(VI) COLUMN E 2019 CON	ITAINS 18
MONTHS OF INFORMATION. THE 18 MONTH PERIOD IS 1/1/19-6/30/20).
	-
	333333
	<u> </u>
	
	Á

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 & GIRLS CLUBS OF THE COASTAL PLAIN

OMB No 1545-0047 Open to Public Inspection

Name of the organization

INC.

Employer identification number 56-0927694

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
_	organization answered "Yes" on Form 990, Part IV, Iin	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 advise	ed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	•	used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	, , , , , ,	Yes No
Pai		ganization answered "Yes" on Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ition or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Yea
а	Total number of conservation easements		2a
þ	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	ervation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	f Art I lists visual Transcrupes on Ot	hay Circilar Assats
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
_	Complete if the organization answered "Yes" on Form		
та	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		·
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items		▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1		_
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	.
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2019

-	dule D (Form 990) 2019 INC.									<u> 27694</u>		ge 2
Par	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Oth	<u>er S</u>	imila	ar Asse	ts (continu	ied)	
3	Using the organization's acquisition, access	ion, and other recor	ds, chec	k any of the	following that	at make	signif	icant	use of its			
	collection items (check all that apply):											
а	Public exhibition	(,	Loan or exc	hange progr	am						
þ	Scholarly research	•	• 📖	Other								
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how t	hey further t	the organizat	ion's exe	empt	purpo	ose in Par	t XIII.		
5	During the year, did the organization solicit of					er sımıla	ar ass	ets	_	7	_	ı
	to be sold to raise funds rather than to be m									Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" or	n For	m 990), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for	contribution	ns or other as	ssets no	t ınclı	uded				
	on Form 990, Part X?		-							Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table								
										Amount		
С	Beginning balance							1c				
d	Additions during the year						L	1d				
e	Distributions during the year						L	1e				
f	Ending balance						L	1f				
2 a	Did the organization include an amount on F	orm 990, Part X, line	21, for	escrow or c	ustodial acco	ount liab	ılıty?			Yes	\vdash	No
	If "Yes," explain the arrangement in Part XIII.											
Par	t V Endowment Funds. Complete	_	ĭ '									
		(a) Current year	(b) F	Prior year	(c) Two yea	rs back	(d)	hree y	ears back	(e) Four y	ears t	ack
1a	Beginning of year balance		<u> </u>									
b	Contributions		-									
C	Net investment earnings, gains, and losses		 	-							_	
	Grants or scholarships		-									
е	Other expenditures for facilities											
	and programs				 							—
Τ	Administrative expenses		-									—
g	End of year balance		// 1	l = - = l== /								
2	Provide the estimated percentage of the cur	rent year end balan		ig, column (a)) neid as							
a	Board designated or quasi-endowment		_%									
D	Permanent endowment ▶ Term endowment ▶	⁷⁰										
C	The percentages on lines 2a, 2b, and 2c sho	,, ,										
32	Are there endowment funds not in the posse		ation th	at are held a	and administr	ered for t	the o	raaniz	ation			
ou	by:	occion of the organiz	anon in		and daminion	3100 101	.,,,	guinz	ation	Γ¥	'es	No
	(i) Unrelated organizations									3a(i)	-	
	(ii) Related organizations									3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	Schedule R?	•					3b		
4	Describe in Part XIII the intended uses of the	=								<u> </u>		
Par	t VI Land, Buildings, and Equipm		-									_
	Complete if the organization answere	d "Yes" on Form 99	0, Part I	V, line 11a. S	See Form 990	0, Part X	, line	10.				
	Description of property	(a) Cost or o	other	(b) Cost	or other	(c) A	ccun	nulate	d T	(d) Book	value	
		basis (investi	ment)		(other)	de	preci	ation				
1a	Land				8,375.					1,148		
b	Buildings				0,533.			7,72		4,452		
C	Leasehold improvements				1,159.			,4:		270		
d	Equipment				9,438.			. , 4			,96	
	Other				2,771.		632	2,5		220		
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colui	mn (B), line 1	10c.)					6,167	, 06	<u>, 7 </u>

Schedule D (Form 990) 2019

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

8,835.

