Click on the question mark icons to display help windows.

The information provided will enable you to tile a more complete return.

For Paperwork Reduction Act Notice, see the separate instructions

The information provided will enable you to file a more complete return and reduce the chances the IRS will need to contact you

Short Form Return of Organization Exempt From Income Tax

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

2019

OMB No 1545 0047

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

Open to Public Inspection

Inter	mal Reve	nue Service	Go to www irs govir	omiggoez for instructions	and the i	atest intormal	uon*		
A I	or the	2019 calend	ar year, or tax year beginning	NOVEMBER 1	, 2019,	and ending	oc	TOBER 31	, 20 20
В	Check il ap	pplicable	C Name of organization 77				D Emp	oloyer identıfi	ication number
	Address o	change	ISLE OF PALMS RUN & WALK F	OR THE CHILD, INC			1	59370	63110
	Name cha	ange	Number and street (or P.O. box if mail i	s not delivered to street address)	Ti.	Room/suite	E Tele	phone numbe)r
$\overline{}$	Initial retu		C/O SHERRY WELSH, PO BOX 3	64				843-73	5-8564
=	Final re ut Amended	rn/terminated	City or town state or province country	and ZIP or foreign postal code		02	F Gro	up Exempti	on
=		on pending	ISLE OF PALMS, SC 29451			03		mber 🕨 🛭	
		ting Method	Cash Accrual Other (s	specify) >		Н	Check	▶ ☐ if the	organization is no
	Vebsite	-	V IOPRUN COM	· · ·				d to attach	-
JΤ	ax-exer	not status (che	eck only one) — 🔲 501(c)(3) 🗹 501	(c) () ◀ (insert no) ☐ 4	947(a)(1) c	or			or 990-PF)
		organization			Other				
			. 7b to line 9 to determine gross rece			more, or if tota	al assets		
			\$500 000 or more file Form 990 inst					▶ \$	
	art I		e, Expenses, and Changes		Balanc	es (see the	ınstru	ctions for	Part I) 👨
			the organization used Schedu			•		01.0110 101	, a.r.,
71	1		ons, gifts, grants, and similar am			iii (iiio i aici		T 1	52,664
:11			ervice revenue including govern	6	ا . روا	ZIVED.		2	6,452
		•	nip dues and assessments	ment ices and contracts	1 11 2			3	0,732
.T1		Investmen	•	20			ကြွ	4	
	5a		ount from sale of assets other th	an inventory	GCT 5a	9 4 2021	Ö	-	
	b		or other basis and sales expens		5b.		1821	-{′ '	
	C		ss) from sale of assets other tha			150/50/ LIT	-/ = -	5c	
	6		nd fundraising events	ir inventory (subtractiline	<u> </u>	inersa) U	i	7.	
		-	come from gaming (attach Sc	hadula G if greater th	20			<u>ā</u> .	
<u> </u>	a	\$15,000)	one non gaming (anach Sc	inedule of it greater this	1	I		1 2	
Revenue	_		ama from fundrougung quento (o ol	radudina C	_6a_			[دوا	
ě	b		ome from fundraising events (not raising events reported on line 1			f contribution	15	1.1	
Œ			ch gross income and contribution		6ь	I		e	
						1		- -'	
	d d		ct expenses from gaming and fui ne or (loss) from gaming and fui	_	6c	d 6b and au	htroot	1	
	"	line 6c)	le of (loss) from garring and for	nuraising events (add into	es ua an	u ob and su	Diract	<u> </u>	
	7.	•	o of inventory long returns and	allamanan		I		6d	
	7a		es of inventory, less returns and a	allowances	7a 7b			-{.	
	b		of goods sold	v (cubtract lies 7b from li				70	
	8 8		ht or (loss) from sales of inventor inue (describe in Schedule O)	y (Subtract line 7D from iii	ie raj			7c 8	
	9		nue Add lines 1, 2, 3, 4, 5c, 6d,	7c and 8				9	E0 115
	10		d similar amounts paid (list in Sci					10	59,115 52,584
	11		aid to or for members		11	32,304			
L/S	1 .								
Expenses	12 13		other compensation, and employmal fees and other payments to in		a			12	
ĕ	14				_			13	
滋	15		y, rent, utilities, and maintenance					14 15	 -
	16		ublications, postage, and shippii enses (describe in Schedule O)					16	
	17	•	enses (describe in Schedule O) enses Add lines 10 through 16				•	17	4 740
	18		(deficit) for the year (subtract line	17 from line 0\				18	57,324
Net Assets	19		(delicit) for the year (subtract line s or fund balances at beginning		dume (A)) (must sare	o weth	-10	1,791
SS	""		ar figure reported on prior year's	,	numm (A)	, (illust agle	C WILLI	10	
يد	20	=		•))			19	9,271
Ž	20		nges in net assets or fund baland		-			20	11.062

910

Form **990-EZ** (2019)

