Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

A	For the	2022 calend	dar year, or tax year beginning	01/01/2022 ar	nd ending	12/31/2	022					
В	Check if	eck if applicable: C Name of organization BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION IN D Employer identification number										
П	Address	ss change Doing business as 86-2492589										
$\overline{\sqcap}$	Name ch	-	Number and street (or P.O. box if	mail is not delivered to street addres	s) Ro	om/suite	E Teleph	one number				
П	Initial ret	•	1414 Bragg Street				·	919-776-3525				
$\overline{\Box}$		I return/terminated City or town, state or province, country, and ZIP or foreign postal code										
П	Amende		Sanford, NC 27330	3,			G Gross	receipts \$	554,139			
H		ion pending	F Name and address of principal off	icer: Steve Wicker		H(a) Is this a gro		· · · · · · · · · · · · · · · · · · ·	s V No			
ш	приод	ion ponding	1414 Bragg St, Sanford, NC 2			1		es included? Te	_			
$\overline{\Gamma}$	Tax-exe	mpt status:	✓ 501(c)(3)) (insert no.) 4947(a)(1)	or 527	→ ``		e instructions.				
	Website	•		, (,)		H(c) Group ex						
<u>. </u>												
_	Part I Summary											
	1			ion or most significant activit	ies: The Fou	ndation is org	anized t	n raise and nres	erve			
φ	'			the programming of the Boys &				o raise and pres	CIVC			
Governance		Turius to be	e used to promote and extend	the programming of the boys of	x Oil is Clubs	or central care	omia.					
ž	2	Check this	box if the organization d	iscontinued its operations or	disposed of	 more than 25	% of its	 e nat accate				
ŏ	3		_	rning body (Part VI, line 1a).			3	s net assets.	7			
<u>م</u>	4			rs of the governing body (Part			4		7			
es	5			n calendar year 2022 (Part V,			5					
Ϋ́	6		per of individuals employed in per of volunteers (estimate if	-	•		6					
Activities &	7a		ated business revenue from I	= -			7a		7			
1	b			from Form 990-T, Part I, line			7b		0			
	5	ivet uniterat	ted business taxable income	moni i onii 990-i, Fait i, iiie	11	Prior Year		Current Yea	0			
	8	Contributio	ons and grants (Part VIII, line		77,394	Our ent rea	75,220					
ne	l .		ervice revenue (Part VIII, line									
Revenue	9				0		0					
æ	10), lines 3, 4, and 7d)			2,634		-55,506			
	11			es 5, 6d, 8c, 9c, 10c, and 11e	· —		0		0			
_	12			nust equal Part VIII, column (A		78	80,028		19,714			
	13			X, column (A), lines 1–3)			0		0			
	14	-		(, column (A), line 4)			0		0			
es	15		· · · · · · · · · · · · · · · · · · ·	benefits (Part IX, column (A), lir	0			0				
Expenses	16a		-	olumn (A), line 11e)			0		0			
Ϋ́	_b		raising expenses (Part IX, col									
_	17		enses (Part IX, column (A), line	-			662		3,858			
	18	-	•	equal Part IX, column (A), line	· · · · · · · · · · · · · · · · · · ·		662		3,858			
	19	Revenue le	ess expenses. Subtract line 1		79,366		15,856					
Net Assets or Fund Balances					В	eginning of Curre	-	End of Yea				
ssel	20		ts (Part X, line 16)			78	82,746		731,226			
et A	21		ties (Part X, line 26)		662		450					
			or fund balances. Subtract li	ne 21 from line 20		78	82,084		730,776			
	art II		re Block									
				return, including accompanying sche officer) is based on all information of				ny knowledge and i	Deliet, it is			
		1										
Sig	าท	Signature of	officer			L						
	_	Signature of officer Date										
П	ere		cer, Treasurer									
			name and title	Dronavaria alamat:::		1		DTIN				
Pa	id		e preparer's name	Preparer's signature	Dat		Check L	if PTIN				
Pr	epare	r Daniel H					self-emp	1 02402				
	e Onl	ly Firm's nan				Firm's		86-2182057				
		Firm's add		_		Phone	no.	919-274-516				
ıvla	v the II	3 discuss	this return with the preparer s	shown above? See instruction	ns				l No			

Form 990 (2022)

Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
-	The Foundation is organized to raise and preserve funds to be used to promote and extend the programming of the Boys & Girls
	Clubs of Central Carolina.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
_	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$0 including grants of \$0) (Revenue \$0)
	The Foundation is organized to raised and preserve funds to be used to promote and extend the programming of the Boys & Girls
	Clubs of Central Carolina.
4b	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
40	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0) Total program service expenses

Part IV Checklist of Required Schedules			
	Part IV	Checklist of Required Schedules	

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

Part	V Checklist of Required Schedules (continued)		-	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		,
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			_
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		~
24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		~
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
	to defease any tax-exempt bonds?	24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		·
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III			
00		27		~
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		~
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		~
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV			
00	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	28c		<i>'</i>
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete scriedule in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		
50	conservation contributions? If "Yes," complete Schedule M	30		,
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		~
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		•
	complete Schedule N, Part II	32		~
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	24	,	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		~
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jour		<u> </u>
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		~
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		~
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	_	
Part		<u> 36</u>		
- all	Check if Schedule O contains a response or note to any line in this Part V			П
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	4 -		ı

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		_
b	If "Yes," enter the name of the foreign country	Tu		_
	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		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
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).	OD.		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
<u> </u>	and services provided to the payor?	7a		~
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	7.5		
_	required to file Form 8282?	7с		·
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
100	,	12a		
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.	104		
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
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			
	excess parachute payment(s) during the year?	15		~
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		~
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent ... 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with ~ 2 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No **10a** Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 1 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 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NC 17 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ✓ Upon request ☐ Own website ☐ Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Steve Wicker, (919)776-3525

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

					C)					
(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) 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/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
Brian Davis	1.00									
Chairperson	4.00	~		~				0	0	0
Steve Wicker	1.00									
Treasurer	0.00	~		~				0	0	0
Barber Holmes	1.00									
Secretary	0.00	~		~				0	0	0
Mary Jo Parks	1.00									
Director	0.00	~						0	0	0
Joe Langley	1.00									
Director	4.00	~						0	0	0
Kirk Bradley	1.00									
Director	0.00	~						0	0	0
Sam Wornom III resigned Jan 22	1.00									
Director	2.00	~						0	0	0
Kyle Shipp	1.00									
Director	4.00	~						0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	id F	lighest Compe	nsated I	Emplo	yees (continued)
					(6	C)						
	(A)	(B)	(-1			sition			(D)	(E)		(F)
	Name and title	Average					e than d is both		Reportable	Report		Estimated amount
		hours per week	office	er and	_	direct	or/trust	tee)	compensation from the	compens from rel		of other compensation
		(list any	or c	Inst	Officer	Κe	emp	For	organization (W-2/	organizatio		
		hours for	Individual to	ituti	cer	em /	hest	Former	1099-MISC/	1099-M		organization and
		related organizations	Individual trustee or director	Institutional		Key employee	ee		1099-NEC)	1099-N	IEC)	related organizations
		below	rust	쿹		yee	npe					
		dotted line)	ee e	trustee			Highest compensated employee					
							ie d					
		ļ 	_									
			1									
			1									
			-									
			-									
		 	-									
		 	-									
			-									
			-									
	Subtotal							ļ	0		0	
C	Total from continuation sheets to Part		 n A	•	•			•	0		U	0
d	Total (add lines 1b and 1c)	-	/II A	•	•	•	•	•	0		0	0
	Total number of individuals (including		limite			thos		ted	_	L eceived r	-	
_	reportable compensation from the organi						,0 1.0	iou	0	3001704 1	11010	\$100,000 01
	3											Yes No
3	Did the organization list any former of	officer, dire	ector.	tru	iste	e. k	ev e	mp	lovee, or highes	st compe	nsated	
_	employee on line 1a? If "Yes," complete								•			3 1
4	For any individual listed on line 1a, is the							on a	and other compe	nsation fr	om the	
	organization and related organizations											
	individual											4
5	Did any person listed on line 1a receive of	or accrue co	ompe	nsa	tion	fro	m any	/ un	related organizat	tion or inc	dividua	
	for services rendered to the organization	? If "Yes," o	compl	ete	Sch	hedi	ule J t	for s	such person .			5 1
Secti	on B. Independent Contractors											
1	Complete this table for your five high	nest comp	ensat	ed	inde	epei	ndent	CC	ontractors that r	eceived	more	than \$100,000 of
	compensation from the organization. Rep	ort comper	ısatioı	า foi	r the	e ca	lenda	r ye	ear ending with or	within the	e orgar	nization's tax year.
	(A)								(B)			(C)
	Name and business add	Iress							Description of serv	/ices		Compensation
None												
2	Total number of independent contractor						ted to	o th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gan	ıizat	ion			0			