(6)(7)(8)

	5	6	- (0	9	2	7	6	9	4	Page 4	1
--	---	---	-----	---	---	---	---	---	---	---	--------	---

Part XI Reconciliation of Revenue per Audited Financial State	ments With	Revenue per R	leturr	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a			
1 Total revenue, gains, and other support per audited financial statements			1	2,796,378.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			:	
a Net unrealized gains (losses) on investments	2a	16 002	4	
b Donated services and use of facilities	2b	46,223.		
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.)	2d			46 222
e Add lines 2a through 2d			2e	<u>46,223.</u> 2,750,155.
3 Subtract line 2e from line 1			3	2,750,155.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	-3,804.	-	
b Other (Describe in Part XIII.)	4b	-3,004.	-	-3,804.
c Add lines 4a and 4b			4c	2,746,351.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII Reconciliation of Expenses per Audited Financial Stat	ements With	Fynansas nar	Betu	
<u> </u>		i Expenses per	netu	
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		1	3,010,399.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Port IX, line 25			-	3,010,3330
 Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities 	2a	131,105.		
	2b		1 1	
b Prior year adjustmentsc Other losses	2c 2c	"	1 1	
	2d	22,194.	1	
d Other (Describe in Part XIII.)	<u></u>	22,2320	2e	153,299.
e Add lines 2a through 2d 3 Subtract line 2e from line 1			3	2,857,100.
			۲	
a Investment expenses not included on Form 990, Part IX, line 25, but not on line 1	4a			
b Other (Describe in Part XIII.)	4b		1	
c Add lines 4a and 4b	[70]		4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,857,100.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4;	Part IV lines 1b	and 2b. Part V. line	4: Part	X. line 2. Part XI.
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			.,	.,
, , , , , , , , , , , , , , , , , , ,				
PART XI, LINE 4B - OTHER ADJUSTMENTS:				
SPECIAL EVENT EXPENSES NETTED WITH REVENUE				-3,804.
PART XII, LINE 2D - OTHER ADJUSTMENTS:		 		
SPECIAL EVENT EXPENSES NETTED WITH REVENUE				3,804.
				40.000
BAD DEBT				18,390.
				00 104
TOTAL TO SCHEDULE D, PART XII, LINE 2D				22,194.
		.		
				· · · · · · · · · · · · · · · · · · ·
				•
				•
022054 10.02 10			Sobor	dule D (Form 990) 2019

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN **Employer identification number** Name of the organization 56-0927694 INC. Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ fillers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Solicitation of non-government grants Mail solicitations Internet and email solicitations Solicitation of government grants h Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or □No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) organization (ii) Activity have custody or control of contributions? fundraiser from activity or entity (fundraiser) listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

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

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN Schedule G (Form 990 or 990-EZ) 2019 INC. 56-0927694 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events ULTIMATE (add col. (a) through PRE-GAME PARPLAY THE K col. (c)) (event type) (event type) (total number) 5,596. 8,393. 6,046. 20,035. Gross receipts 7,393. 6,046. 5,596 19,035. 2 Less Contributions 1,000. 1,000. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 7 Food and beverages 8 Entertainment 188. 233. 3,383 3,804. Other direct expenses 3,804. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses** Noncash prizes 3 Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities a is the organization licensed to conduct gaming activities in each of these states? Yes b If "No," explain.

Schedule G (Form 990 or 990-EZ) 2019

_ Yes

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2019 INC.	<u>56-0927694</u>	Page 3
11		Yes	□ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	ds:	
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
t	olf "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	unt	
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address >		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Description of services provided P		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐ Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent i	n the	
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (V);	and Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
	 		

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN 56-0927694 Page 4 INC. Schedule G (Form 990 or 990-EZ) Part IV | Supplemental Information (continued)

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.

Open to Public

Inspection

OMB No 1545-0047

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. BOYS & GIRLS CLUBS OF THE COASTAL PLAIN INC.

