OMB No 1545-0047 Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations). (Rev January 2020) Open to Public ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service 2019, and ending For the 2019 calendar year, or tax year beginning 20 C Name of organization Boys & Girls Club of the Smoky Mountains, Inc. Employer identification number Check if applicable Address change 62-1507789 Telephone number Name change Number and street (or P O box if mail is not delivered to street address) Room/suite (865) 428-6550 O Box 5743 G Gross receipts Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Amended return Sevierville, TN 37864 3.540.253 Ves Application pending F Name and address of principal officer Bill Smolnycki H(a) Is this a group return for subordinates? Same as C above H(b) Are all subordinates included? X 501(c)(3) 501(c) ( 527 \_\_\_ 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status (insert no.) Website ► N/A H(c) Group exemption number X Corporation Trust Association 1992 Form of organization L Year of formation M State of legal domicile Partil Summary Briefly describe the organization's mission or most significant activities Our primary exempt purpose is to promote character development of young people. We provide after school programs, summer programs, Activities & Governance center activities, art room, game room, pregnancy prevention, leadership club activities and club support Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 48 Number of independent voting members of the governing body (Part VI, line 1b) RECEIVED LB OH 701 4 48 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 94 Total number of volunteers (estimate if necessary) ····· IRS KANSAS CITY, MO Total unrelated business revenue from Part VIII, column (C), line 12 n Net unrelated business taxable income from Form 990-T, line 39 0 Prior Year Current Year Contributions and grants (Part VIII, line 1h) 3,894,455 2,664,785 Revenue 506,279 871,904 Investment income (Part VIII, column (A), lines 3, 4, and 7d) ...... 10 3,470 2,989 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . . . . . . . 1,600 575 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 4,405,804 3,540,253 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . . . . . . . . . . . . . . 0 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,473,120 1,767,658 Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,255,289 1,395,785 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,728,409 3,163,443 1,677,395 376,810 End of Year **Beginning of Current Year** 20 Total assets (Part X, line 16) 6,547,143 6,663,064 21 Total liabilities (Part X, line 26) 579<u>,377</u> 318,488 22 Net assets or fund balances Subtract line 21 from line 20 . . . . . 5,967,766 6,344,576 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 8/11/2020 Robert M Ross Sign Signature of officer Here Robert M Ross, Chief Professional Office Type or print name and title Print/Type preparer's name Date Check Paid 07-13-2020 Bill Gosnell CPA self-employed Preparer Firm's EIN Firm's name Hughes & Gosnell, CPA's **Use Only** Firm's address 3814 Powers Street Phone no Knoxville TN 37917 865-688-0351 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes

(37)

For Paperwork Reduction Act Notice, see the separate instructions.

orn Pa	1 990 (2019) Boys & Girls Club of the Smoky Mountains, Inc. 62-1507789 F rt.[II] Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission
7	Our primary exempt purpose is to promote character development of young people. We provide
	school programs, summer programs, teen center activities, art room, game room, pregnancy
	prevention, leadership club activities and club support.
_	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported
	(Code ) (Expenses \$ 2,830,925 including grants of \$ ) (Revenue \$
	We provide after school programs, summer programs, teen center activities, art room, game rooms, game
	pregnancy prevention, leadership club activities and club support activities. We serve nume
	children in the Smoky Mountain area. It is our goal to promote health, social, educational,
	vocational, and character development of young people in the Smoky Mountain area. We provide
	supervised place for children to be when not in school.
	(Code) (Expenses \$ including grants of \$) (Revenue \$
	(Code \ \ (Expanses \$ including graphs of \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(Code) (Expenses \$ including grants of \$ ) (Revenue \$
	Other program sequence (Describe on Schedule O.)
	Other program services (Describe on Schedule O) (Expenses \$ including grants of \$ ) (Revenue \$ )
-	Total program service expenses 2,830,925
_	
	Form <b>990</b> (

Form 990 (2019)

Boys & Girls Club of the Smoky Mountains, Inc.

Partily Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A · · · · · · · · · · · · · · · · · ·	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			}
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	İ		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	_	;	
7	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		٠
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b>		_ x_
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	-		X
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	2	Time and	
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	-		
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	i		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		- 1	
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E · · · · · · · · · · · · · · · · · ·	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		<u> </u>
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	İ	x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
7	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 (see instructions)	17		x
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
9	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
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Ī	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>x</u>

Form 990 (2019) Boys & Girls Club of the Smoky Mountains, Inc. 62-1507789 Page 4 Checklist of Required Schedules (continued) PartilV Yes Nο Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . . . . . . . . . . . . . . . . 22 X 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 23 Х 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 24a X 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х 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? 25b Х 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If x A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV .......... 28b b Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c 29 Х 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . . . . . . X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 32 X Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 34 X 35a 35a X 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable 36 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 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 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 0

b Enter the number of Form W-2G included in line 1a Enter -0- if not applicable . . . . . . . . . . . . . reportable gaming (gambling) winnings to prize winners?

# 19) Boys & Girls Club of the Smoky Mountains, Inc. 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	7		-
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 94	<u>.</u>		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country	, 7	· · · · · ·	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	i		
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	[	ç	. 1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		, i,	119
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	i		Į.
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 <b>f</b>		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	, ,	ستعصب	لمتنسئد
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter	-	٠. ا	
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			أسيب
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-	1	
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders		, <i>P</i>	چ
b	Gross income from other sources (Do not net amounts due or paid to other sources	· .		. Î
40	against amounts due or received from them )		أخنت	لنسا
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		i
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	·	.	`. : <b>!</b>
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40-		5 40
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		- 3
	Note: See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which		**	
_	the organization is licensed to issue qualified health plans	إنتيا	أدم	7,
C	Enter the amount of reserves on hand	3	. • •	. \$ <sup>7</sup> , <sub>7</sub> ,
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
b	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	ا _ ر		
	excess parachute payment(s) during the year?	15		<u>X</u>
40	If "Yes," see instructions and file Form 4720, Schedule N			أستانس
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X satisfication
	If "Yes," complete Form 4720, Schedule O	-> · · · <u>· · · · · · · · · · · · · · · ·</u>	4	17

Boys & Girls Club of the Smoky Mountains, Inc. 62-1507789

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

	Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 48			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		_x
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		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		; V 	
	the year by the following			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	_		
2	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
		40-	Yes	No
l0a	Did the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	406		
14.	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b  22	Describe in Schedule O the process, if any, used by the organization to review this Form 990  Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
2a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
٠	describe in Schedule O how this was done	12c	x	
3	Did the organization have a written whistleblower policy?	13	x	
4	Did the organization have a written document retention and destruction policy?	14	x	
5	Did the process for determining compensation of the following persons include a review and approval by		â	
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	x	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
6a	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	4 0		
	organization's exempt status with respect to such arrangements?	16b	•••	( ) - 1) -
Sec	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed   Tennessee			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
0	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Cheryl Donahue (865) 453-6550, 636 Wall Street Ste 1, Sevierville, TN 37862			

_			
Form	990	(2019)	1

Boys & Girls Club of the Smoky Mountains, Inc.