Dart VIII	Statement of Revenue

		Check if Schedule O contains a res	pon	se or note to an	y line in this Pa	rt VIII		🗆
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts,	1a	Federated campaigns	1a	0				
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b	0				
عَ قِ	С	Fundraising events	1c	0				
fts,	d	Related organizations	1d	220				
ତ୍ର ≅	е		1e	0				
Sin's	f	All other contributions, gifts, grants,						
ig je		and similar amounts not included above	1f	75,000				
호 된	g	Noncash contributions included in						
ig j		lines 1a-1f	1g	\$ 0				
ज ठ	h	Total. Add lines 1a-1f			75,220			
				Business Code				
je	2 a							
e S	b							
en S	С							
gram Ser Revenue	d							
Program Service Revenue	е							
ے ا	f	All other program service revenue .						
	<u>g</u> 3	Total. Add lines 2a–2f			0			
	3				20.202			20.202
	4	other similar amounts)			20,203	0	0	20,203
	5	Royalties		· · · · · · · · · · · · · · · · · · ·	0	0	0	0
		(i) Real	•	(ii) Personal			J	
	6a	Gross rents 6a		(*)				
	b	Less: rental expenses 6b						
	c	Rental income or (loss) 6c	0	0				
	d	Not worded in a constant (local)						
	7a	Gross amount from (i) Securitie		(ii) Other				
		sales of assets						
		other than inventory 7a 458,	,716	0				
<u>o</u>	b	Less: cost or other basis						
Revenue		and sales expenses 7b 534	,425	0				
ě	С	Gain or (loss) 7c -75,	,709	0				
	d	Net gain or (loss)			-75,709	0	0	-75,709
Other	8a	Gross income from fundraising						
0		events (not including \$0						
		of contributions reported on line	_					
	_	<u> </u>	8a					
	b	·	8b					
	C	Net income or (loss) from fundraising Gross income from gaming	eve	nts				
	9a		0-					
	L		9a 9b					
		Net income or (loss) from gaming act						
		Gross sales of inventory, less	۷1116					
	iou		10a					
	b	<u> </u>	10b					
	c	Net income or (loss) from sales of inv		ry				
<u>s</u>		,		Business Code				
Miscellaneous Revenue	11a							
scellaneo Revenue	b							
e e	С							
Alisi R	d	All other revenue						
2		Total. Add lines 11a-11d			0			
	12	Total revenue. See instructions			19 714	0	0	-55 506

Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response				
8b, 9b	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees): Management		•		
a b	Legal				
c	Accounting	3,700		3,700	
d	Lobbying			,	
е	Professional fundraising services. See Part IV, line 17				
f g	Investment management fees				
12	Advertising and promotion				
13	Office expenses	158		158	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а					
b					
С					
d	All other expanses				
е 25	All other expenses Total functional expenses. Add lines 1 through 24e	3,858	0	2 050	0
<u>25</u> 26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	3,858	0	3,858	0

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	rt X		🗌
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		1	429
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	75,000
	4	Accounts receivable, net		4	·
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ΑS	9	Prepaid expenses and deferred charges		9	
`	10a	Land, buildings, and equipment: cost or other		9	
	Toa	basis. Complete Part VI of Schedule D 10a			
	L	Less: accumulated depreciation 10b		10c	
	b		700 744		(55.707
	11	Investments—publicly traded securities	782,746	11	655,797
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	782,746	16	731,226
	17	Accounts payable and accrued expenses	662	17	450
	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	
S	22	Loans and other payables to any current or former officer, director,			
≝		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	662	26	450
S		Organizations that follow FASB ASC 958, check here 🔽			
S		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	782,084	27	730,776
Ва	28	Net assets with donor restrictions	0	28	0
pu		Organizations that do not follow FASB ASC 958, check here			
ᆵ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ş	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds .		31	
Ă		Total net assets or fund balances	702.004	32	720 77/
Zei	32 33		782,084		730,776
_	აა	Total liabilities and net assets/fund balances	782,746	33	731,226

Part	XI Reconciliation of Net Assets		•	
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)		19	9,714
2	Total expenses (must equal Part IX, column (A), line 25)		3	3,858
3	Revenue less expenses. Subtract line 2 from line 1		15	5,856
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		782	2,084
5	Net unrealized gains (losses) on investments		-61	1,863
6	Donated services and use of facilities			0
7	Investment expenses		-5	5,301
8	Prior period adjustments			0
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		730	0,776
Part	XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
			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 on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		V
	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		~
	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:			
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
С	the audit, review, or compilation of its financial statements and selection of an independent accountant? .	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on	20		
	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			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		<u> </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		

Form **990** (2022)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization **BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC** 86-2492589 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V, Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (ii) EIN (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? instructions) above (see instructions)) instructions) Yes No (A) (B) (C) (D) (E)

Total

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 **(b)** 2019 Calendar year (or fiscal year beginning in) (a) 2018 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 777,614 75,219 852,833 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 0 0 0 777,614 75,219 852,833 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) 57,531 Public support. Subtract line 5 from line 4 795,302 Section B. Total Support **(b)** 2019 (c) 2020 Calendar year (or fiscal year beginning in) (a) 2018 (d) 2021 (e) 2022 (f) Total 7 Amounts from line 4 0 0 0 777,614 75,219 852,833 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 617 20,821 21,438 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 874,271 Gross receipts from related activities, etc. (see instructions) 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 14 % Public support percentage from 2021 Schedule A, Part II, line 14 15 % 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test-2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. 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 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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Schedule A (Form 990) 2022 Page **3**

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

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

Secti	on A. Public Support			,		,	
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees	• •	, ,	• •			,,
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
	· ·						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons 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.)						
	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
••	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re ັ	<u> </u>		•	ear as a sectio	` ', ' '
	on C. Computation of Public Suppor						
15	Public support percentage for 2022 (line 8						<u>%</u>
16 Casti	Public support percentage from 2021 Sch	nedule A, Part	III, line 15 .			16	<u>%</u>
	on D. Computation of Investment In				(0)	147	0/
17	Investment income percentage for 2022 (•			<u>%</u>
18	Investment income percentage from 2021 331/3% support tests—2022. If the organ						% and line
19a	17 is not more than 33 ¹ / ₃ %, check this box						
b	33 ¹ / ₃ % support tests—2021. If the organiz	=	-			-	_
D	line 18 is not more than 33½%, check this l						
20	Private foundation. If the organization di		_	· ·	•	•	

Schedule A (Form 990) 2022 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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

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Schedule A (Form 990) 2022 Page 5 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). C 2 Activities Test. Answer lines 2a and 2b below. Yes No Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2022

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Org	nani	izations	rage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI\ See
_	instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
<u>a</u>	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>C</u>	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-function	ally i	integrated Type III suppo	rting organization
	(see instructions)			

Schedule A (Form 990) 2022 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Part V Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required -provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 10 Line 8 amount divided by line 9 amount 10 (ii) (iii) (i) **Underdistributions Distributable** Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2022 Amount for 2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required -explain in Part VI). See instructions. Excess distributions carryover, if any, to 2022 a From 2017 From 2018 **c** From 2019 **d** From 2020 From 2021 . . . Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2022 distributable amount Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D, line 7: Applied to underdistributions of prior years Applied to 2022 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2023. Add lines 3j and 4c. Breakdown of line 7: Excess from 2018 . . . **b** Excess from 2019 . . . Excess from 2020 . Excess from 2021 . . . Excess from 2022 . . .

Schedule A (Form 990) 2022 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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC	86-2492589
Form 990, Part VI, Section A, Line 8b - The Organization does not have any committees that can act on b	ehalf of the Governing Body.
Form 990, Part VI, Section B, Line 11b - The form 990 is sent to all Board members prior to filing the 990	with the IRS.
Form 990, Part VI, Section B, Line 12c - At the Annual meeting of the Board of Directors, the conflict of in	nterest policy is reviewed with all
Board members and Board members are required to disclose any known conflict of interests that rise th	
Form 990, Part VI, Section C, Line 19 - No documents are available to the public.	
······	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC

Part

Related Organizations and Unrelated Partnerships

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

Employer identification number

86-2492589

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

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2022 (f)
Direct controlling entity ŝ 7 Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had Yes (f)
Direct controlling
entity (e) End-of-year assets ¥Ν (e)
Public charity status (if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. 7 (d) Exempt Code section (c)
Legal domicile (state
or foreign country) 501(c)(3) Cat. No. 50135Y (c)
Legal domicile (state
or foreign country) (b) Primary activity S one or more related tax-exempt organizations during the tax year. (b) Primary activity **Serving Youth** For Paperwork Reduction Act Notice, see the Instructions for Form 990. (a)
Name, address, and EIN (if applicable) of disregarded entity (1) Boys & Girls Clubs of Central Carolina Inc (56-1923703) (a) Name, address, and EIN of related organization 1414 Bragg St, Sanford, NC 27330 Part II Ξ 3 ල 4 9 <u>8</u> 0 ල **4** (5) 9