Employer identification number 56-0927694

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	,			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a_		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.			37
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			-
а	The organization?	6a		X
þ	Any related organization?	6b	-	X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			X
	not described on lines 5 and 67 If "Yes," describe in Part III	7	-	<u> </u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			- -
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	ļ	X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	1	ſ

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

Schedule J (Form 990) 2019

56-0927694

Page 2

INC.

Schedule J (Form 990) 2019

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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	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		in column (B) reported as deferred on pnor Form 990
(1) KIMBERLY BOYD	(E	203,872.	0	0	.999,6	8,863.	222,401.	0.
PRESIDENT AND CEO	: €	0	0	0.	0	0	0	0
	Ξ							
	▣							
	(i)							
	▣							
	€ €							
	35							
	3 3							
	₽							
	€							
	Ξ							
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Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 3

56-0927694

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Schedule J (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

orm 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.

2019
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF THE COASTAL PLAIN INC.

Employer identification number 56-0927694

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PRODUCTIVE, CARING, RESPONSIBLE CITIZENS. FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES: FROM MARCH - JULY, CLUBS WERE CLOSED DUE TO THE CDC RECOMMENDATIONS RELATED TO COVID-19 PANDEMIC. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER PROGRAMS - ART & CULTURE AND SPORTS & FITNESS ARE A FEW OF BGCCP'S OTHER PROGRAMS OFFERED AT OUR CLUBS. OUR CLUB MEMBERS HAVE AN OUTLET FOR THEIR CREATIVE AND CURIOUS MINDS EVERY DAY. THESE PROGRAMS (WHICH INCLUDE A NATIONAL FINE ARTS EXHIBIT AND TNT DRAMA MATTERS AFTERSCHOOL PROGRAMS) HELP BOYS & GIRLS CLUBS OF THE COASTAL PLAIN MEMBERS DEVELOP THEIR KNOWLEDGE AND APPRECIATION OF FINE ARTS, AND PERFORMANCE AND CREATIVE WRITING. MANY PUBLIC THEIR SKILLS IN MUSIC, SCHOOLS HAVE CUT THEIR PHYSICAL EDUCATION PROGRAMS AND THE OBESITY RATE IN YOUTH HAS REACHED AN ALARMING HIGH. AT BOYS & GIRLS CLUBS OF THE COASTAL PLAIN, THROUGH THE TRIPLE PLAY PROGRAM AND OTHERS, WE TEACH OUR MEMBERS TO FOCUS ON FITNESS, USE LEISURE TIME PRODUCTIVELY, DEVELOP SKILLS TO MANAGE STRESS AND RESPECT AND APPRECIATE THE ENVIRONMENT. EXPENSES \$ 181,169. INCLUDING GRANTS OF \$ 0. REVENUE \$ 559. FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE REVIEWS AND APPROVES THE FORM 990 BEFORE THE FORM 990 IS SIGNED AND FILED. A COPY OF THE FORM 990 IS PROVIDED TO ALL BOARD

 $\label{eq:LHA} \textbf{ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Schedule O (Form 990 or 990-EZ) (2019)

MEMBERS PRIOR TO FILING.

SCHEDULE R | Rej.

GIRLS

ĸ

BOYS

Name of the organization

INC

Related Organizations and Unrelated Partnerships

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

2019
Open to Public Inspection

Employer identification number 56-0927694 ► Go to www.irs.gov/Form990 for instructions and the latest information. CLUBS OF THE COASTAL PLAIN

(g) Section 512(b)(13) ĝ controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code € section ፱ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Legal domicile (state or Legal domicile (state or foreign country) foreign country) Primary activity Primary activity 9 Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity Part Part

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

39

Schedule R (Form 990) 2019

×

LINE 12A, I

501(C)(3)

