EXTENDED TO AUGUST 17, 2020

Form **990**

Department of the Treasury Internal Revenue Service

SCANNED NOV 0 9 2021

Return of Organization Exempt From Income Tax
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 publication ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For th	e 2018 calendar year, or tax year beginning OCT 1, 2018 and	ending	<u>SEP 30, 2019</u>)
В	Check if applicab	C Name of organization CAROLINA'S DISTRICT OF KEY CLUB		D Employer identif	ication number
Γ	Addre	SS COMMITTEE OF THE COM			
	Name chang			23-7	421139
F	Initial return Final	2008 DINECPECT DRIVE	Room/su		er - <u>353 - 214</u> 1
_	returr- termii				
	ated Namen	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	314703.
누	lreturr Appli			H(a) Is this a group r	
<u> </u>	tron pendi	F Name and address of principal officer. J. SCOTT JOHNSON	0000	for subordinate	
			<u> 27858</u>		
		empt status 501(c)(3)X 501(c) (4) ◀ (insert no.) 4947(a)(1) o	grup 5	—	a list (see instructions)
		te: > WWW.CAROLINASKEYCLUB.ORG	<u> </u>	H(c) Group exemption	
		forganization: X Corporation Trust Association Other	L Ye	ar of formation: 1947 i	M State of legal domicile: NC
P	art I	Summary			
ė	1	Briefly describe the organization's mission or most significant activities. KEY			ATIONAL
Activities & Governance	ľ			EMBERS WITH	
ern	2	Check this box if the organization discontinued its operations or dispos	sed of this	re than 25% of its net a	ssets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	1 \ L \	3	30
ಶ	4	Number of independent voting members of the governing body (Part VI, line 14)		3 3 4	38
ies	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	001	2 8 2020 5	0
Ξ	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	OGI	DEN, UT	0.
	b	Net unrelated business taxable income from Form 990-T, line 38	OOL	7b	0.
			<u>[</u>	Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		81916.	76041.
Revenue	9	Program service revenue (Part VIII, line 2g)		331763.	235285.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	157.	160.	
ш.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2110.	3217.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		415946.	314703.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	L	2350.	22380.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	L	0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ă	ь	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u> L		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		377968.	278961.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	L	380318.	301341.
	19	Revenue less expenses Subtract line 18 from line 12		35628.	13362.
t Assets or J			L	Beginning of Current Year	End of Year
aset	20	Total assets (Part X, line 16)	_	566857.	580219.
쨇	21	Total liabilities (Part X, line 26)	L	0.	0.
<u> </u>		Net assets or fund balances Subtract line 21 from line 20		566857.	<u>580219.</u>
Pa	ırt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich prepar		
		Jan Cy C		<u> </u>	UE (0
Sıgı		Signature of officer		Date	
Her	е	J! SCOTT JOHNSON, DISTRICT ADMINISTRAT	ror		
		Type or print name and title		D-4-	
_		Print/Type preparer's name Preparer's fignal type		Date Check Check Check Self-employ	PTIN
Paid -		WESLEY M. MEASAMER, CPA		5-13- COCO self-employ	
-	arer	Firm's name WESLEY M. MEASAMER, CPA, P.A.		Firm's EIN	<u>56-2058877</u> '
Use	Only	Firm's address 115 REGENCY BLVD			
		GREENVILLE, NC 27834		Phone no 25	2-353-1355
May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
83200	12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructio	ns.		Form 990 (2018)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form 990 (2018) INTERNATIONAL & J. SCOTT JOHNSON

Part III | Statement of Program Service Accomplishments

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Га	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	KEY CLUB IS AN INTERNATIONAL STUDENT-LED ORGANIZAT		
	ITS MEMBERS WITH OPPORTUNITIES TO PROVIDE SERVICE, AND DEVELOP LEADERSHIP. VISION - CARING AND COMPR		
	TRANSFORMING COMMUNITIES WORLDWIDE. THE CORE VALUE		
2	Did the organization undertake any significant program services during the year which were not liste		
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	n services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program service.	sanucae se mascurad h	v avnancae
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organization 501(c)(4) organizations are required to report the amount of grants and allocated the section 501(c)(4) organization 501(c)(4)		•
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 79761. including grants of \$) (Revenue \$	76319.)
	YOUTH DEVELOPMENT - INTERNATIONAL CONVENTION		
		_ -	
			