Page 2

Schedule R (Form 990) 2022

Part III

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

(k) Percentage ownership								art IV,	(i) Section 512(b)(13) controlled entity?	Yes No								Schedule R (Form 990) 2022
General or managing partner?								m 990, Pa	(h) Percentage Sec	×								dule R (For
(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)								as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, zations treated as a corporation or trust during the tax year.	(g) Share of Peruend-of-year assets own									Sche
(h) Disproportionate allocations?								ı answere ar	Share of total income end									
Share of end-of- Disproportionate year assets allocations?								ganization the tax ye										
Share of total Sha income y								ete if the or rust during	(e) Type of entity (C corp, S corp, or trust)									
	F C							st. Compleration or the	(d) Direct controlling entity									
(e) Predominant income (related, unrelated, excluded from tax under								on or Trus s a corpo										
(d) Direct controlling entity								sas a Corporation or Trust. Complete if the organization are zations treated as a corporation or trust during the tax year.	(c) Legal domicile (state or foreign country)									
(c) Legal Diamonicile domicile (state or foreign country)									(b) Primary activity									
(b) Primary activity								Identification of Related Organizations Taxable line 34, because it had one or more related organi										
(a) Name, address, and EIN of related organization	(1)	(2)	(3)	(4)	(9)	(9)	(2)	Part IV Identification of R line 34, because it l	(a) Name, address, and EIN of related organization		(1)	(2)	(3)	(4)	(5)	(9)	(2)	

Schedule R (Form 990) 2022

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

ğ	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				_	Yes No	_
-	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	more related organi	zations listed in Part	s II–IV?			
Ø	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	'	
Q	Gift, grant, or capital contribution to related organization(s)				1b	>	
ပ	Gift, grant, or capital contribution from related organization(s)				10	_	
σ	Loans or loan guarantees to or for related organization(s)				1d	7	
Φ	Loans or loan guarantees by related organization(s)				1e	^	
—	Dividends from related organization(s)				#	7	
5	Sale of assets to related organization(s)				1g	7	_
_	Purchase of assets from related organization(s)				1	7	_
-	Exchange of assets with related organization(s)				1i	>	
_	Lease of facilities, equipment, or other assets to related organization(s)				1j	7	
¥	Lease of facilities, equipment, or other assets from related organization(s)				*	7	
_	Performance of services or membership or fundraising solicitations for related organization(s) .				=	7	
Ε	I Performance of services or membership or fundraising solicitations by related organization(s) .				Ę	7	J
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				무	7	J
0	Sharing of paid employees with related organization(s)				9	7	
2	Reimbursement naid to related organization(s) for expenses				5	,	
ב ס	Reimbursement paid by related organization(s) for expenses				2 0	. 2	1
•							
_	Other transfer of cash or property to related organization(s)				+	7	
S	Other transfer of cash or property from related organization(s)				18	7	- 1
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	plete this line, inclu	ding covered relation	ships and transacti	ion thres	holds.	- 1
	(a) Name of related organization	(b) Transaction type (a—s)	(c) Amount involved	(d) Method of determining amount involved) ng amount i	involved	
	Boys & Girls Clubs of Central Carolina Inc		220	220 Cash			1
Ξ							J
(2)							
(3)							
4							- 1
(5)							- 1
9							
				Schedule R (Form 990) 2022	R (Form	990) 2022	ន្ត

Schedule R (Form 990) 2022

Page 4

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
3			sections 512—514)	Yes No			Yes No		Yes	
(1)										
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								Sche	Schedule R (Form 990) 2022	n 990) 2022

Page 5 Schedule R (Form 990) 2022 **Supplemental Information** Provide additional information for responses to questions on Schedule R. See instructions.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Open to Public

Department of the Treasury Internal Revenue Service

Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2023 calendar year, or tax year beginning 01/01/2023 and ending 12/31/2023 C Name of organization BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION IN D Employer identification number В Check if applicable: Doing business as 86-2492589 Address change E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 1414 Bragg Street 919-776-3525 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code Sanford, NC 27330 G Gross receipts \$ 661.641 Amended return Application pending F Name and address of principal officer: Steve Wicker **H(a)** Is this a group return for subordinates? ☐ **Yes** ✓ **No** 1414 Bragg Street, Sanford, NC 27330 **H(b)** Are all subordinates included? Yes No Tax-exempt status: √ 501(c)(3) If "No," attach a list. See instructions. 501(c) () (insert no.) 4947(a)(1) or Website: H(c) Group exemption number Form of organization: Corporation Trust Association Other L Year of formation: 2021 M State of legal domicile: NC Part I Summary Briefly describe the organization's mission or most significant activities: The Foundation is organized to raise and preserve funds to be used to promote and extend the programming of the Boys & Girls Clubs of Central Carolina. Activities & Governance 2 Check this box \Box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 0 6 6 Total number of volunteers (estimate if necessary) 8 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) 75,220 601,362 9 Program service revenue (Part VIII, line 2g) 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -55.506 28.048 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 19.714 629,410 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 0 32,790 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0 Total fundraising expenses (Part IX, column (D), line 25) b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 3,800 3,858 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 3,858 36,590 Revenue less expenses. Subtract line 18 from line 12 19 15,856 592,820 Assets or **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 731,226 1,420,678 21 Total liabilities (Part X, line 26) . 450 450 22 Net assets or fund balances. Subtract line 21 from line 20 730,776 1,420,228 **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. Sign Signature of officer Date Here Steve Wicker, Treasurer Type or print name and title Print/Type preparer's name Preparer's signature Date Check ✓ if **Paid** self-employed **Daniel Hawley** P02462762 **Preparer** Firm's name **FCP Financial Services LLC** Firm's EIN 86-2182057 Use Only 919-274-5165 Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. May the IRS discuss this return with the preparer shown above? See instructions ✓ Yes □ No

Part		t of Program Service chedule O contains a		in this Part III	
1		the organization's miss			
		-		romote and extend the programming o	f the Boys & Girls
	Clubs of Central	Canalina			
	Dial the evereing	ations considered to be a second at	wificant was supplied a supiliar at the		Ale e
2			nificant program services durir	ng the year which were not listed on	
	•	e these new services o			· Yes V No
3				ges in how it conducts, any prog	ram
		e these changes on Sc			
4		_		ach of its three largest program serv	rices, as measured by
	expenses. Secti	on 501(c)(3) and 501(c)(4) organizations are required	to report the amount of grants and	
	the total expens	es, and revenue, if any	, for each program service repo	orted.	
4a	(Code:) (Expenses \$	32,790 including grants of \$		<u>o</u> .)
			nd preserve funds to be used to j	promote and extend the programming	of the Boys & Girls
	Clubs of Central	Carolina.			
	'0 1) (E) (D	
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program	services (Describe on S	chedule O.)		
	(Expenses \$	o including	grants of \$ 0) (F	Revenue \$ 0)	
4e	Total program s	ervice expenses	32,790		

Form 99	0 (2023)			Page
Part	V Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	/	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	✓	✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes," <i>complete Schedule D, Part IV</i>	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i>	10		· ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		✓
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII </i>	11c		✓
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX </i>	11d		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e		✓
12a	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	11f		✓
b	Schedule D, Parts XI and XII	12a		✓
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		√
14a b	Did the organization maintain an office, employees, or agents outside of the United States? 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	14a		√
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		✓
16	for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV </i>	15		✓
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16		✓
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		✓
19	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
	If "Yes," complete Schedule G, Part III	19		√
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		✓
b 21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20b 21		

Part	V Checklist of Required Schedules (continued)			
	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	00		
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	23		√
		24a		✓
	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 to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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? <i>If "Yes," complete Schedule L, Part I</i>	24d 25a		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		· ·
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		V
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			Ť
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		1
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		·
29 30	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
	conservation contributions? If "Yes," complete Schedule M	30		✓
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31		✓
33	complete Schedule N, Part II	32		√
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		√
25-	or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		1
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		1
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	10	./	

Part '	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b							
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,								
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			√					
	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 organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
	gifts were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
	and services provided to the payor?	7a							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_							
	required to file Form 8282?	7с							
	If "Yes," indicate the number of Forms 8282 filed during the year	_							
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f 7g							
_	, , , , , , , , , , , , , , , , , , , ,								
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h							
O	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:	35							
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
	Gross income from other sources. (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note: See the instructions for additional information the organization must report on Schedule O.								
	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								
	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓					
	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	4-		,					
	excess parachute payment(s) during the year?	15		✓					
16	If "Yes," see the instructions and file Form 4720, Schedule N.	4.0		,					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		√					
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities								
• •	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17							
	If "Yes," complete Form 6069.	• •							
	, , , , , , , , , , , , , , , , , , ,								

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a

response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 ✓ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? . 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☐ Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Steve Wicker, (919)776-3525

Part VI

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box in fletther the organization flor	any relate	T Cig	uiiz		C)	ompo	1100	lica any carrent		Tradico.
		Position								
(A)	(B)	(do not check more than one						(D)	(E)	(F)
Name and title	Average hours	box, unless person is bot officer and a director/trus					Reportable compensation	Reportable compensation	Estimated amount of other	
	per week		_					from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	am gir	Former	organization (W-2/ 1099-MISC/	organizations (W-2/	
	hours for related	rect	tutic	ğ	emp	est l	ਜੁ	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	9 =	na		о́у	com		,	,	3
	below dotted line)	_ ste	trus		ee	pen				
	dotted inte,	Ď	tee			Highest compensated employee				
Brian Davis	1.00					0				
Chairperson	0.00	1		1				0	0	0
Steve Wicker	1.00									
Treasurer	0.00	1		✓				0	0	0
Barber Holmes	1.00									
Secretary	0.00	✓		✓				0	0	0
Joe Langley	1.00									
Director	0.00	✓						0	0	0
Kirk Bradley	1.00									
Director	0.00	✓						0	0	0
Kyle Shipp	1.00									
Director	0.00	✓						0	0	0
Faye Cress - Joined Feb 23	1.00									
Director	0.00	✓						0	0	0
Mary Jo Parks - resigned Feb 23	1.00									
Director	0.00	✓						0	0	0
	ļ									
	 	-								
	 	1								
	 	1								
	 	†								
	†	1								