NORTH CAROLINA

SUPPORT

BOYS & GIRLS CLUBS OF THE COASTAL PLAINS FOUNDATION - 56-2056645, 1003 RED BANKS

GREENVILLE, NC 27858

ROAD,

GIRLS CLUBS OF THE COASTAL PLAIN ય્ય BOYS

INC. Schedule R (Form 990) 2019

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

Page 2

56-0927694

1	age dir									1						l
ड	General or Percentage managing ownership partner?															
9	neral or P naging (rtner?	YesNo					_							-		
	Gen Dau) Ye				_						_	 ┞		 	l
	Code V-UBI amount in box	n 1065														
€	Code v	Forn														
						_				_					 	
ε	Disproportionate allocations?	s No														l
	Oispr	Yes								_						
_	e of Fyear	CIS														
(6)	Share of end-of-year	933														
																1
€	Share of total income															
ľ	Share															
_	ee)														1
	nt incorring inc	12-514								:						
(e)	ominar ated, ur	tions 5														
	Predominant income (related, unrelated, excluded from tax under	sec								ļ						
	Direct controlling entity															
ਉ	t contr entity															
	Direc															
(3)	Legal domicile (state or	eign intry)														
Ľ		<u> </u>			_					ļ			_			
	tivity															
<u>Q</u>	Primary activity															
	Prim															
-				Γ			1	Τ	Τ				\vdash			
}	Z c															
	Name, address, and EIN of related organization															
(a)	ldress, d orga															
	ne, ad relate															
	Na of ar										1					

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

Direct controlling entity	Type of entity (C corp. S corp, or trust)	Share of total income	Share of end-of-year	Percentage	512(b)	5
	discussion of truesty			ownership	controlled entity?	(13) 72 73
			dosels		Yes	٥ N
			_			
			!			
		-				
					İ	
			Sch	edule R (Forn	, (066 n	2019
				Sch	Schedule R (For	Schedule R (Form 990) 2019

Page 3

56-0927694

Schedule R (Form 990) 2019 INC.

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

0) 2019)66 m	(For	Schedule R (Form 990) 2019		41	932163 09-10-19
:						
			500. ACTUAL PAYMENT MADE	112,500.	၁	BOYS AND GIRLS CLUBS OF THE COASTAL PLAIN (1) FOUNDATION
		olved	(d) Method of determining amount involved	(c) Amount involved	(b) Transaction type (a-s)	(a) Name of related organization
			elationships and transaction thresholds.	this line, including covered	ho must complete	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
×	Ц	2				Other transfer of cash or property from related organization(s)
×		÷				Other transfer of cash or property to related organization(s)
×		1				Reimbursement paid by related organization(s) for expenses
×		₽				Reimbursement paid to related organization(s) for expenses
×		9				Sharing of paid employees with related organization(s)
×		Ę			on(s)	Shanng of facilities, equipment, mailing lists, or other assets with related organization(s)
×		Ę			nization(s)	
×		╒			nization(s)	Performance of services or membership or fundraising solicitations for related organization(s)
×		¥				Lease of facilities, equipment, or other assets from related organization(s)
×		1				Lease of facilities, equipment, or other assets to related organization(s)
×		÷				Exchange of assets with related organization(s)
×	Ц	두				Purchase of assets from related organization(s)
×	L	1g				Sale of assets to related organization(s)
X		#				Dividends from related organization(s)
×	L	4				Come or loan distractes by related oxiganization(s)
×		19				Loans or loan guarantees to or for related organization(s)
	×	1				Gift, grant, or capital contribution from related organization(s)
×		4				Gift, grant, or capital contribution to related organization(s)
×		1a		•		Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
			n Parts II-IV?	related organizations listed	s with one or more	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
No	Yes					Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Page 4

56-0927694

9 INC.

Schedule R (Form 990) 2019 INC

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

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

(i) (k) (k)	amount in box 20 managing ownership of Schedule K-1 partner? (Form 1065)	Yes No				
(h) (i)	bonate amount in allocations? of Schere	Ves No				
(g) Share of	end-of-year assets					
(f)	total Income					
(e)	01(c)(3)	Ves No				
(d) (d)	(related, unrelated, sections 512-514)	A (2.10 C) C (1.00 C)				
(;						
(b) (c) Primary activity	יוויומן מכנועון					
	of entity					

Schedule R (Form 990) 2019 INC.	56-0927694 Page 5
Schedule R (Form 990) 2019 INC. Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
TOTAL AGAINST AN TOTAL T	
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