62-1507789

Page 7

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

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

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

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

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

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

(A)	(B)	(C) Position (do not check more than one				han one		(D)	(E)	(F)
Name and title	Average hours per week	box, unless person is both an officer and a director/trustee)			n	Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) Kevin Perkey	2.00									<del> </del>
Director		x						0	0	0
(2) Linda Ogle	2.00					,				
Director		х		[				0	0	00
(3) Lee Wertheim	4.00									
Treasurer	_	x		X				0	0	
(4) Jim Arwood	2.00									•
Director		х						0	0	00
(5) Eric Bennecker	2.00		ŀ							
Director	_	Х						0	0	0
(6) Rhett Boling	2 .00		İ							
Vice President		Х		X				00	0	0
(7) Wes_Farragut	4.00			- 1						
Secretary		Х		_				0	. 0	0_
(8) Jim Bruce	2 .00									
Director		Х	_	_				0	0	0
(9) Fran Delozier	200					}				
Director		Х	_	_				0	0	0
(10)Bill Fry	2 .00		Ì							
Director		Х						0	0	0
(11)Brian Jensen	2 .00				1					
Director		Х	_	_	_			0	0	0
(12)Tim_Richmer	2 .00				ł				i	
Director		Х	_	_				0	0	0
(13)Patrick Harrell	200							_	_	
Director		Х		-				0	0	0
(14)Kevin_Ownby	2 .00			1	ļ					
Director		X			i		1	0	0	0 Form 200 (2010)

-orm	αÞΛ	(2019)	١.

Boys & Girls Club of the Smoky Mountains, Inc.

62-1507789

Page 7

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

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

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

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

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

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

(A) Name and title	Average hours per week (list any hours for related organizations below	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)  Highest compensated employee  Cofficer Institutional frustee or director		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations				
	dotted line)	•	tee			nsated				
(1) Laurie Faulkner Director	2 .00	x						0	0	0
(2) Jeff Rader	2.00									
Director	=	х						0	o	0
(3) David Ratliff	2.00	·								
Director		x						0	o	0
(4) David Reller	2.00									
Director		х						0	0	0_
(5) Jack Maples	2.00									
Director		х						0	0	00
(6) Michael McCroskey	4.00			1						
Director		х						0	0	0
(7) Barry Shular	2.00									
Director		X						0	0	00_
(8) Cynthia Shular	2 .00									
Director		X	_					0	0	00
(9) Brad Smith	2.00									
Director		х						0	0	0_
(10)Bill Smolnycki	4 .00									
President		X	_	Х				0_	0	0
(11)Jon Tate	200									
Director		х	_	_				. 0	0	0
(12)Laurie Taylor	200	- 1						_		
Director		Х	$\dashv$	$\dashv$	_			0	0	0
(13)Jana Thomasson	200				j			_		_
Director		Х			_			0	0	0
(14)Beth_Urquhart	2 . 00		j					_	_	_
Director		Х						0	0	0 Form <b>200</b> (2010)

-orm	990	(2019)	

Boys & Girls Club of the Smoky Mountains, Inc.

62-1507789

Page 7

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

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

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

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

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

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

				(	(C)					
(A)	(8)	Position						(D)	(E)	(F)
Name and title	Average hours per week	(do not check more than one box, unless person is both an officer and a director/trustee)			n	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation from the		
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) Ellen Wilhoit	2.00	_								
Director	=	x						0	o	0
(2) Michael Hodges	2.00									
Director		х						0	О	0
(3) Bryan Tarkington	2.00									
Director		x		i				0	0	0
(4) Jackie Ownby	4.00									
Vice President		х						0	0	00
(5) Chad Reagan	2.00						ļ			
Director		Х						0	0	0
(6) Mignonne Coykendall	2.00									
Director		Х						00	0	0
(7) Gary Helton	2.00						ļ			
Director		<u> </u>						0	0	00
(8) Ginger Riggs	2.00									
Director		X						0	0	0
(9) Jessica Will	2.00									
Director		<u> </u>						0	0	0
(10)Kate Barido	2.00									
Director		<u> </u>						0_	0	0
(11)Wesley Blalock	2.00								İ	
Director		Х						0	0	0
(12)Eric Bradley	2.00									
Director		Х						0	00	0
(13)Eddie DeAmorim	2.00									
Director		Х						0	0	0
(14)Robert Hall	2.00									
Director		Х						0_	0	0