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ABU

Part II Balance		~				
Check if the	ne organization used Schedule	O to respond to a	iny question in this	(A) Beginning of year	. ,	B) End of year
			-		ļ	
22 Cash, savings, a			_	11,244	-	11,06
23 Land and building	-				23	
•	escribe in Schedule O)				24	
25 Total assets				<u> </u>	25	<i>V</i>
	(describe in Schedule O)		<u> </u>	1,973		
	und balances (line 27 of column			9,271	27	11,06
	t of Program Service Accom					_
	ne organization used Schedule	O to respond to a	iny question in this	Part III 📋	(Pagu	Expenses ired for section
What is the organization	n's primary exempt purpose?)(3) and 501(c)(4)
as measured by exper persons benefited and	on's program service accomplishes. In a clear and concise mother relevant information for ea	anner, describe th ich program title	e services provided	I, the number of		izations optional fo
	ISES TO HOST ISLE OF PALMS RU		-			
_	THE PREVENTION OF CHILD ABU TO COVID SO INCURRED VERY FI		TE PHYISCAL FILMES	55 II WAS _		
Grants \$) If this amount	ıncludes foreign gr	ants, check here	▶ 🗀	28a	4,59
29						
					, ,	
(Grants \$		includes foreign gr	ants, check here	▶ 🗆	29a	
30						
(Grants \$) If this amount	ıncludes foreign gr	 ants. check here		30a	
	rvices (describe in Schedule O)		arret street rere		332	
. •		includes foreign or	ante chack hara	▶ □	312	
(Grants \$) If this amount	includes foreign gr	ants, check here	▶ □	31a	
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				age v
Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	з Рап	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	res	NO.
	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		√
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		√
c	If "Yes' to line 35a has the organization filed a Form 990-T for the year? If No,' provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5) or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes" complete Schedule C Part III	35b 35c		> >
	Did the organization undergo a liquidation, dissolution termination, or significant disposition of net assets during the year? If "Yes" complete applicable parts of Schedule N	36		/
b	Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? Did the organization between the properties are policies as a policy of the organization of the organization between the properties are policy or policy or policy or the organization of the organ	37b	7.	<u>√</u>
	Did the organization borrow from, or make any loans to, any officer, director, trustee or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	38a	· <u>·</u>	<u>√</u>
39	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9 39a	,	1 -2	! -
b 40a	Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ , section 4955 ▶	-	-5	F
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	<u>. </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.	F-1	100	
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization	, '	, , . 	-
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	, 	<u></u>
	List the states with which a copy of this return is filed ► SOUTH CAROLINA			
	Located at ▶ PO BOX 364 ZIP + 4 ▶	843-79: 294	151	
	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)? If "Yes," enter the name of the foreign country	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		3- -	
	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Outside 1947(a)(1) and the state of the foreign country to the state of	42c		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		V	► L
	Did the organization maintain any donor advised funds during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	44a	Yes	No ✓
	Did the organization operate one or more hospital facilities during the year? If "Yes" Form 990 must be completed instead of Form 990-EZ	44b		
d	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44c 44d		✓ ✓
b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45a 45b	7 784	\ \