Part	VI Section A. Officers, Directors,	rustees,	Key I	Em	ploy	yee	s, an	d F	lighest Compe	nsated Empl	oyees (continued)
	(A) (B) Name and title Avera hou per w			unles er an	Pos neck ss pe d a d	rson lirect	e than o is both or/trust	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) 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/ 1099-NEC)	organizations (W-2 1099-MISC/ 1099-NEC)	from the organization and related organizations
1b	Subtotal				l				0		0
С	Total from continuation sheets to Part	VII, Sectio									
d	Total (add lines 1b and 1c)	but not						ted	above) who re		0 than \$100,000 of
-	reportable compensation from the organi	zation							0		Yes No
3	Did the organization list any former of employee on line 1a? If "Yes," complete s									st compensate	
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble	con	npe	nsatic	n a	ınd other compei		e h
5	Did any person listed on line 1a receive of for services rendered to the organization								_	tion or individu	
Sooti	on B. Independent Contractors	: 11 163, 0	Jorripi	CiC	301	ieu	ile o i	Oi s	such person .		5 ✓
1	Complete this table for your five high compensation from the organization. Report										
	(A) Name and business add			110	1 (11)		ionaa		(B) Description of serv		(C) Compensation
None	างผากับ ผาน มนอกกับร้อง สันน								Decempation of serv		Compondation
2	Total number of independent contractor received more than \$100,000 of compens						ted to	th	nose listed abov	e) who	

Page 8

	-7
Part VIII	Statement of Revenue

		Check if Schedule	Осо	ntains a re	spon	se or note to ar	ny line in this Pa	ırt VIII		🗌
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants, and Other Similar Amounts	1a b c d e f	Federated campaign Membership dues Fundraising events Related organization Government grants All other contribution and similar amounts no	 ns . (cont	ributions)	1a 1b 1c 1d 1e	0 0 0 0 0 0				
Sontribu and Oth	g	Noncash contribution lines 1a–1f			1g		004.202			
C	h	Total. Add lines 1a-	-IT .				601,362			
						Business Code				
j Ce	2a									
اه ڃَ	b									
gram Ser Revenue	С									
Z g	l .									
ra Ze	d									
Program Service Revenue	е									
P.	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-					0			
	3	Investment income	•	_						
		other similar amoun	its) .				27,910	0	0	27,910
	4	Income from investn	nent (of tax-exen	not bo	nd proceeds	0	0	0	0
	5	- B W				ina processa	0	0	0	0
	"	rioyanics		(i) Real		(ii) Personal	0	0	0	0
				(i) Nea	'	(ii) i ersonai				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	С	Rental income or (loss)	6с	0		0				
	d	Net rental income o	r (los:	s)						
	7a	Gross amount from	Ţ,	(i) Securi		(ii) Other				
		sales of assets other than inventory	7a	3	2,369	0				
Revenue	b	Less: cost or other basis and sales expenses .	7b	3	2,231	0				
eve	С	Gain or (loss)	7c		138	0				
	l	Net gain or (loss)					138	0	0	138
Other	l	Gross income from	m fu	ndraising			100			
ō		events (not including of contributions rep 1c). See Part IV, line	\$ porte	0 d on line	8a					
	b	Less: direct expense	es .		8b					
	С				a eve	nts				
	9a	` ,	t income or (loss) from fundraising events on the community of the communi							
	b	Less: direct expense			9b					
	ı	-				<u> </u>				
		Net income or (loss)			LIVILIE	, 8 				
		Gross sales of ir returns and allowan	ces		10a					
	l	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of ir	vento	pry				
<u>s</u>						Business Code				
ا <u>ه</u> کړ	11a									
ang l	b									
scellaneo Revenue	С									
Miscellaneous Revenue	d	All other revenue								
Ξ		Total. Add lines 11a					0			
Ē	12	Total revenue. See					629,410	0	0	20.040
	14	i otal levellue. See	111011	u0110113			029,410	ı	U	28,048

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	or note to any line	in this Part IX .		🗆
	et include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 .	32,790	32,790	-	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22	32,733	32,733		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages				
9	Other employee benefits				
10 11	Payroll taxes				
а	Management				
b	Legal				
С	Accounting	2,300		2,300	
d	Lobbying				
e f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15 16	Royalties				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21 22	Payments to affiliates				
23	Insurance	1,500		1,500	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	·		·	
a b			+		
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	36,590	32,790	3,800	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

1 Cash—non-interest-bearing 428 1 3,829 2 Savings and temporary cash investments 2 33,908 3 Pledges and grants receivable, net 75,000 3 4 Accounts receivable, net 75,000 3 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 55% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(n/f), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Notes and loans receivable, net 7 9 Propaid expenses and deferred charges 9 9 Propaid expenses and deferred charges 9 9 Propaid expenses and deferred charges 9 10 Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a 10 Less: accumulated depreciation 10b 10a 11 Investments—publicly traded securities 655,791 1 1,378,141 12 Investments—publicly traded securities 655,791 1 1,378,141 13 Investments—publicly traded securities 10a 10a 14 Intrangbia assets. Add lines 1 through 15 fmust equal line 33 731,226 16 1,420,678 16 Total assets. Add lines 1 through 15 fmust equal line 33 731,226 16 1,420,678 18 Grants payable 10 10 10 10 10 19 Loans and other payables to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 20 Tex-exempt bond liabilities 20 10 21 Loans and loans payable to unrelated third parties 23 22 Capital stock or trust principal, or current funds 29 23 Secured mortages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties 24 25 Unsecured notes and loans payable to unrelated third parties 24			Check if Schedule O contains a response or note to any line in this Pa	art X		🔲
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3 Pledges and grants receivable, net			•		2	
A Accounts receivable, net 4				75.000	-	
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7 Notes and loans receivable, net		6	Loans and other receivables from other disqualified persons (as defined			
8			under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
8	ts	7	Notes and loans receivable, net		7	
10a	se	8			8	
basis. Complete Part VI of Schedule D . 10a 10b 10c 10t 10	As	9	Prepaid expenses and deferred charges		9	
b Less: accumulated depreciation 10b 10c 11c 10c 11c 10c 11c 10c 10c 11c 10c 1		10a				
11 Investments — publicly traded securities 655,797 11 1,378,141 12 Investments — other securities. See Part IV, line 11 13 13 Investments — program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. See Part IV, line 11 15 17 Accounts payable and accrued expenses 450 17 450 18 Grants payable 18 18 19 Deferred revenue 19 18 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 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 of Schedule D 25 26 Total liabilities. Add lines 17 through 25 450 26 450 27 Organizations that follow FASB ASC 958, check here			basis. Complete Part VI of Schedule D 10a			
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13		11		655,797	11	1,378,141
14 Intangible assets		12	Investments—other securities. See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments – program-related. See Part IV, line 11		13	
Total assets. Add lines 1 through 15 (must equal line 33)		14	Intangible assets		14	
17		15	Other assets. See Part IV, line 11		15	
18 Grants payable 18 19 Deferred revenue 19 19 20 20 21 20 21 20 21 21		16	Total assets. Add lines 1 through 15 (must equal line 33)	731,226	16	1,420,678
Tax-exempt bond liabilities. Tax-exempt bond liabilities. Tax-exempt bond liabilities. Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. Secured mortgages and notes payable to unrelated third parties. Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25. Total liabilities. Add lines 17 through 25. Total sesets without donor restrictions. Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets with donor restrictions. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds. 29 Capital stock or trust principal, or current funds. 29 Capital stock or trust principal, or current funds. 30 Paid-in or capital surplus, or land, building, or equipment fund. 31 Retained earnings, endowment, accumulated income, or other funds. 31 Total net assets or fund balances. 730,776 32 1,420,228		17	Accounts payable and accrued expenses	450	17	450
Tax-exempt bond liabilities		18	·		18	
Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22		19	Deferred revenue		19	
Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		20	·		20	
trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons					21	
Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25	es	22				
Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25	Œ					
Unsecured notes and loans payable to unrelated third parties. Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D. Total liabilities. Add lines 17 through 25	iab					
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	_					
parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D					24	
of Schedule D		25				
26 Total liabilities. Add lines 17 through 25			• • • • • • • • • • • • • • • • • • • •			
Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions		06				
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions		26		450	26	450
Net assets without donor restrictions	Ses					
Net assets without donor restrictions Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds Total net assets without donor restrictions 0 28 0 29 Capital stock or trust principal, or current funds Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances Total liabilities and net assets/fund balances	au	27		720 776	27	1 420 220
Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	Ва		ALC: The second			
and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds	pu	20		0		
29 Capital stock or trust principal, or current funds	Fu					
Paid-in or capital surplus, or land, building, or equipment fund	ō	29			29	
31 Retained earnings, endowment, accumulated income, or other funds 31	ets				-	
32 Total net assets or fund balances	SSI				-	
Ž 33 Total liabilities and net assets/fund balances	¥ A		-	730,776	-	1,420,228
	ž		Total liabilities and net assets/fund balances		-	