[Part VIII Section A. Officers, Directors, Trustees	s, Key Empl	oyees	, and	Hig	ghes	t Con	nper	sated Employees	(continued)	<del></del>
				-	(C)					
(A) (B)					sition			(D)	(E)	(F)
Name and title		,				han one		Reportable	Reportable	Estimated amount
, tame and the	Average hours					s both a r/trustee		compensation	compensation	of other
	per week		.c. a.,		ii ecto.	,,,,, aa,,ee	'	from the	from related	compensation
	(list any		Τ_		_	0.7	_	organization	organizations	from the
	hours for	합	nstr	Officer	êy	dub Help	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	Lect up		Ĕ	emp	est	let l			related organizations
	organizations	4 =	Institutional trust		Key employee	eom				
	below	Individual trustee or director	- St	Ì	ř	Highest compensal employee				
	dotted line)		ee			sated				
(15)p	2 00	<u> </u>								
(15)Richard Llewellyn Director	2.00	x						o	a	0
(16)Nick Miller	2.00	<del>                                     </del>						<u></u>		
Director		x						0	٥	0
	2.00									
(17)Randy Parton Director	2.00	x						o	٥	
	2.00			_						<u> </u>
(18)Cortney Pierce	2.00	x						o	٥	0
(19)Wayne Rickman	2.00									
Director	=	x						o	l	0
(20)Katie Sidwell	2.00									
Director		x						o	0	0
(21)Robert M Ross	40.00	T								
Executive Director					х			157,180	о	21,503
(22)										
(23)										
(24)										
(25)										
1b Subtotal	<u> </u>	L	L							<del></del>
c Total from continuation sheets to Part VII, Sect							-1			
d Total (add lines 1b and 1c)								157,180	0	21 502
2 Total number of individuals (including but not limite									<u> </u>	21,503
reportable compensation from the organization		sieu ai	JUVE	) WII	0 16	ceiveu	moi	re man \$100,000 0	•	:
reportable compensation from the organization										Yes No
3 Did the organization list any former officer, directo	r. trustee, ke	ev emp	love	e. or	· hiał	hest co	ompe	ensated		
employee on line 1a? If "Yes," complete Schedule		-								. 3 X
4 For any individual listed on line 1a, is the sum of re				and	l oth	er com	npen	sation from the		100 TAN
organization and related organizations greater than										
Individual · · · · · · · · · · · · · · · · · · ·										. 4 X
5 Did any person listed on line 1a receive or accrue		n from		unr	olate	od ora:	20172	ation or individual		
for services rendered to the organization? If "Yes,"			-			-		ation of individual		1 _ 1 _ 1
Section B. Independent Contractors	complete 3	criedui	6 3 1	UI SI	ucn	DETSUT	<u>'</u>			. 5 X
Complete this table for your five highest compensations.	ated indepen	dent c	ontra	actor	s tha	at rece	ived	I more than \$100,0	00 of	1
compensation from the organization. Report comp										r
(A)								(B)		(C)
Name and business addres	s							Description of service	es	Compensation
<del></del>										
										/
										<u>-</u> .
										FP T Crain mot. 1
2 Total number of independent contractors (including	-		thos	e list	ed a	ibove)	who	)		R. W. W. W. W.
received more than \$100,000 of compensation from	m the organi	zation	•	• 					ga de la	William to the total

Fait	V	Statement of Revenue			- D-414III			_
•		Check if Schedule O contains a re	esponse or n	ote to any line in this	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2a b	Membership dues · · · · · · · · · · · · · · · · · · ·	1b 1c 1d 1e oove 1f 1g		2,664,785 637,785 5,111 229,008	637,785 5,111 229,008		sections 512–514
Prog		All other program service revenue • Total. Add lines 2a-2f • • • • •			871,904			
nue		Investment income (including divident other similar amounts)	ot bond proce		2,989	2,989		
	С	Less rental expenses · · 6b  Rental income or (loss)  Net rental income or (loss)  · · · ·		575	575	575		
	b	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses	Securities	(II) Other				
Şe v		Net gain or (loss) · · · · · · · ·						
Other Revenue	8a b	Gross income from fundraising events (not including \$ 1,057) of contributions reported on line  1c) See Part IV, line 18 Less direct expenses	8a				,	
	9a b	Net income or (loss) from fundraising Gross income from gaming activities, See Part IV, line 19 · · · Less direct expenses · · · · ·	9a					
	10a b	Net income or (loss) from gaming act Gross sales of inventory, less returns and allowances · · · · · · Less cost of goods sold · · · · ·	10a					
Scenanous Revenue	11a b c	Net income or (loss) from sales of inv	rentory · ·	Business Code				
<u> </u>		All other revenue				!	· · · · · · · · · · · · · · · · · · ·	
-					0.510.555	085 335	<u> </u>	
	12	Total revenue. See instructions •	· · · · · ·	• • • • • •	3,540,253	875,468	0	0

#### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to	any line in this Part IX			
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22 · · · · · · · · · · · · · · · · · ·				i , en .
3	Grants and other assistance to foreign				
	organizations, foreign governments, and			***	
	foreign individuals See Part IV, lines 15 and 16 · · · ·				
4	Benefits paid to or for members			ALTS ALSO	
5	Compensation of current officers, directors,				
	trustees, and key employees	1,655,044	1,506,091	115,853	33,100
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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) · ·				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	112,614	102,480	7,882	2,252
11	Fees for services (nonemployees)		,		
а	Management				
b	Legal·······	79,438	79,438	•	
С	Accounting	11,870		11,870	
ď	Lobbying		<del></del>	- , 3e - , b ,	
6	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		200 051	,	005
13	Office expenses	459,460	390,351	68,814	295
14	Information technology				
15	Royalties	102 112	102 112		
16	Occupancy	183,112	183,112	5,460	5,460
17	Payments of travel or entertainment expenses	36,400	25,480	3,460	3,460
18	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	32,017	32,017		
20	Interest · · · · · · · · · · · · · · · · · · ·	21,111	21,111		
21	Payments to affiliates	21,111	21,111		
22	Depreciation, depletion, and amortization	176,791	176,791		
23	Insurance	70,912	68,090	1,411	1,411
24	Other expenses litemize expenses not covered	444 5 44 44		84	4 1 1 3 4 5 5 5 5
	above (List miscellarieous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column			A STATE OF THE STA	
	(A) amount, list line 24e expenses on Schedule O)		Total State of the		
а	Rent-Including Donated Rent	211,178	211,178		
b	Fundraising Expense	77,014		-	77,014
c	Bank Charges & Dues	11,915	11,915		
d	Telephone	14,129	12,433	1,413	283
e	All other expenses	10,438	10,438		
25	Total functional expenses. Add lines 1 through 24e · ·	3,163,443	2,830,925	212,703	119,815
26	Joint costs. Complete this line only if the		<u> </u>		,
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				
$\overline{}$					