4b	(Code) (Expenses \$ 88800 . including grants of \$) (Revenue \$	75997.)
	DISTRICT CONVENTION		,
		 ·	
	C0F01		64060
4c	(Code) (Expenses \$69501. including grants of \$) (Revenue \$	64969.)
	TAUL RAULI		
-			
4d	Other program services (Describe in Schedule O)		·
_	(Expenses \$ 36534 • including grants of \$ 22380 •) (Revenue \$	21217	•)
4e	Total program service expenses ► 274596.		- 000
			Form 990 (2018)

CAROLINA'S DISTRICT OF KEY CLUB Form 990 (2018) INTERNATIONAL & J. SCOTT JOHNSON Part IV Checklist of Required Schedules

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	· ·	_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		l	
	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		i	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ŀ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			ļ
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		ł	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ł		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u> </u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		ł	
	complete Schedule G, Part III	19		_ <u>x</u> _
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	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	X	

INTERNATIONAL % J. SCOTT JOHNSON 23-7421139 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	l		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	,	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24 a	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			İ
	Schedule K. If "No," go to line 25a	24a		х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		,
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
Ŭ	any tax-exempt bonds?	24c		
۸	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		
25a		05-		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> X</u>
D	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)		7.7
	Schedule L, Part I	25b	_	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		<u> X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	i		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>x</u> _
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	ļ	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance	<u></u>		
	Check if Schedule O contains a response or note to any line in this Part V			\Box
		$\neg \neg$	Vas	No
	Enter the sumber reported in Box 3 of Form 1096. Enter 0, if not applicable	-	Yes	NO
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b. 0	İ		
b			ŀ	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	_1c		

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INTERNATIONAL & J. SCOTT JOHNSON

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

	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			
		ı	Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			i
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country.			1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a		5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			3,5
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	_		- T
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
С	to file Form 8282?	7c		Х
٠,	If "Yes," indicate the number of Forms 8282 filed during the year	70		41
	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		
-	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	Į	
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Initiation fees and capital contributions included on Part VIII, line 12	1	ĺ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a	ĺ		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	- 1	-	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
þ	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	l		
b	Enter the amount of reserves the organization is required to maintain by the states in which the		ŀ	
	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		<u>X</u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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			7.
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N	}	}	7.7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O	1		

Form 990 (2018)

CAROLINA'S DISTRICT OF KEY CLUB INTERNATIONAL % J. SCOTT JOHNSON

23-<u>7421139</u>

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			110
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			ļ
b	Enter the number of voting members included in line 1a, above, who are independent 1b 38			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		1
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
-	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 0.0		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
	tion and the section is requested intermediate behavior to the section of the intermediate occupy		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
u	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," describe	,		
•	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		<u>x</u>
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		x
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	-132		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	-133		
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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):	only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply.	• • • • • • • • • • • • • • • • • • • •		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
-	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	J. SCOTT JOHNSON - 252-355-0644			
	2008 PINECREST DRIVE, GREENVILLE, NC 27858			

INTERNATIONAL % J. SCOTT JOHNSON

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
	hours per	box	box, unless person is both ar officer and a director/trustee			is bot	h an	compensation	compensation	amount of
	week (list any	\vdash						from the	from related organizations	other compensation
	hours for	a a a		1		<u>8</u>		organization	(W-2/1099-MISC)	from the
	related	ste o	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	a E	onal tr		loyee	E 8				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) HIGH SCHOOL STUDENT	0.00	=		-	<u> </u>	¥ 8	<u></u>		<u> </u>	
GOVERNOR				x				0.	0.	0.
(2) HIGH SCHOOL STUDENT	0.00									.,
SECRETARY		_	ļ.,	X				0.	0.	0.
(3) HIGH SCHOOL STUDENT	0.00	-								
TREASURER	0.00	┢	-	Х				0.	0.	0.
(4) J. SCOTT JOHNSON DISTRICT ADMINISTRATOR	0.00	1		x				0.	0.	0.
DISTRICT ADMINISTRATOR									.	
		1			L					
			i							
		<u> </u>								== .
									,	
								<u>.</u>		
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		-		\dashv						· · · —
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Pai	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, and	<u>d Hi</u>	ghe	st C	ompensated Employe	es (continued)				
	(A)	(B)			((C)			(D)	(E)		}	(F)	
	Name and title	Average	/42	not c	Pos				Reportable	Reportable	9	E	stimate	ed
		hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation compensation		on	n amount o		of
		week	⊢-	cer ar	d a d	lirecto	or/trus	itee)	from	from relate	d		other	
		(list any	ector				l		the	organization		con	npensa	ation
		hours for	or dir	بو			aled		organization	(W-2/1099-MI	SC)	f	rom th	e
		related	stee	First			E S	1	(W-2/1099-MISC)			1 7	ganızat	
		organizations below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee					1	id relat	
		line)	livid	買	Officer	l m	Pest Poy	Former				org	anızatı	ions
		inter	Ĕ	Ĕ	5	ă.	宝吉	윤						
				_										
				1	1	i		1						
_														
												ŀ		
				<u> </u>										
				_					· · · · · · · · · · · · · · · · · · ·					
												 		