Form 990 (2023) Page **12**

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				. 🔲
1	Total revenue (must equal Part VIII, column (A), line 12)	1		62	9,410
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	6,590
3	Revenue less expenses. Subtract line 2 from line 1	3		59	2,820
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		73	0,776
5	Net unrealized gains (losses) on investments	5		10	1,752
6	Donated services and use of facilities	6			0
7	Investment expenses	7			5,120
8	Prior period adjustments	8			0
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				
		10		1,42	0,228
Part	XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				ᅮᆜ
				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," exp	lain i	<u></u>		
	Schedule O.	naii i	011		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? .		2a		/
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compared to the com				_
	reviewed on a separate basis, consolidated basis, or both.	Jiica	0		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		/
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	 ed on			
	separate basis, consolidated basis, or both.				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over-	sight	of		
	the audit, review, or compilation of its financial statements and selection of an independent accountant	ıt? .	20		
	If the organization changed either its oversight process or selection process during the tax year, exp	olain	on 📉		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set fortl	h in t	he		
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	_			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	dits .	3b		

Form **990** (2023)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2023
Open to Public

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization					Employer identification	number
BOYS & GIRLS CLUBS OF CENTRAL CA					86-24	
Part I Reason for Public Cha				-	· · · · · · · · · · · · · · · · · · ·	ons.
The organization is not a private found		,		-	•	
1 A church, convention of church					0(b)(1)(A)(i).	
2 A school described in section			-	-	\(A\(\frac{\curv}{\curv}\)	
3 A hospital or a cooperative ho4 A medical research organizati						(iii) Entartha
hospital's name, city, and stat	·e:					
5 An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in
 6 ☐ A federal, state, or local gover 7 ☑ An organization that normally described in section 170(b)(1 	receives a subs	tantial part of its sup				n the general public
8 A community trust described	in section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9 An agricultural research organ or university or a non-land-gra university:	ization described	d in section 170(b)(1)	(A)(ix) op			
10 An organization that normally receipts from activities related support from gross investmen acquired by the organization a	I to its exempt fu It income and uni	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	ınd (2) no more than ection 511 tax) from	33 ¹ / ₃ % of its
11 An organization organized and	d operated exclus	sively to test for public	c safety.	See sect i	on 509(a)(4).	
12 An organization organized and						
one or more publicly supporte the box on lines 12a through 1						
a Type I. A supporting organization supporting organization. Y	n(s) the power to	regularly appoint or e	lect a ma	ijority of t		
b Type II. A supporting orga control or management of organization(s). You must	the supporting o	rganization vested in	the same			
c Type III functionally integits supported organization	jrated. A suppor	ting organization oper	ated in c			ally integrated with,
d Type III non-functionally		· ·				orted organization(s)
that is not functionally inte requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribu	ıtion requirement an	
e Check this box if the organ functionally integrated, or	nization received Type III non-func	a written determination	on from thoporting o	ne IRS tha organizat	at it is a Type I, Type on.	e II, Type III
f Enter the number of supported						
g Provide the following information	n about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 Calendar year (or fiscal year beginning in) **(b)** 2020 (a) 2019 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 777,614 75,219 601,362 1,454,195 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 0 0 777,614 75,219 601,362 1,454,195 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) 587,060 **Public support.** Subtract line 5 from line 4 867,135 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 7 Amounts from line 4 0 0 777.614 75,219 601,362 1,454,195 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 617 20,821 13,357 34,795 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 1,488,990 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2022 Schedule A, Part II, line 14 % 331/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2023. 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 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

18

Schedule A (Form 990) 2023 Page **3**

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

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

Section	A. Public Support			, ,		,	_
Calenda	r year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	fts, grants, contributions, and membership fees						
	ceived. (Do not include any "unusual grants.")						_
2 Gr	ross receipts from admissions, merchandise III or services performed, or facilities						_
SO fui	rnished in any activity that is related to the						
	ganization's tax-exempt purpose						_
	ross receipts from activities that are not an irelated trade or business under section 513						_
4 Ta	ax revenues levied for the						
	ganization's benefit and either paid or expended on its behalf						_
5 Th	ne value of services or facilities						
	rnished by a governmental unit to the						
	ganization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and 3						
re	ceived from disqualified persons .						
	mounts included on lines 2 and 3						
	ceived from other than disqualified						
	ersons that exceed the greater of \$5,000 1% of the amount on line 13 for the year						
	•						
	dd lines 7a and 7b						
	ne 6.)						
	B. Total Support						
	r year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	mounts from line 6	(4) 2010	(3) 2020	(6) 2021	(G) LOLL	(6) 2020	(i) Total
	ross income from interest, dividends,						
	syments received on securities loans, rents,						
ro	yalties, and income from similar sources						
b Ur	nrelated business taxable income (less						
	ection 511 taxes) from businesses						
ac	equired after June 30, 1975						
c Ad	dd lines 10a and 10b						
	et income from unrelated business						
	ctivities not included on line 10b, whether						
	not the business is regularly carried on						
	ther income. Do not include gain or						
	ss from the sale of capital assets						
	xplain in Part VI.)						
ar	otal support. (Add lines 9, 10c, 11, nd 12.)						
or	rst 5 years. If the Form 990 is for the ganization, check this box and stop he	re			•	ear as a sectio	
	C. Computation of Public Suppor	t Percentag					
						15	%
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Schedule A (Form 990) 2023 Page 4

Supporting Organizations Part IV

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

Section A. All Supporting Orgar	nizations
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COLI	on A. All Supporting Organizations		Yes	Nο
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	100	.,,
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
с 6	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? <i>If "Yes," provide detail in Part VI</i> .	5c		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		
l0a	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)? <i>If</i> "Yes," answer line 10b below.	10a		
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.)

10b

Schedule A (Form 990) 2023 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Scheau	e A (Form 990) 2023			Page C
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	jani	izations	
1	\Box Check here if the organization satisfied the Integral Part Test as a qualifying	j tru	st on Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organ	nizat	ions must complete Section	ons A through E.
Sect	on A-Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).	ally i	integrated Type III support	ting organization

Schedule A (Form 990) 2023 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in **Part VI**) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2023 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Distributable Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2023 Amount for 2023 Distributable amount for 2023 from Section C, line 6 2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2023 a From 2018 From 2019 **c** From 2020 **d** From 2021 **e** From 2022 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2023 distributable amount Carryover from 2018 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2023 from Section D, line 7: Applied to underdistributions of prior years Applied to 2023 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result 5 greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2024. Add lines 3j and 4c. Breakdown of line 7: Excess from 2019 . . . Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . .

Schedule A (Form 990) 2023 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 O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC 86-2492589 Form 990, Part VI, Section A, Line 8b - The Organization does not have any committees that can act on behalf of the Governing Body Form 990, Part VI, Section B, Line 11b - The form 990 is provided to all Board members and reviewed at a Board meeting prior to filing the 990 with the IRS. Form 990, Part VI, Section B, Line 12c - At the Annual meeting of the Board of Directors, the conflict of interest policy is reviewed with all Board members and the Board members are required to disclose any known conflict of interests that rise throughout the year. Form 990, Part VI, Section C, Line 19 - No documents are made available to the public.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public