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X		• • •	· · · · · · · · · · · <u> </u>
			(A)		(B)
			Beginning of year		End of year
·	1	Cash - non-interest-bearing	1,023,085	1	1,046,352
	2	Savings and temporary cash investments	986,051	2	1,102,770
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			10 70
		trustee, key employee, creator or founder, substantial contributor, or 35%	-	,	
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			4
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Ø	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			3 4 4 5 5
		basis Complete Part VI of Schedule D 10a 5,907,066	The same of the sa	ر. الآن المناقب	
	b	Less accumulated depreciation 10b 1,745,996	4,222,425	10c	4,161,070
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	315,582	15	352,872
	16	Total assets. Add lines 1 through 15 (must equal line 33)	6,547,143	16	6,663,064
	17	Accounts payable and accrued expenses	16,813	17	20,388
	18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	· -¬
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,	a trace to make the same	I.,	1 -2 - The conference
bilit		trustee, key employee, creator or founder, substantial contributor, or 35%		-	
Lia		controlled entity or family member of any of these persons		22	<del></del>
	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·	562,564	23	298,100
	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X		25	
	20	of Schedule D	570 277	26	210 400
	26	Total liabilities. Add lines 17 through 25 · · · · · · · · · · · · · · · · · ·	579,377	20 2 (7 1)	318,488
S		and complete lines 27, 28, 32, and 33.			
Ĕ	27	Net assets without donor restrictions	5,967,766	27	5,813,458
<u>a</u>	28	Net assets with donor restrictions	5,967,766	28	
9	20	Organizations that do not follow FASB ASC 958, check here			531,118
.5		and complete lines 29 through 33.			
or Fund Balances	29	Capital stock or trust principal, or current funds		29	Lawrence of the Party Communication
र्घ	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	32	Total net assets or fund balances	5,967,766	32	6,344,576
ž	33	Total liabilities and net assets/fund balances	6,547,143	33	6,663,064
					Form <b>990</b> (2019)

Forn	n 990 (2019) Boys & Girls Club of the Smoky Mountains, Inc.	62-1507	789	Page	a 12
<u> Pa</u>	rt:XII Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			<u> [</u>	卫
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	3,	540,2	<u>53</u>
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	3,	163,4	43
3	Revenue less expenses Subtract line 2 from line 1	. 3		376,8	10
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	- 4	5,	967,7	66
5	Net unrealized gains (losses) on investments	. 5	_		
6	Donated services and use of facilities	- 6			
7	Investment expenses	. 7			
8	Prior period adjustments	. 8			
9	Other changes in net assets or fund balances (explain on Schedule O)	. 9			0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	. 10	6,	344,5	76
Pa	rt:XIII Financial Statements and Reporting			_	
	Check if Schedule O contains a response or note to any line in this Part XII			[	
			<u></u>	Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🕱 Accrual 🔲 Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		ALS.		
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 on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • • • • •	. 2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				,
	X Separate basis Consolidated basis Both consolidated and separate basis				Sjakke
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	• • • • •	· 2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		· 3a		<u>x</u> _
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	• • • • • •	. 3b		
EEA			Form	<b>990</b> (20	19)

#### **SCHEDULE A**

**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.

2019

OMB No 1545-0047

(Form 990 or 990-EZ) 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 !

Name	of th	e organization					Employer identificat	ion number				
Bov	s &	Girls Club of the Smoky	Mountains,	Inc.			62-150778	9				
	rt l		y Status (All o	rganizations must c	omplete	this part	See instructions	S				
The	orga	nization is not a private foundation bec	ause it is (For lines	1 through 12, check only	y one box )			1				
1		A church, convention of churches, or	association of chur	ches described in <b>sectio</b>	n 170(b)(1	)(A)(ı).	•					
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 or	990-EZ))		(	)				
3		A hospital or a cooperative hospital s	ervice organization	described in section 170	(b)(1)(A)(ı	ii).	`					
4		A medical research organization oper	ated in conjunction	with a hospital described	In section	170(b)(1)(/	A)(iii). Enter the					
		hospital's name, city, and state										
5		An organization operated for the bene	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
		section 170(b)(1)(A)(iv). (Complete	Part II)									
6		A federal, state, or local government	or governmental un	it described in section 1	70(b)(1)(A)	(v).						
7	X	An organization that normally receive	s a substantial part	of its support from a gove	ernmental i	unit or from	the general public					
		described in section 170(b)(1)(A)(vi)	. (Complete Part II	)								
8		A community trust described in section	on 170(b)(1)(A)(vi)	. (Complete Part II )								
9		An agricultural research organization	described in section	on 170(b)(1)(A)(ix) opera	ted in conji	inction with	a land-grant college					
		or university or a non-land-grant colle	ge of agriculture (se	ee instructions) Enter the	name, city	, and state	of the college or					
		university										
10		An organization that normally receive	s (1) more than 33	1/3% of its support from	contributio	ns, member	ship fees, and gross					
		receipts from activities related to its e	xempt functions - s	ubject to certain exceptio	ns, and (2)	no more tha	an 33 1/3% of its					
		support from gross investment incom	e and unrelated but	siness taxable income (le	ss section	511 tax) froi	m businesses					
		acquired by the organization after Jur	ne 30, 1975 See <b>s</b> e	ection 509(a)(2). (Comple	ete Part III	)						
11		An organization organized and operate	ted exclusively to te	st for public safety. See s	ection 50	9(a)(4).						
12		An organization organized and operate	led exclusively for t	he benefit of, to perform t	he function	s of, or to ca	arry out the purposes					
		of one or more publicly supported org	anizations describe	ed in section 509(a)(1) or	section 5	<b>09(a)(2)</b> Se	e section 509(a)(3).					
		Check the box in lines 12a through 12	2d that describes th	e type of supporting orga	nization an	d complete	lines 12e, 12f, and 12	g				
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its su	ipported or	ganızatıon(s	s), typically by giving					
		the supported organization(s) the	power to regularly	appoint or elect a majorit	y of the dire	ectors or tru	stees of the					
		supporting organization You mu	•									
	b	Type II. A supporting organization										
		control or management of the sup	oporting organizatio	n vested in the same per	sons that o	ontrol or ma	anage the supported					
		organization(s) You must comp	·									
	С	Type III functionally integrated.										
		its supported organization(s) (see										
	d											
		that is not functionally integrated					and an attentiveness					
		requirement (see instructions) You	•									
	8	Check this box if the organization				a Type I, Iy	pe II, Type III					
	_	functionally integrated, or Type III		tegrated supporting organ	nization							
	f	Enter the number of supported organi										
	g	Provide the following information about	1									
	(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1-10	(iv) is the oil		(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))	docum		instructions)	instructions)				
					Yes	No						
					162	NO						
(A)												
				·-··								
(B)												
				<u>,</u>								
(C)												
								<del></del>				
D)												
								<del></del>				
E)												
Tota			CONTRACTOR OF THE PARTY OF THE		<b>元新加州</b>	RIN.C						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II: (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2015 **(b)** 2016 (c) 2017 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") ..... 2,659,040 3,169,458 3,184,396 4,498,939 3,307,681 16,819,514 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . 3 The value of services or facilities furnished by a governmental unit to the organization without charge ..... 4 Total. Add lines 1 through 3 . . . . . . . . 3,169,458 3,184,396 4,498,939 3.307.681 16,819,514 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) . . . . . . . 969,974 6 Public support. Subtract line 5 from line 4 開業代籍 15,849,540 Section B. Total Support (e) 2019 (b) 2016 (c) 2017 (d) 2018 (f) Total Calendar year (or fiscal year beginning in)▶ (a) 2015 Amounts from line 4 · · · · · · · · · · · 16,819,514 7 3,184,396 4,498,939 3,307,681 3,169,458 2,659,040 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from (94,788)229,008 (680) 12,688 4,444 150,672 Net income from unrelated business activities, whether or not the business 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) . . . . . . . . . . . . . . . 图 16,970,186 11 Total support. Add lines 7 through 10. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 93.40 % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))..... 15 Public support percentage from 2018 Schedule A, Part II, line 14 . . . . . . . . . . . . . . . . 96.11 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this  $\mathbf{x}$ b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see 