				\Box										
						ĺ								
1b	Sub-total							•	0.		0.			0.
	Total from continuation sheets to Part VI	L Section A							0.		0.			0.
	Total (add lines 1b and 1c)	, 000.0							0.	·	0.		-	0.
	Total number of individuals (including but no	at limited to th		licto	d at		N 14/	10 ro		000 of reported				<u> </u>
2		ot illitilited to tit	use	11516	uat	JOVE	;) WI	10 16	eceived more than \$100	,000 or reportab	ie			0
	compensation from the organization												Yes	No
							•						res	NO
3	Did the organization list any former officer,		stee	e, ke	y en	npio	yee,	or h	nighest compensated er	mployee on				
	line 1a? If "Yes," complete Schedule J for so											_3_		Х
4	For any individual listed on line 1a, is the su								· · · · · · · · · · · · · · · · · · ·	the organization				
	and related organizations greater than \$150	,000? If "Yes,"	' coi	mple	te S	che	dule	J fo	or such individual			4		<u> X</u>
5	Did any person listed on line 1a receive or a	ccrue compen	satı	on f	rom	any	unre	elate	ed organization or indivi	dual for services	.		'	
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	or șu	ich p	oers	on					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest cor	npensated ind	epe	nde	nt co	ontra	acto	rs th	nat received more than	\$100,000 of con	npens	ation f	rom	
	the organization Report compensation for t	-									•			
	(A)	,			-			T	(B)			(C	2)	
	Name and business	address	NC	NE	:			ı	Description of s	ervices	С		nsatıoı	n
					•			+	<u>· </u>					-
								$^+$						
								-						
								+						
								\perp						
			_											
2	Total number of independent contractors (in	cluding but no	ot lin	nited	l to t	thos	e lis	ted	above) who received m	ore than				
_	\$100,000 of compensation from the organiz	-				0			,					
	The state of the s				_							C (DON /	2010

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Statement of Revenue

CAROLINA'S DISTRICT OF KEY CLUB INTERNATIONAL % J. SCOTT JOHNSON

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Revenue excluded Related or Total revenue Unrelated from tax under exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 75917. **b** Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 124 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 76041 h Total. Add lines 1a-1f Business Code Program Service Revenue 2 a INTERNATIONAL CONVENTI 900099 76319. 76319. **b** DISTRICT CONVENTION 900099 75997. 75997. c FALL RALLY 900099 64969. 64969 d COMMITTEE 900099 18000. 18000. f All other program service revenue 235285 Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and 160. other similar amounts) 160. 4 Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV. line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 3217. 3217 d All other revenue 3217. e Total. Add lines 11a-11d 12 Total revenue. See instructions 314703 238502 0 160

23-7421139 Page 10

Sect	ion 50 (c)(3) and 50 (c)(4) organizations must com	·····		ompiete column (A)	
_	Check if Schedule O contains a respon	nse or note to any line in (A)		(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	21380.	21380.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22	1000.	1000.		
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) Other employee benefits				
9	Payroll taxes	· · · · · · · · · · · · · · · · · · ·			
10	Fees for services (non-employees)				
11	Management				
_	Legal				
b	Accounting	1575.		1575.	
d					
-	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	16248.	16248.		•
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	229503.	229503.		
20	Interest	-			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				·
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			,	
а	DISTRICT LEADERSHIP EXP	15087.		15087.	
b	CHAPERONES/LEADERS AT F	6816.	6237.	579.	
С	OFFICE AND STORAGE EXPE	4800.		4800.	
d	COMMUNICATIONS/TECH	2092.		2092.	
е	All other expenses	2840.	228.	2612.	
25	Total functional expenses Add lines 1 through 24e	301341.	274596.	26745.	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)				