Check if applicable Authorison charges Check if applicable Authorison charges Check if applicable	Α	For the	2024 calend	dar year, or tax yea	ar beginning	01/01/2024	and ending		12/31/2	024		
Number of clarge Late Bragg Street 1414	В	Check if	eck if applicable: C Name of organization BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION IN D Employer identification nu									number
Institution		Address	change Doing business as								86-2492589	
City or town, state or province, country, and ZIP or foreign postal code Sanford, NC 27330 So,417 Ampeleation perding Final main and address of principal officer: Barber Holmes High Java all substraints included? Ves No No No No No No No N		Name ch	change Number and street (or P.O. box if mail is not delivered to street address) Room/suite								one number	
Application portrolling Filter and address of principal officer: Barber Holmes High is that agree/princip fort certainstal! Yes No High is that agree/princip fort certainstall that agree/princip fort certainstall yes No High is that agree/princip fort (No High is that agree/princip fort certainstall) No High is that agree/princip fort (No High is that agree/princip fort for the fort (No High is that agree/princip fort for the fort (No High is that agree/princip fort fort (No High is that agree/princip		Initial ret	urn	1414 Bragg Stree	et						919-776-3525	
Application pending Name and address of principal officer. Barbor Holmes Hol) are all subcordinates included? Yes No Tax-exempt status: Zo50te(3) 30te(1 1) (reper no.) 4847(skt) or S27 Webster: Hol) are all subcordinates included? Yes No Tax-exempt status: Zo50te(3) 30te(1 1) (reper no.) 4847(skt) or S27 Hol) are all subcordinates included? Yes No Tax-exempt status: Zo50te(3) 30te(3) 10te(3) 10te(4) 10t	$\overline{\Box}$	Final retu	ırn/terminated	City or town, state	or province, cou	untry, and ZIP or foreign	postal code	•				
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Take exempt status: Softe(s)	$\overline{\Box}$		1	i		per: Barber Holmes		H	I(a) Is this a gro	up return for	subordinates? Y	es 🗸 No
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Very analysis Very analysis Very analysis Very and formation: Very analysis	$\overline{}$	Tax-exer	mpt status:				4947(a)(1) or 527					
Briefly describe the organization's mission or most significant activities: The Foundation is organized to raise and preserve funds to be used to promote and extend the programming of the Boys & Girls Clubs of Central Carolina. 2	J	Website	:				-	-	I(c) Group ex	emption r	number	
Briefly describe the organization's mission or most significant activities: The Foundation is organized to raise and preserve funds to be used to promote and extend the programming of the Boys & Girls Clubs of Central Carolina. 2	ĸ	Form of o	organization: 🗸	Corporation Trus	st Associati	ion Other	L Year of for	mation:	2021	M State of	of legal domicile:	NC
Briefly describe the organization's mission or most significant activities: The Foundation is organized to raise and preserve funds to be used to promote and extend the programming of the Boys & Girls Clubs of Central Carolina. 2 Check this box	_		_				•				-	
tunds to be used to promote and extend the programming of the Boys & Girls Clubs of Central Carolina. Comparison Comp		1		-	ation's mission	on or most significa	ant activities: The F	oundat	tion is orga	nized to	raise and pre	serve
The contributions and grants (Part VIII, line 1h). Some services of the coverning body (Part VI, line 1a). Total number of individuals employed in calendar year 2024 (Part V, line 1a). Total number of individuals employed in calendar year 2024 (Part V, line 2a). Total number of individuals employed in calendar year 2024 (Part V, line 2a). Total number of individuals employed in calendar year 2024 (Part V, line 2a). Total number of individuals employed in calendar year 2024 (Part V, line 2a). Total number of individuals employed in calendar year 2024 (Part V, line 2a). Total number of volunteers (estimate if necessary). Total unrelated business revenue from Part VIII, column (C), line 12. Total unrelated business taxable income from Form 990-T, Part I, line 11. Prior Year Current Year Some of the very service revenue (Part VIII, line 1h). Tother revenue (Part VIII, column (A), lines 2g). Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12). Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). Total separate of the compensation, employee benefits (Part X, column (A), lines 5-10). Total fundraising expenses (Part IX, column (A), lines 4). Total fundraising expenses (Part IX, column (A), line 14). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total fundraising expenses (Part IX, column (A), line 25). Total sexpe	4		-	_		_						
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	S					1						
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	rra											
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	Ne.	2	Check this	box if the ord	anization dis	scontinued its oper	ations or disposed	d of mo	re than 25	% of its	net assets.	
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	Ğ	3								1 1		6
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	တ္	4		•	•	• • • • • •	•			4		6
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	ıţi.	5		•	-		• •	•		5		0
Total unrelated business revenue from Part VIII, column (C), line 12 Total on Prior Year	ξį	6								6		6
b Net unrelated business taxable income from Form 990-T, Part I, line 11	⋖	7a			•							
Section Prior Year Current Year Section Prior Year Current Year Section		b	· · · · · · · · · · · · · · · · · · ·							7b		0
Program service revenue (Part VIII, line 2g)						•	·				Current Y	ear
Program service revenue (Part VIII, line 2g)	ø)	8	Contributions and grants (Part VIII, line 1h)									295,517
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	ň	9									0	
Total revenue (Part VIII, Column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	eve	10	-	•		28,048		76,910				
Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	Œ	11		·		•						
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 32,790 68,946 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 0 16 Benefits paid to or for members (Part IX, column (A), lines 5–10) 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0 0 16 Benefits paid to or for members (Part IX, column (A), lines 5–10) 0 0 0 17 Other expenses (Part IX, column (D), line 25) 0 18 Total expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 3,800 2,253 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 36,590 71,199 19 Revenue less expenses. Subtract line 18 from line 12 592,820 301,228 19 Revenue less expenses. Subtract line 18 from line 12 592,820 301,228 19 Revenue less expenses. Subtract line 18 from line 20 1,420,678 1,810,346 21 Total liabilities (Part X, line 26) 450 500 10 Total assets (Part X, line 26) 450 500 10 Total liabilities (Part X, line 26) 450 500 10 Total liabilities (Part X, line 26) 1,420,678 1,809,846 10 Part III 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. Signature of officer		12		•			•		6:	29,410		372,427
14 Benefits paid to or for members (Part IX, column (A), line 4)		13				•						
Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 1 Total fundraising expenses (Part IX, column (D), line 25) 1 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1 Revenue less expenses. Subtract line 18 from line 12 2 Total assets (Part X, line 16) 1 Total assets (Part X, line 16) 1 Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20 1 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. Part II		14			•		•					0
16a Professional fundraising fees (Part IX, column (A), line 11e)	ģ	15			•					0		0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 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. Sign Here Paid Preparer's name Preparer's signature Preparer's signature Date Check frim's name PTIN PTI	nse	16a		•		·	• •			0		0
Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 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. Sign Here Paid Preparer's name Preparer's signature Preparer's signature Date Check frim's name PTIN PTI	<u>p</u>	b					0					
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . 36,590 71,199 19 Revenue less expenses. Subtract line 18 from line 12 . 592,820 301,228 20 Total assets (Part X, line 16) . 1,420,678 1,810,346 21 Total liabilities (Part X, line 26) . 450 500 Net assets or fund balances. Subtract line 21 from line 20 1,809,846 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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Preparer's signature Date Check if self-employed Self-employed Self-employed Preparer Use Only Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	ũ	17		- ·	•	· · · · · · · · · · · · · · · · · · ·	e)			3,800		2,253
19 Revenue less expenses. Subtract line 18 from line 12 592,820 301,228		18		•			•		:	36,590		
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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Date Check if self-employed P02462762 Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165		19										301,228
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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Date Check if self-employed P02462762 Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	or							Begin	ning of Curre	ent Year	End of Ye	ar
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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Date Check if self-employed P02462762 Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	sets	20	Total asset	ts (Part X, line 16)					1,4	20,678	•	1,810,346
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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Date Check if self-employed P02462762 Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	t Ass	21	Total liabili	ties (Part X, line 2	26)					450		500
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. Sign Here Barber Holmes, Treasurer Type or print name and title Preparer's name Date Check if self-employed self-employed self-employed self-employed process LLC Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	ā Ē	22	Net assets	or fund balances	s. Subtract lir	ne 21 from line 20			1,4	20,228	•	1,809,846
Sign Signature of officer Date Barber Holmes, Treasurer Type or print name and title Preparer Use Only Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Date Date Check if polity if polity permits and based on all information of which preparer has any knowledge. Date Date Check if polity permits and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Check if polity permits pe	P	art II	Signatu	re Block								
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Here Barber Holmes, Treasurer Type or print name and title Preparer's name Daniel Hawley Preparer Use Only Preparer's name Preparer's signature Date Check if self-employed Proparer's signature Proparer's signature Preparer's signature Pr	Qi.	an	Ciona et	of officer					Det			
Type or print name and title Paid Preparer's name Daniel Hawley Preparer Use Only Preparer's name Preparer Firm's name FCP Financial Services LLC Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Preparer's signature Date Check if self-employed PPIIN P02462762 Po2462762 Pirm's EIN R6-2182057 Phone no. 919-274-5165	- 1								Date	=		
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Preparer Use Only Firm's name FCP Financial Services LLC Firm's EIN 86-2182057 Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	Pa	iid	1 '			rreparer s signature		Date		_	'' augad	
Firm's address 715 Grace Hodge Dr, Cary, NC 27519 Phone no. 919-274-5165	Pr	epare									1 0240	
	Us	se Onl	у ——									
	Ma	v tha IE					netructions		Phone	no.		