Cobe	. sidule A (Form 990 or 990-EZ) 2019  Boys & G1	wla Club o	f the Smake	. Mountains	Tna	60-	1507789	Page 3
_	artilli Support Schedule for Organi	zatione Des	f the Smoky	tion 509(a)	, inc	62-	150//89	raye
				, , ,	•	nd to au	اماران الماران	- Dort II /
	(Complete only if you checked						amy under	r Part II
	If the organization fails to quali	ly under the	lesis listed be	now, please	complete Pan	· II <i>)</i>		
	ction A. Public Support	1	1		T 25.2	1		/
Ca	lendar year (or fiscal year beginning in)▶	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 20	)19	(f) Votal
1	Gifts, grants, contributions, and membership fees							
	received (Do not include any "unusual grants ")						/	<u>/</u>
2	Gross receipts from admissions, merchandise							
	sold or services performed, or facilities furnished in any activity that is related to the							
	organization's tax-exempt purpose						Λ	
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							
4	Tax revenues levied for the		<del> </del>	-		<del> </del>	/	
•	organization's benefit and either paid to						ļ	
	or expended on its behalf							
5	The value of services or facilities						<del></del>	
3						Y		
	furnished by a governmental unit to the					•		
_	organization without charge		<del> </del>	ļ <del></del>	<del>                                     </del>			
6	Total. Add lines 1 through 5		1		+			
7a	Amounts included on lines 1, 2, and 3							
	received from disqualified persons					ļ <u>-</u>		
b	Amounts included on lines 2 and 3	1					1	
	received from other than disqualified		1	/	1			
	persons that exceed the greater of \$5,000							
	or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b							-
8	Public support. (Subtract line 7c from							
-	line 6)				in the second			
Sec	ction B. Total Support		<u></u>	/	/ <u>                                     </u>	<del></del>		
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 20	119 (	(f) Total
	Amounts from line 6	(8) 2010	(5) 2010	(0) 2017	(4) 2010	(0) 2	<del>,,,</del>	<u>.17 1 Otal</u>
	Gross income from interest, dividends,	-	<del> /-</del>		<del> </del>			
IVA								
	payments received on securities loans, rents,					l		
	royalties, and income from similar sources		<b> </b>			ļ	<del></del>	
D	Unrelated business taxable income (less		/					
	section 511 taxes) from businesses	/	1				•	
	acquired after June 30, 1975							
	Add lines 10a and 10b							
11	Net income from unrelated business							
	activities not included in line 10b, whether							
	or not the business is regularly carried on							
12	Other income Do not include gain or							
	loss from the sale of capital assets							
	(Explain in Part VI)							
13	Total support. (Add lines 9, 10c, 11,/		†		-			
	and 12)	}						
14	First five years. If the Form 990 s for the o	rganization's f	irst second th	erd fourth or f	ifth tay year as	a sectio	n 501(c)(3)	
• •	organization, check this box and stop here							
500	tion C. Computation of Public Suppo					• • • • •		<u> </u>
						45	<del></del>	
	Public support percentage for 2019 (line 8, c					15		9
	Public support percentage from 2018 Sched					16		9
	tion D. Computation of Investment In							
	Investment income percentage for 2019 (line					17		9
	Investment income percentage from 2018 S					18		9
19a	33 1/3% support tests - 2019. If the organiz	zation did not	check the box	on line 14, and	l line 15 is more	e than 3	3 1/3%, and	line
	17 is not more than 33 1/3%, check this box							_
	33 1/3% support tests - 2018. If the organiz	•	_				-	_
	line 18 is not more than 33 1/3%, check this							
	Private foundation. If the organization did r	-	-				-	
LU								

62-1507789

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)

#### Section A. All Supporting Organizations

- 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
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- 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.
- 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
- 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
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (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)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings )

	Yes	No
100 co 100	~~~	1.00 ( m)
1 -	. :	
,		
4	in the same	1
-		
p. 4	, , ,	
	ح ا	
اسيسا	**********	أستعنب
2		
1	2322	
		لنسد
3a		
-		
-	ستترويز	
3b		{
	- 7-	
يسيب		
3c	İ	
	7	7,7
-	-	النسس
4a		
		-
ļ -		1.77
4b		
70		
		5.4
	الخسمت	
4c		
, Train	ر ام	. 704
	1	,
ر	F , 4	2
:		
l _ • - l		
. T		
1.4		
5a	يت	
5a	متد	
5a	1	
5a 5b	- 1	
5a 5b	1 3	
5a 5b 5c	3.3	
5a 5b 5c		
5a 5b 5c 6		
5c		
5c 6	district the second	
5c 6 7 7		
5c 6 7 7	district the second	
5c 6		
5c 6 7	district the second	
5c 6		
5c 6 7 8		
5c 6 7 8 9a		
5c 6 7 8		
5c 6 7 9a		
5c 6 7 8 9a		
5c 6 7 9a		
5c 6 7 7 8 9a 9b		
5c 6 7 9a 9b		
5c 6 7 9a 9b 9c		
5c 6 7 9a 9b		
5c 6 7 9a 9b 9c		
5c		
5c		
5c 6 7 9a 9b 9c 10a		