Form 990 (2018)
Part X Balance Sheet

Ра	<u>π λ</u>	Balance Sheet					
		Check if Schedule O contains a response or no	te to a	ny line in this Part X		_	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			341919.	1	355121
	2	Savings and temporary cash investments			224938.	2	225098
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
	l	trustees, key employees, and highest compens			•		
	}	Part II of Schedule L				5	
	6	Loans and other receivables from other disqual	ified pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958	c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	1(c)(9) voluntary			
Assets		employees' beneficiary organizations (see instr)		* * * * *		6	•
	7	Notes and loans receivable, net	-	<u> </u>		7	-
	8	Inventories for sale or use		Γ		8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other	1	Ī			
		basis Complete Part VI of Schedule D	10a	8462.			
	ь	Less, accumulated depreciation	10b	8462.	0.	10c	0
	11	Investments - publicly traded securities				11	
	12	Investments other securities See Part IV, line	11	Γ		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 equ	34)	566857.	16	580219	
	17	Accounts payable and accrued expenses			17		
	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	
ņ	22	Loans and other payables to current and former	office	s, directors, trustees,			
		key employees, highest compensated employee	es, and	disqualified persons	ı		
riabilities		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela	ated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of		1	
		Schedule D		<u> </u> _		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), chec	k here 🕨 🐰 and			
3		complete lines 27 through 29, and lines 33 an	d 34.	_			- ·
	27	Unrestricted net assets		-	566857.	27	580219.
	28	Temporarily restricted net assets		28			
	29	Permanently restricted net assets		-		29	
		Organizations that do not follow SFAS 117 (A	SC 95	3), check here 🕨 📖			
5		and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, or eq				31	
	32	Retained earnings, endowment, accumulated in	come,	or other funds		32	
•	33	Total net assets or fund balances		`	566857.	33	580219.
	34	Total liabilities and net assets/fund balances			566857.	34	580219.

	1930 (2016) INTERNATIONAL & U. SCOTT BUNDON	<u> 43 - 74</u>	<u> </u>	Pat	ye ız			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3:	<u> 147</u>	03.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3 (113	41.			
3	Revenue less expenses. Subtract line 2 from line 1	3		133	62.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5 (568	57.			
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses .	7						
8	Prior period adjustments .	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))							
Pa	rt 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 X Cash Accrual Other		1 1	1				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		ļ				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_ <u>X</u> _			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a						
	separate basis, consolidated basis, or both.		-	i				
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b		<u> </u>			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both			l				
	Separate basis Consolidated basis Both consolidated and separate basis			1				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		İ				
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt	1 1	Ì				
	Act and OMB Circular A-133?		3a		<u> </u>			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

CAROLINA'S DISTRICT OF KEY CLUB INTERNATIONAL & J. SCOTT JOHNSON

Employer identification number 23-7421139

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, Iir		s or Accounts. Complete if the
	organization answered tes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	. Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struct	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-	eased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	tholds?	. Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	ation easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
	and section 170(h)(4)(B)(ii)? .		L Yes L No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
D-	conservation easements	Art Historical Transumas or C	Ather Cimiler Assets
Га	Complete if the organization answered "Yes" on Form		Mier Similar Assets.
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance cheet works of art
ıa	_		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describe acceptation plotted as permitted under SEAS 116 (AS		t and balance about works of art, biotorical
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	acation, or research in turtherance of pu	iblic service, provide the following amounts
	relating to these items.		> *
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X	course or other amiles exects for fire	
2	If the organization received or held works of art, historical tree		ai gairi, provide
_	the following amounts required to be reported under SFAS 1	to (ASC 936) relating to these items	.
a	Revenue included on Form 990, Part VIII, line 1		~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	Accuse inclined in Form MMII Part X		- •

Schedule D (Form 990) 2018 INTERNATIONAL % J. SCOTT JOHNSON 23-7421139 Page 2 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 3 . Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply) Public exhibition Loan or exchange programs Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? _ Yes b If "Yes," explain the arrangement in Part XIII and complete the following table: **Amount** c Beginning balance 1c Additions during the year 1d Distributions during the year 1e Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10 (c) Two years back (d) Three years back (e) Four years back (a) Current year (b) Prior year 1a Beginning of year balance Contributions Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization За Yes No py. (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3ь Describe in Part XIII the intended uses of the organization's endowment funds Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a See Form 990, Part X, line 10 (c) Accumulated Description of property (a) Cost or other (h) Cost or other (d) Book value basis (investment) basis (other) depreciation 1a Land **b** Buildings

7144.