Form 990 (2024) Page **2**

Part	Statement of Program Service According Check if Schedule O contains a response		s Part III	П
1	Briefly describe the organization's mission: The extend the programming of the Boys & Girls Clu	he Foundation is organized to		promote and
2	Did the organization undertake any significan prior Form 990 or 990-EZ?			Yes
	If "Yes," describe these new services on Sche			
3	Did the organization cease conducting, or services?			Yes ☑ No
	If "Yes," describe these changes on Schedule		6 th a 10 and 1 an	
4	Describe the organization's program service expenses. Section 501(c)(3) and 501(c)(4) organization to total expenses, and revenue, if any, for each organization is serviced expenses.	ganizations are required to re	port the amount of grants and allocation	
4a	(Code:) (Expenses \$68,9	946 including grants of \$	0) (Revenue \$	0)
70	The Foundation is organized to raise and prese	erve funds to be used to promo	te and extend the programming of the E	Boys & Girls
	Clubs of Central Carolina.			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
		·		
4d	Other program services (Describe on Schedul	le O.)		
	(Expenses \$ 0 including grants		nue \$ 0)	
4e	Total program service expenses	68,946		

Form 99	90 (2024)			Page
Part	V Checklist of Required Schedules		1	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	√	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I </i>	3	✓	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," complete Schedule C, Part II	4		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV </i>	9		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V </i>	10		· ✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		1
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 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)? <i>If "Yes," complete Schedule D, Part X</i>	11e		√
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12a 12b		√
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		∨
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	4.46		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	14b 15		✓
16	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		▼
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		▼
18	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		▼
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		▼
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		▼
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		 ✓

Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		~
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		→
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
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		√
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		~
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		→
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			•
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		√
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		\
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	1	_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30	•	✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		\
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		√
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		V
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30		
ou	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		./
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Ou		V
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7-		,
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a		✓
b C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7b		
Ü	required to file Form 8282?	7c		./
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		•
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<i>\</i>
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter:	-		
11 a				
b	Gross income from members or shareholders	-		
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
_b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			
		15		✓
16	If "Yes," see the instructions and file Form 4720, Schedule N.	46		,
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

Form 990 (2024)

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year. . . 1a 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. Enter the number of voting members included on line 1a, above, who are independent . 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 ✓ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person?. 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . 5 6 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No **10a** Did the organization have local chapters, branches, or affiliates? 10a If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c 13 Did the organization have a written whistleblower policy? 13 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NC 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website ☐ Another's website ✓ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 Barber Holmes, (919)776-3525

Part VI

Form 990 (2024) Page **7**

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Officer this box if fletther the organization flor	any rolato		ui 112			ompo	1100			
		(C) Position								
(A)	(B)	(do n	(do not check more than one		(D)	(E)	(F)			
Name and title	Average hours	box,	unles	s pe	rson	is both	an	Reportable compensation	Reportable compensation	Estimated amount of other
	per week		_		_	or/trust		from the	from related	compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	High High	Former	organization (W-2/	organizations (W-2/	
	hours for related	rect	l tric	Ĕ	emp	est loye	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	organizations	[전 #	onal) Oy	com		1000 1120)		Totalog organizations
	below dotted line)	uste	tru		ee	nper				
	dotted line)	ď	stee			Highest compensated employee				
Brian Davis	1.00					ā				
	0.00	1		√				0	0	0
Chairperson Steve Wicker	1.00	•		+				0	0	-
Treasurer	0.00	1		1				0	0	0
Barber Holmes	1.00	 						-	- 0	-
Secretary	0.00	1		1				0	0	0
Lorraine Cress	1.00									
Director	0.00	✓						0	0	0
Kirk Bradley	1.00									
Director	0.00	✓						0	0	0
Kyle Shipp	1.00									
Director	0.00	✓						0	0	0
Joe Langley - resigned 2024	1.00									
Director	0.00	✓						0	0	0
	 	-								
		1								
	 	1								

Part	VII Section A. Officers, Directors,	Trustees,	Key l	Em	plo	yee	s, an	d F	lighest Compe	nsated I	Emplo	yees (continued)
					•	C)						
	(A)	(B)	(do r	not ch		ition more	e than d	one	(D)	(E)		(F)
	Name and title	Average	box,	unles	ss pe	erson	is both	n an	Reportable	Reporta		Estimated amount
		hours per week				lirect	or/trus		compensation from the	compens from rel		of other compensation
		(list any	Individual to director	nsti	Officer	Key	emp Higt	Former	organization (W-2/	organizatio	ns (W-2/	from the
		hours for related	vidu	ituti	eq	em	nest	ner	1099-MISC/ 1099-NEC)	1099-M 1099-N		organization and related organizations
		organizations	or all tr	onal		Key employee	Com		1000 1420)	1000 11		Tolatod organizations
		dotted line)	Individual trustee or director	Institutional trustee		8	pen					
		dottod iirio)	Φ	tee			Highest compensated employee					
							- ق					
			-									
		 	1									
			1									
		 	1									
			1									
		†	1									
			1									
			1									
			1									
1b	Subtotal								0		0	0
С	Total from continuation sheets to Part	•	n A									
d	Total (add lines 1b and 1c)								0		0	0
2	Total number of individuals (including		limite	ed t	to t	thos	se lis	ted	above) who re	eceived r	nore t	han \$100,000 of:
	reportable compensation from the organi	ization							0			
_	D. I. I. I. I. I.											Yes No
3	Did the organization list any former of							mp	loyee, or nignes	st compe	nsated	
	employee on line 1a? If "Yes," complete											3 🗸
4	For any individual listed on line 1a, is the organization and related organizations											
	individual	greater til	αιι ψ	100,	,000): /	1 16	٥,	complete oche	dale o lo	i sucii	
5	Did any person listed on line 1a receive of			· nco	tion	fro	 m anv		rolated erganiza	ion or inc	ividual	4 🗸
5	for services rendered to the organization								•			5 🗸
Sacti	on B. Independent Contractors	. 11 100, 0	Jonnpi	Cic	001	icat	110 0 1	0, 0		· · ·	• •	5 7
1	Complete this table for your five high	nest comp	ensat	ed	inde	enei	ndent		ontractors that r	eceived	more ·	than \$100,000 of
•	compensation from the organization. Rep											
	<u>-</u>							, , , . 	-		9	
	(A) Name and business add	Iress							(B) Description of serv	/ices		(C) Compensation
None												
2	Total number of independent contractor	rs (includii	ng bu	ut n	ot	limit	ted to	th	nose listed abov	e) who		
	received more than \$100,000 of compens	ation from	the or	gan	izat	ion			0			

Page 8

Part VIII Statement of Revenue

		Check if Schedule	Осо	ntains a re	espor	ise or note to a	ny line in this Pa	ırt VIII		🗆
					·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
is,	1a	Federated campaigr	ns .		1a	0				
an,	b	Membership dues			1b	0				
رَحَ ق	С	Fundraising events			1c	0				
rs,	d	Related organization	ns .		1d	0				
ਛੂਂ ਲੁੱ	е	Government grants	(cont	ributions)	1e	0				
ns,	f	All other contribution	ns, gif	ts, grants,						
Contributions, Gifts, Grants, and Other Similar Amounts		and similar amounts no	ot inclu	uded above	1f	295,517				
호 된	g	Noncash contribution								
털		lines 1a-1f			1g	\$ 25,517				
व ठ	h	Total. Add lines 1a-	-1f .				295,517			
						Business Code				
Program Service Revenue	2 a									
<u>e</u> €	b									
gram Ser Revenue	С									
eve	d									
160 E	е									
ፈ	f	All other program se	ervice	revenue						
	g	Total. Add lines 2a-					0			
	3	Investment income	•	•						
	other similar amounts)					44,269	0	0	44,269	
	4	Income from investm	nent c	of tax-exem	npt bo	and proceeds	0	0	0	0
	5	Royalties				1	0	0	0	0
	•		_	(i) Rea	l	(ii) Personal	-			
	6a	Gross rents	6a				4			
	b	Less: rental expenses	6b				4			
	C	Rental income or (loss)	6c	-\	0	0				
	d 7-	Net rental income or	r (loss	i) Securit	· ·	(ii) Other				
	7a	Gross amount from sales of assets		(i) Securi	lies	(ii) Other	-			
		other than inventory	7a	61	0,631	0				
	h	Less: cost or other basis	<i>i</i> a				4			
Revenue	b	and sales expenses .	7b	E 7	7 000					
Ş	С	Gain or (loss)	7c		7,990 2,641	0	1			
							32,641	0	0	32,641
Other	8a	Gross income from					32,041			32,041
ਰ ∣	Oa	events (not including		nuraising 0						
		of contributions rep		d on line	-					
		1c). See Part IV, line			8a					
	b	Less: direct expense	es .		8b		1			
	С	Net income or (loss)	from	fundraisin	g eve	ents				
	9a	Gross income fi	rom	gaming						
		activities. See Part I'	V, line	e 19 .	9a					
	b	Less: direct expense	es .		9b					
	С	Net income or (loss)	from	gaming a	ctivitie	es				
	10a	Gross sales of in		ory, less						
		returns and allowand			10a					
	b	Less: cost of goods			10b					
	С	Net income or (loss)	from	sales of ir	rvento	ory				
sn						Business Code				
eo e	11a									
scellaneo Revenue	b									
is se	C									
Miscellaneous Revenue	d									
		Total. Add lines 11a					0			
	12	Total revenue. See	instru	uctions			372.427	0	0	76.910