	,			
Sched	Mule A (Form 990 or 990-EZ) 2019 Boys & Girls Club of the Smoky Mountains, Inc. 62-1507789		F	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		<b>.</b>	
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	ــــــــــــــــــــــــــــــــــــــ	·	
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u> </u>	Yes	No
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or		u	
	controlled the organization's activities. If the organization had more than one supported organization,	, "	ષ્	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	, !		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year			ا ث
		1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part		, ,	
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,	1	-	
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			, *]
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		عثت	النست
	the supported organization(s)	1		
Sec	tion D. All Type III Supporting Organizations			•
		<del></del>	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		' '	77 44
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	· . ,	٠ إ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	سبسا		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del></del>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	r .	_	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	استاقت		المشتشا
_	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-		1
	significant voice in the organization's investment policies and in directing the use of the organization's		د	; ]
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		-4-4-	لعنب
	supported organizations played in this regard	3		
	tion E. Type III Functionally Integrated Supporting Organizations		. 4	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	istruc	tions	5)
<b>a</b>	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below	/		_4 ·
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see i		
2	Activities Test Answer (a) and (b) below.	<u></u>	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	[	, ,	· '*.
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	2. 44	اد. با	1
	how the organization was responsive to those supported organizations, and how the organization determined		المستحسد	النسب
_	that these activities constituted substantially all of its activities	2a		-27
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		286	35 A
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	<b> </b>	18	
	reasons for the organization's position that its supported organization(s) would have engaged in these	27, 3		
	activities but for the organization's involvement	2b	<b>.</b>	AT 4
3	Parent of Supported Organizations Answer (a) and (b) below.	120		4 -

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

Schedule A (Form 990 or 990-EZ) 2019 Boys & Girls Club of the Smoky Mountai			789 Page <b>6</b>
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or  Check here if the organization satisfied the Integral Part Test as a qualifying			in Part VI) See
instructions. All other Type III non-functionally integrated supporting organi			
Section A - Adjusted Net Income	Latio	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(Optional)
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	<del></del>	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<u> </u>
6 Portion of operating expenses paid or incurred for production or	+-		<u> </u>
collection of gross income or for management, conservation, or			
	6		
maintenance of property held for production of income (see instructions)	7		
7 Other expenses (see instructions)	8		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)			(D) Comment Vees
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		4 , 4 ,	
instructions for short tax year or assets held for part of year)	ł		
Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	احتدا أ	and the second s	
factors (explain in detail in Part VI)	<u> </u>		,
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 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		
Section C - Distributable Amount		The second secon	Current Year
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	هامانیسیا میلیدادی افزایک راهمیکالیدست. <del>تومیادیا</del> دی و	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	· F	

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

emergency temporary reduction (see instructions)

Pa	rt V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)			
Sec	Section D - Distributions					
_1	Amounts paid to supported organizations to accomplish exer					
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity					
3_	Administrative expenses paid to accomplish exempt purpose	es of supported organiza	tions			
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					
7	Total annual distributions. Add lines 1 through 6		•			
8	Distributions to attentive supported organizations to which the	e organization is respon	sive			
	(provide details in Part VI) See instructions					
9	Distributable amount for 2019 from Section C, line 6	<u> </u>				
10	Line 8 amount divided by line 9 amount		-			
5	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2019					
	(reasonable cause required - explain in Part VI) See	1				
	instructions					
3	Excess distributions carryover, if any, to 2019					
а	From 2014		<u>ر سرو</u> پر دفت <u>سیست و مور و</u>			
b	From 2015					
С	From 2016					
d	From 2017					
е	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					
4	Distributions for 2019 from		· ·			
	Section D, line 7 \$					
а	Applied to underdistributions of prior years					
b	Applied to 2019 distributable amount					
С	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					
6	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		·	· · · · · · · · · · · · · · · · · · ·		
	Excess from 2015 · · · ·					
	Excess from 2016 · · · ·			<del> </del>		
	Excess from 2017		, , , , , , , , , , , , , , , , , , ,	<u> </u>		
	Excess from 2018	,	<del></del>			
	Excess from 2010			· · · · · · · · · · · · · · · · · · ·		

SCHEUUIU A (FOI	m aau or aau-Ez.) 201a Fage 6
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E,
•	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
-	
•	

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

Department of the Treasury

**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. Internal Revenue Service

OMB No 1545-0047

2019

Openito Public

Name of the organization	Employer identification number
Boys & Girls Club of the Smoky Mountains, Inc.	62-1507789
[Partil] Organizations Maintaining Donor Advised Funds or Other Similar Funds of	r Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 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 advisors	sed
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be	e used
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other pur	
conferring impermissible private benefit?	
Partill Conservation Easements.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7	
Purpose(s) of conservation easements held by the organization (check all that apply)	
	ation of a historically important land area
	ation of a certified historic structure
Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	of a conservation
easement on the last day of the tax year	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the	<u> </u>
tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing con	<del></del>
b	sortanen eseemente esimig une jour
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	ation easements during the year
► \$	and the desired desiring the year
B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 17	70(h)(4)(B)(ı)
and section 170(h)(4)(B)(ii)?	
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expens	
balance sheet, and include, if applicable, the text of the footnote to the organization's financial statem	
organization's accounting for conservation easements	icino trat document tre
Part: III. Organizations Maintaining Collections of Art, Historical Treasures	or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8	,
1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	and balance sheet works
of art, historical treasures, or other similar assets held for public exhibition, education, or research in	
service, provide, in Part XIII the text of the footnote to its financial statements that describes these ite	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and	
art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	
	incrance of public service,
provide the following amounts relating to these items  (i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
• • • • • • • • • • • • • • • • • • • •	
(ii) Assets included in Form 990, Part X	
2 If the organization received or held works of art, historical treasures, or other similar assets for finance	aai yaiii, provide tiie
following amounts required to be reported under FASB ASC 958 relating to these items	<b>►</b> •
a Revenue included on Form 990, Part VIII, line 1	
b Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