Schedule D (Form 990) 2018

7144

1318

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c)

d Equipment

Other

. Complete if the organization answered "Yes"				<u> </u>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
) Financial derivatives				
Closely-held equity interests		-		
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
al (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/. line 11c See Form 990). Part X. line 13	
(a) Description of investment	(b) Book value	(c) Method of	valuation Cost or en	d-of-year market value
(1)			· · · · · · · · · · · · · · · · · · ·	
(2)			· · · · · · · · · · · · · · · · · · ·	·- ·- · · · ·
(3)				
(4)				
(5)	· · · · · · · · · · · · · · · · · · ·			
(6)				
(7)		- 		
(8)				
(9)				<u> </u>
tal (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
art IX Other Assets.		_ 		
Complete if the organization answered "Yes"	on Form 990. Part IV	/. line 11d See Form 990). Part X. line 15	
	Description	·		(b) Book value
(1)				
(2)				
(3)		<u> </u>		
(4)				
(5)				
(6)	· · · · · · · · · · · · · · · · · · ·	 		
(7)				
(8)				
(9)	· · · · · · · · · · · · · · · · · · ·			
al. (Column (b) must equal Form 990, Part X, col. (B) line	2 15)		•	
art X Other Liabilities.	2.107			
Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11e or 11f See For	m 990 Part X line 25	
(a) Description of liability		(b) Book value	11.000,1 41.77, 11.10 20	
(1) Federal income taxes		(4) - 1 - 1 - 1 - 1 - 1 - 1	1	
····			1	
(2)			1	
			-1	
-				
(4)			-	
(3) (4) (5)				
(4) (5) (6)				
(4) (5) (6) (7)				
(4) (5) (6) (7) (8)			-	
(4) (5) (6) (7)	251		-	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018 CAROLINA'S DISTRICT OF KEY CLUB
INTERNATIONAL % J. SCOTT JOHNSON

Schedule D (Form 990) 2018

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Schedule D (Form 990) 2018

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 2 a Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 2e 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) 5 Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

CAROLINA'S DISTRICT OF KEY CLUB

Name of the organization

Department of the Treasury Internal Revenue Service

OMB No 1545-0047	2018	Open to Public	Inspection

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

» X Employer identification number 23-7421139 EDUCATION AND WELFARE OF CHILDREN IN RESIDENTIAL (h) Purpose of grant or assistance HURRICANE REPAIRS CARE AT THE HOMES ∏ Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant Ö Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SCOTT JOHNSON (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)3 Enter total number of other organizations listed in the line 1 table INTERNATIONAL % J. 58-1387871 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization CAROLINA INC - PO BOX 127 - LAKE BOYS AND GIRLS HOME OF NORTH or government WACCAMAW NC 28450 Part I Part II

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

Page 2

23-7421139

(Form 990) (2018) INTERNATIONAL & J. SCOTIT JOHNSON
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Part III

Iluation (f) Description of noncash assistance sal, other)									
(e) Method of valuation (book, FMV, appraisal, other)				Iditional information					
(d) Amount of non- cash assistance			·	(b), and any other ad					
(c) Amount of cash grant				ne 2, Part III, column					
(b) Number of recipients				ired in Part I, lir					
(a) Type of grant or assistance			L	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

Schedule I (Form 990) (2018)

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

CAROLINA'S DISTRICT OF KEY CLUB

Employer identification number INTERNATIONAL & J. SCOTT JOHNSON 23-7421139

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
OPPORTUNITIES TO PROVIDE SERVICE, BUILD CHARACTER, AND DEVELOP
LEADERSHIP. VISION - CARING AND COMPETENT STUDENT LEADERS TRANSFORMING
COMMUNITIES WORLDWIDE. THE CORE VALUES OF KEY CLUB INTERNATIONAL ARE
LEADERSHIP, CHARACTER BUILDING, CARING AND INCLUSIVENESS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
INTERNATIONAL ARE LEADERSHIP, CHARACTER BUILDING, CARING AND
INCLUSIVENESS.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMITTEE (CHAPERONE) AND OTHER MISCELLANEOUS INCOME AND EXPENSES
EXPENSES \$ 36534. INCLUDING GRANTS OF \$ 22380. REVENUE \$ 21217.
<u> </u>
FORM 990, PART VI, SECTION B, LINE 11B:
THE TAX RETURN IS EMAILED TO THE BOARD TO REVIEW BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
THE FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON
REQUEST. THERE IS NO WRITTEN CONFLICT OF INTEREST POLICY.