Form 990 (2024) Page **10**

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All	other organizations	must complete colu	ımn (A).			
Check if Schedule O contains a response or note to any line in this Part IX								
Do no	t include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)			
	, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses			
1	Grants and other assistance to domestic organizations		САРСПЭСЭ	general expenses	СХРСПЭСЭ			
-	and domestic governments. See Part IV, line 21 .	60.046	60.046					
2	Grants and other assistance to domestic	68,946	68,946					
_	individuals. See Part IV, line 22							
_		0	0					
3	Grants and other assistance to foreign							
	organizations, foreign governments, and							
	foreign individuals. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors,							
	trustees, and key employees							
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							
11	Fees for services (nonemployees):							
а	Management							
b	Legal							
С	Accounting	2,250		2,250				
d	Lobbying							
е	Professional fundraising services. See Part IV, line 17							
f	Investment management fees							
g	Other. (If line 11g amount exceeds 10% of line 25, column							
	(A), amount, list line 11g expenses on Schedule O.) .							
12	Advertising and promotion							
13	Office expenses	3		3				
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses							
	for any federal, state, or local public officials							
19	Conferences, conventions, and meetings .							
20	Interest							
21	Payments to affiliates							
	-							
22	Depreciation, depletion, and amortization .							
23	Insurance							
24	Other expenses. Itemize expenses not covered							
	above. (List miscellaneous expenses on line 24e. If							
	line 24e amount exceeds 10% of line 25, column							
	(A), amount, list line 24e expenses on Schedule O.)							
а								
b								
С								
d								
е	All other expenses							
25	Total functional expenses. Add lines 1 through 24e	71,199	68,946	2,253	0			
26	Joint costs. Complete this line only if the							
	organization reported in column (B) joint costs							
	from a combined educational campaign and fundraising solicitation. Check here if							
	following SOP 98-2 (ASC 958-720)							

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	3,629	1	12,481
	2	Savings and temporary cash investments	38,908	2	40,520
	3	Pledges and grants receivable, net		3	,
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
2		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments—publicly traded securities	1,378,141	11	1,757,345
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,420,678	16	1,810,346
	17	Accounts payable and accrued expenses	450	17	500
	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	
es	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
		of Schedule D		0.5	
	26	Total liabilities. Add lines 17 through 25	450	25 26	500
' 0	20	Organizations that follow FASB ASC 958, check here	450	20	500
ĕ		and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	1,420,228	27	1,809,846
Ва	28	Net assets with donor restrictions	0	28	0
p		Organizations that do not follow FASB ASC 958, check here			
교		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et /	32	Total net assets or fund balances	1,420,228	32	1,809,846
ž	33	Total liabilities and net assets/fund balances	1,420,678	33	1,810,346

Form 990 (2024) Page **12**

Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			372	2,427	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7	1,199	
3	Revenue less expenses. Subtract line 2 from line 1	3			301	1,228	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			1,420	0,228	
5	Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				0	
7	Investment expenses	7			-13	3,166	
8	Prior period adjustments	8				0	
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			1,809	9,846	
Part	XII Financial Statements and Reporting					_	
	Check if Schedule O contains a response or note to any line in this Part XII			٠,		Ц	
					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," ex	olain					
	Schedule O.	Jiaii i					
2a							
	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?		. 2	b		✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed o	n a 🗀				
	separate basis, consolidated basis, or both.						
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ove						
	the audit, review, or compilation of its financial statements and selection of an independent accountain	nt?	. 2	ic			
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on				
	Schedule O.						
3a							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			а		✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	. 3	b			

Form **990** (2024)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

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

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC** 86-2492589 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12a, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I. Type III. Type III. functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported organization (ii) EIN (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

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 Calendar year (or fiscal year beginning in) (a) 2020 **(b)** 2021 (c) 2022 (d) 2023 **(e)** 2024 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 777,614 75,219 601,362 285,517 1,739,712 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 . . . 4 0 777,614 601,362 75,219 285,517 1,739,712 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) 592,189 **Public support.** Subtract line 5 from line 4 1,147,523 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2020 (c) 2022 (d) 2023 (e) 2024 **(b)** 2021 (f) Total 7 Amounts from line 4 0 777,614 75,219 601,362 285,517 1,739,712 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 20,821 42,656 90,307 26,213 Net income from unrelated business 9 activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) **Total support.** Add lines 7 through 10 11 1,830,019 Gross receipts from related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) % 14 15 Public support percentage from 2023 Schedule A, Part II, line 14 % 331/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2024. 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 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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

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Schedule A (Form 990) 2024 Page **3**

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

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

Secti	on A. Public Support			•	•	,	
Calen	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons 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.)						
	on B. Total Support	() 0000	# N 0004	() 0000	(1) 0000	() 000 ((O. T.)
	dar year (or fiscal year beginning in) Amounts from line 6	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 10a	Amounts from line 6						
IUa	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
-	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						_
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the organization, check this box and stop he	re			•	ear as a sectio	. , , ,
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2024 (line 8						<u>%</u>
16	Public support percentage from 2023 Sch					16	<u>%</u>
	on D. Computation of Investment In				(0)	147	
17	Investment income percentage for 2024 (-			<u>%</u>
18	Investment income percentage from 2023						% and line
19a	331/3% support tests—2024. If the organ 17 is not more than 331/3%, check this box						
h	33 ¹ /3% support tests—2023. If the organiz		_			-	
b	line 18 is not more than 331/3%, check this I						
20	Private foundation. If the organization di		_				

Schedule A (Form 990) 2024 Page 4

Supporting Organizations Part IV

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

S

ecti	on A. All Supporting Organizations			
	·· • • • • • • • • • • • • • • • • • •		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) poses? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. s any supported organization not organized in the United States ("foreign supported organization")? If s," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.			
4a				
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.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).			
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>	9c		
I0a	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)? <i>If "Yes," answer line 10b below.</i>	10a		
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.)

Schedule A (Form 990) 2024 Page 5 **Supporting Organizations** (continued) Part IV Yes No Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a A family member of a person described on line 11a above? 11b A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. 11c **Section B. Type I Supporting Organizations** Yes No 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. *Complete line 3 below.* The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions). Activities Test. Answer lines 2a and 2b below. Yes No 2 Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. 2a Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a

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

3b

Schedule A (Form 990) 2024 Page **6**

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	aan	izations	rage
	Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI \. See
	instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	☐ Check here if the current year is the organization's first as a non-functional		integrated Type III suppo	rting organization
'	(see instructions)	any	intogratod Type III suppo	rang organization

Schedule A (Form 990) 2024 Page 7

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D-Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 5 5 Qualified set-aside amounts (prior IRS approval required - provide details in **Part VI**) Other distributions (describe in Part VI). See instructions. 6 6 7 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2024 from Section C, line 6 9 9 10 10 Line 8 amount divided by line 9 amount (ii) (iii) **Underdistributions** Distributable Section E—Distribution Allocations (see instructions) **Excess Distributions** Pre-2024 Amount for 2024 Distributable amount for 2024 from Section C, line 6 2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. Excess distributions carryover, if any, to 2024 a From 2019 From 2020 **c** From 2021 **d** From 2022 **e** From 2023 Total of lines 3a through 3e Applied to underdistributions of prior years Applied to 2024 distributable amount Carryover from 2019 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2024 from Section D, line 7: Applied to underdistributions of prior years Applied to 2024 distributable amount Remainder. Subtract lines 4a and 4b from line 4. Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2025. Add lines 3j and 4c. Breakdown of line 7: Excess from 2020 . . . Excess from 2021 . . . Excess from 2022 . . . Excess from 2023 . . . Excess from 2024 . . .

Schedule A (Form 990) 2024 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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30. Attach to Form 990.

Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC

Employer identification number

86-2492589

Part	Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method o	(d) of determinir tribution am	-
1	Art—Works of art						
2	Art—Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities-Publicly traded .	✓	1	25,517	Fair Value		
10	Securities—Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities-Miscellaneous .						
13	Qualified conservation						
	contribution—Historic						
	structures						
14	Qualified conservation						
	contribution—Other						
15	Real estate—Residential						
16	Real estate—Commercial .						
17	Real estate—Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()					
26	Other (<u>}</u>					
27	Other (}					
28	Other (Number of Forms 8283 received) l by the or	conization during the tax y	year for contributions for			
29	which the organization completed				00	•	
	which the organization completed	11 01111 0200	o, i ait v, bollee Ackilowiet	agement	29	0 Yes	No
200	During the year, did the organiza	tion roosiya	by contribution any propo	uty reported on Dort Librar	a 1 through	res	INO
30a	28, that it must hold for at least 3		, , ,	•	•		
	used for exempt purposes for the					30a	1
h	If "Yes," describe the arrangemen					Sua	+
b 31	Does the organization have a		otance policy that require	es the review of any n	onetandard		
31					Jiistandard	24	/
32a	Does the organization hire or us					31	+
JZa		•	•	is to solicit, process, or se		222	,
h						32a	
ь 33	If "Yes," describe in Part II. If the organization didn't report an	amount in	column (c) for a type of pro	operty for which column (a)	is chackad		
00	describe in Part II.	arriodin III	ocianin (o) for a type of pro	porty for willon column (a)	is officered,		

Schedule M (Form 990) 2024 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	Employer identification number						
BOYS & GIRLS CLUBS OF CENTRAL CAROLINA FOUNDATION INC	86-2492589						
Form 990, Part VI, Section B, Line 11b - The form 990 is provided to all Board members and reviewed at a	Board meeting prior to filing the						
form 990 with the IRS.							
Form 990, Part VI, Section B, Line 12c - At the annual meeting of the Board of Directors, the conflict of inte	erest policy is reviewed with all						
Board members and the Board members are required to disclose any known conflict of interests that rise	Board members and the Board members are required to disclose any known conflict of interests that rise throughout the year.						
Form 990, Part VI, Section C, Line 19 - No documents are made available to the public.							