	dule D (Form 990) 2019 Boys & Girls Cl	ub of the Sm	oky Mountains	s, Inc.		62-150		Page 2		
Pa	rt.III <sub>s</sub> Organizations Maintaining	Collections of	Art, Historical	Treasures	<u>s, or Ot</u>	her Similar A	ssets (co	ontinued)		
3	Using the organization's acquisition, accession	, and other records,	check any of the fo	llowing that ma	ake signif	ficant use of its				
	collection items (check all that apply)									
·a	Public exhibition		d 🗌 Loar	or exchange	program	s				
b	Scholarly research		e 🗌 Othe	er						
С	Preservation for future generations			•				<del></del>		
4	Provide a description of the organization's colle	ections and explain h	now they further the	organization's	exempt	purpose in Part				
_	XIII		and broken and tenner	or other s	lor					
5	During the year, did the organization solicit or re						· TYes	. □ No		
ID <sub>2</sub>	assets to be sold to raise funds rather than to b		it of the organization	15 Collection?	• • • •		· [] 163			
į Γ <sub>L</sub> α			on Form 990 I	Part IV line	9 or r	enorted an an	nount on	Form		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, trustee, custodian	or other intermedia	ry for contributions	or other assets	s not					
						<i></i>	· · T Yes	i ∏ No		
b	If "Yes," explain the arrangement in Part XIII an									
_	Too, oxplain the arrangement with all value	.a complete the rene	9 125.5			An	nourit			
С	Beginning balance				. 1c					
d	Additions during the year									
9						<del></del>				
f	Ending balance									
2a	Did the organization include an amount on Forr						· Yes	No		
b	If "Yes," explain the arrangement in Part XIII C							=		
	rt.V Endowment Funds.	neck here ii the exp	anation has been p	TO VIGEO OIL FE						
<u> </u>	Complete if the organization a	nswered "Yes"	on Form 990. I	Part IV. line	10					
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years back	(e) Four	years back		
1a	Beginning of year balance	(a) Current year	(b) Filor year	(c) Two year	3 Dack	(d) Three years back	(0) 1 001	years back		
1a	Contributions			<del> </del>						
6	Net investment earnings, gains, and	<del> </del>	<u> </u>				<del> </del>			
·	losses · · · · · · · · · · · · · · · ·						L.			
a	Grants or scholarships					· · · · · · · · · · · · · · · · · · ·				
u	Other expenditures for facilities and			<del> </del>		·	<del> </del>			
9	programs									
	Administrative expenses	<del> </del>		-						
†	· · · · · · · · · · · · · · · · · · ·	<del></del>					-			
g	End of year balance Provide the estimated percentage of the curren	t vees and belones	(loo 15, ookuma (a))	hold as				<del></del>		
2	Board designated or quasi-endowment	•	(line rg, coluini (a))	rieiu as						
a b	<del></del>									
С		d oougl 1009/								
20	The percentages on lines 2a, 2b, and 2c should		on that are held and	administered	for the					
3a	Are there endowment funds not in the possessi	on or the organization	on that are new and	auministered	ioi liie		Γ	Yes No		
	organization by						. 3a(ı)	163 110		
	(i) Unrelated organizations · · · · · · ·						. 3a(i)			
	(ii) Related organizations		d an Cahadula D2				. 3b	<del></del>		
b	If "Yes" on line 3a(ii), are the related organization						. 30			
Pai	Describe in Part XIII the intended uses of the or rt'Vi' Land, Buildings, and Equipn	<u> </u>	ment lunus							
rai	rt·VI' Land, Buildings, and Equipm Complete if the organization a		on Form 990 I	Part IV line	112 9	See Form 990	Part X II	ine 10		
					T					
	Description of property	(a) Cost or other	' '	or other basis (other)		Accumulated epreciation	(d) Book	value		
	Load	(investme	,	(30.01)	1	The station				
1a	Land	•						<u></u>		
b	Buildings	•		666,123	<del> </del>	930,767		<u>35,356</u>		
С	Leasehold improvements	•		716,512	<del> </del>	290,798	4	25,714		
d	Equipment	•		524,431	<del> </del> -	524,431				
<u>e</u>	Other				L					
Total	I. Add lines 1a through 1e (Column (d) must equ	ual Form 990, Part	x, column (B), line 1	UC) · · · ·		· · · · · <u></u>	4,1	<u>61,070                                   </u>		

Schedule D (Form		Smoky Mounta	ains, Inc.	62	-1507789	Page
Part VII	Investments - Other Securities.	- F 000 De	4 IV June 44	h Coo For	000 D	. V . I 40
	Complete if the organization answered "Yes" or	Form 990, Pai	TIV, line II	b See For	m 990, Par	X, line 12
	(a) Description of security or category (including name of security)	(b) Book va	alue		(c) Method of value or end-of-year mark	
(1) *Financial*o	derivatives · · · · · · · · · · · · · · · · · · ·					
(2) Closely-he	ld equity interests					
(3) Other				·		
(A)						
_(B)						
(C)						
_(D)						
(E)				·		
<u>(F)</u>						
(G)	<u></u>					
(H)						
Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) · · · · · · · Investments - Program Related.	<b>P</b>		<u> </u>	> <u>≉,</u>	20 A G
Part VIII	Complete if the organization answered "Yes" on	Form 990 Pai	rt IV/ lung 11	c See For	m 990 Parl	Y line 13
	Complete if the organization answered Tes or	11 O(1) 330, 1 a	tiv, ille i i	C OCC I OI	117 330, 1 art	. A, IIIIC 13
	(a) Description of investment	(b) Book va	alue		(c) Method of value or end-of-year mark	
(1)			<del></del>		or or or your man	101 10100
(2)					<del></del>	<del></del>
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col (B) line 13) · · · · ·	<b>•</b>	1.	, 1 11	,¢ t - "	•
Part IX	Other Assets.					
	Complete if the organization answered "Yes" on	i Form 990, Pai	t IV, line 11	d See For	m 990, Par	t X, line 15
	(a) Description			<del></del>	(b)	Book value
(10ther A	ssets					352,87
(2)			<del></del>		<del></del>	<del></del>
(3)						
<u>(4)</u>						
(6)						
(7)						<del></del>
(8)				<del></del>		
(9)			<del></del> -			
	(b) must equal Form 990, Part X, col (B) line 15) · · · · ·			🕨		352,87
Part X	Other Liabilities.	<del> </del>			·	
<u> </u>	Complete if the organization answered "Yes" on line 25	n Form 990, Pai	rt IV, line 11	e or 11f S	ee Form 99	0, Part X,
1.		Book value		** . ,,,	~	
(1) Federal in					7 4 4	
(2)			#	•		1 , 1
			1			

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		The configuration of the second secon
(7)		
(8)		with the same of t
(9)		the second of th
(otal (Column (b) must equal Form 990, Part X, col (B) line 25) · ▶		A Charles and Assessment and the second

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

	rtXII Reconciliation of Revenue per Audited Financial Stater	nente With Revenue n	er Return
r <sub>i</sub> d	Reconciliation of Revenue per Audited Financial Stater Complete if the organization answered "Yes" on Form 990,		er Neturn.
1	Total revenue, gains, and other support per audited financial statements · · · · · · ·		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a*	Net unfealized gains (losses) on investments · · · · · · · · · · · · · · · · · · ·	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·		2e
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	l I	
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · ·	4a	
a	Other (Describe in Part XIII )	4b	
b	Add lines 4a and 4b		4c
C E	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
5 IPai	tXII Reconciliation of Expenses per Audited Financial State		
ıı,aı	Complete if the organization answered "Yes" on Form 990		s per iteturii.
1	retar experience and record per addition interies. Statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities	20	
a		2a	
b	Prior year adjustments		_
C		2c	
đ	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 33
b	Other (Describe in Part XIII )	4b	
C	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·		4c
5 (10	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18-) · · ·		5
	tXIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, III		Paπ X, line
2, Pai	rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	
			· · · · · · · · · · · · · · · · · · ·
	•		
	<u></u>		
		- tu	
			<del></del>

#### **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.

Attach to Form 990 or Form 990-EZ

2019

Department of the Treasury Internal Revenue Service

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

Open to Public

OMB No 1545-0047

Name of the organization					Employer id	lentification number	
Boys & Girls Club of the Sm	oky Mountai	ns, Inc.			62-1	507789	
Part   Fundraising Activities	. Complete if	the organi	zation ans	wered "Yes" on	Form 990, Part I\	/, line 17	
Form 990-EZ filers are no	t required to co	mplete this	part				
1 Indicate whether the organization rais	ed funds through	any of the fol	lowing activit	es Check all that ap	oply		
a Mail solicitations	_			f non-government gr			
<b>b</b> Internet and email solicitations		f 🗍	Solicitation of	f government grants			
c Phone solicitations  g Special fundraising events							
d ☐ In-person solicitations							
2a Did the organization have a written or	oral agreement w	uth any indivi	dual (includio	a officers directors	truetaas		
or key employees listed in Form 990,						∕es	
b If "Yes," list the 10 highest paid individ							
		unuraisers) p	ursuanii io ay	reements under win	cir the folioraiser is to t	Je	
compensated at least \$5,000 by the c	organization						
	T	1		<u> </u>	(v) Amount paid to	<del></del>	
(i) Name and address of individual			ndraiser have	(IV) Gross receipts	(v) Amount paid to (or retained by)	(vi) Amount paid to	
or entity (fundraiser)	(II) Activity		or control of outions?	from activity	fundraiser listed in	(or retained by) organization	
					col (i)		
		Yes	No	-			
1							
		<del> </del>			<del> </del>		
2							
			<u> </u>		1.50		
3							
			ļ			·	
4							
					<u></u>		
5							
6							
						<u></u>	
7							
8							
				·	<del></del>	<u> </u>	
9							
and the state of t	.,.						
10							
		<u>.</u>	<u> </u>		.=		
Total			· · · · <b>&gt;</b>				
3 List all states in which the organization	is registered or lice	censed to sol	icit contributio	ons or has been noti	fied it is exempt from		
registration or licensing							
				_			
					· · · · · · · · · · · · · · · · · · ·		
	-						

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

### **Compensation Information**

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

OMB No 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

62-1507789 Boys & Girls Club of the Smoky Mountains **Questions Regarding Compensation** | Part i | Yes No 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) 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 1b 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 2 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 Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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 5b If "Yes" on line 5a or 5b, describe in Part III 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 6a a The organization? If "Yes" on line 6a or 6b, describe in Part III .... 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 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 4.5 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in 9

Page 2

62-1507789

ບ

Schedule J (Form 990) 2019 Boys & Girls Club of the Smoky Mountains, Inc.

Part II. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990. Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual	ē ē	ach listed individual n	nust equal the total an	nount of Form 990, P	art VII, Section A, line 1a,	applicable column (D) an	id (E) amounts for that indiv	vidual
		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	_	(ı) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable	other deferred compensation	benefits	(a)-(ı)(8)	in column (B) reported as deferred on prior Form 990
Robert M Ross	Ξ	157,180	0	0	21,503	0	178,683	0
1 Executive Director	<u>(E</u>	0	0	0	0	0	0	0
	Ξ							
2	(ii)							
	(i)							
3	(ii)							
	Θ							
4	(i)							
	Ξ							
ર	Ξ							
	Ξ							
9	Ξ							
	Ξ							
7	(ii)							
:	(i)							
8	(ii)							
	(1)							
6	Œ							
	Ξ							
10	(ii)							
	Ξ							
11	(E)							
	Ξ							
12	(ii)							
	ε							
13	(ii)							
	Ξ							
14	(i)							
	(i)							
15	Ξ							
	Ξ							
16	Ξ							
ĔĒA							Sch	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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information. Employer identification number

Boys & Girls Club of the Smoky Mountains, Inc.	62-1507789
01. Form 990 governing body review (Part VI, line 11)	
The form 990 is reviewed by the finance committee prior to its filing.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
All board members are made aware that they are to notify the board if the	ney have any
potential conflict of interest or if they suspect a conflict of any other	er board member.
03. CEO, executive director, top management comp (Part VI, line 15a)	
The board approves all compensation of executive personnel.	
04. Other officer or key employee compensation (Part VI, line 15b	
The board approves all compensation of key employees.	
05. Governing documents, etc, available to public (Part VI, line 19)	
All governing documents, conflict of interest policy, financial statement	nts are made
available to the public at the organization's office address reported in	line 20 of
section C along with a copy of the federal form 990.	