Page 4
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Yes No
47 V 1
49a 🗸
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146 bit the organization engage, decotly or indirectly, in political campagin activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I. 150 and 51 150 and 51 150 and 51 150 check if the organization smust answer questions 47–49b and 52, and complete the tables for 50 and 51 150 and 51 150 check if the organization engage in folbbying activities or have a section 501(h) election in effect during the tax year? If Yes," complete Schedule C, Part II 151 all the organization a school as described in section 170(b)(1)(A)(ii)? If Yes," complete Schedule E. 152 all the organization a school as described in section 170(b)(1)(A)(ii)? If Yes," complete Schedule E. 153 bit "Yes," was the related organization a section 527 organization? 154 bit "Yes," was the related organization a section 527 organization? 155 Complete this table for the organization is the highest compensated employees (other than officers, directors, mustees, ormpleyees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No. 151 Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization. If there is none, enter "None." 151 Complete this table for the organization's five highest compensated independent contractors who each received in \$100,000 of compensation from the organization from the organization in the result in	Form 9	990-EZ (2019)						Pa	age 4	
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\$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Index penalties of penulty, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and us, correct, and complete Declaration of prepare (other than officer) is based on all information of which preparer has any knowledge Preparer Sign Preparer's name Preparer's signature Preparer's signature Date Check if self-employed self-employed self-employed self-employed Firm's name Firm's EIN Phone no	f	Total number of other employees paid ov	er \$100,000	. ->						
\$100,000 of compensation from the organization if there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation NONE Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A? Note: Penalties of penuly, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and up, correct, and complete Declaration of preparer of officer. Prim's name Prim's name Prim's enter that the part of the preparer is significant. Prim's name Prim's preparer is name Prim's enter that the prim's preparer is name Prim's enter that the prim's enter is not prepared to the prime is	51	Complete this table for the organization	's five highest comp	ensated independent	contractors	who eac	h receive	d mor	e tha	n
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date 9/15/202 Preparer Signature of flow Preparer's name Preparer's signature Date Check of Prim's preparer Ise Only Firm's name Firm's EIN ► Firm's name Firm's EIN ► Firm's address ► Phone no		\$100,000 of compensation from the orga	inization if there is n	one, enter "None."						
d Total number of other independent contractors each receiving over \$100,000 ▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a completed Schedule A. Note: All section 501(c)(3) organizations must attach a complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge and use, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Date 9/15/202 Preparer Signature of flow Preparer's name Preparer's signature Date Check of Prim's preparer Ise Only Firm's name Firm's EIN ► Firm's name Firm's EIN ► Firm's address ► Phone no			datat	A1.T						_
d Total number of other independent contractors each receiving over \$100,000 .▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A		(a) Name and business address of each independ	dent contractor	(b) Type of ser	vice	(0) Compensa	tion		
d Total number of other independent contractors each receiving over \$100,000 .▶ 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A	NONE			 						_
Date Signature of print name and tribe Preparer's signature Preparer's signature Print's pare		***************************************	***************************************	-4	i					
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					ļ					
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Date Signature of print name and tribe Preparer's signature Preparer's signature Print's pare					1					
Date Signature of print name and tribe Preparer's signature Preparer's signature Print's pare				"]						
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				1						_
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A										
Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				 						
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Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A				<u> </u>						_
Date Signature of print name and tribe Preparer's signature Preparer's signature Print's pare	ď	Total number of other independent contra	actors each receiving	over \$100,000	.▶_					
completed Schedule A Index penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and rue, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Date Print	52	Did the organization complete Schedu	ile A? Note: All s	ection 501(c)(3) ora	anizations m	ust attac	h a			_
Ander penalties of penury, I declare that I have examined this return including accompanying schedules and statements, and to the best of my knowledge and true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signification of preparer (other than officer) is based on all information of which preparer has any knowledge. Date 9 / 5 / 20 2		completed Schedule A			uniii unii unii	401 4114L	. —	e [No	
Sign Signature of office Date Date Date Preparer's signature Date Prim's address Firm's address Phone no				· · · · · · · · · · · · · · · · · · ·	· · · · · ·	 		=		_
Sign Signature of officer Date 9/15/202	under pe un, com	rect, and complete. Declare that I have examined this i	return including accompai	nying schedules and staten	nents, and to the	best of my l	knowledge a	nd belo	ef itis	
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for the IDC discuss this votum with the property phones of average and are a second		/				10 2				
lay the this discuss this return with the preparer shown above? See instructions		Firm's address ▶								

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

2019

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

(D)

(E) Total 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 59 3763110 ISLE OF PALMS RUN & WALK FOR THE CHILD, INC 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 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv) (Complete Part II) A federal state, or local government or governmental unit described in section 170(b)(1)(A)(v) 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 10 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e 12f, and 12g Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B 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, c its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) 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 II, 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) (ii) EIN (iii) Type of organization (iv) is the organization (i) Name of supported organization (v) Amount of monetary (vi) Amount of listed in your governing (described on lines 1-10) support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C)

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Hage	•

Part								
	(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	on A Public Support	\		<u> </u>				
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						,,	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total Add lines 1 through 3		\					
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)		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		1			
6	Public support Subtract line 5 from line 4	<u> </u>		1	<u> </u>			
	on B Total Support					1		
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total	
7	Amounts from line 4		<i></i>	<u> </u>				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on			, Ag				
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	/						
11	Total support Add lines 7 through 10		1, 5	1 5	1	!		
12	Gross receipts from related activities, etc	(see instruction			1	12		
13	First five years If the Form 990, is for the		n's first secon	d, third, fourth	orfifth tax y	ear as a sectio	n 501(c)(3)	
	organization, check this box and stop he	ere					_ ▶ □	
Section	on C Computation of Public Support	_ 						
14	Public support percentage for 2019 (line		•	1 column (f))	1	14		
15	Public support percentage from 2018 Sci			_	`	15	%	
16a	331/3% support test—2019 If the organ				nd line 14 is 3	3½% or more,		
	box and stop here The organization qua					,	. ▶ □	
b	331/3% support test—2018 If the organithis box and stop here. The organization					is 33 ¹ /3% or m	ore, check	
17a	17a 10%-facts-and-circumstances test—2019 If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organization in Part VI how the organization is supported organization	ation meets th	e "facts-and-c	circumstances	" test, check	this box and	stop here	
18	Private foundation If the organization d instructions	id not check a	box on line 13.	, 16a 16b, 17a	a, or 17b, chec	k this box and	see \	
					Sc	hedule A (Form 99	0 or 990 EZ) 2019	

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions and membership fees						
	received (Do not include, any "unusual grants)	41,607	38,104	58,370	65,699	52,664	256,444
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	ľ	ł				
	organization's tax-exempt purpose	30,765	29,834	24,832	34,553	6 452	126,436
3	Gross receipts from activities that are not an			-			
	unrelated trade or business under section 513					. !	
4	Tax revenues levied for the					Ī	<u> </u>
	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					, 1	
6	Total Add lines 1 through 5	72,372	67,938	83,202	100,252	59,115	382,880
7a	Amounts included on lines 1, 2, and 3	_		i			
	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	-	- T T 3	ار م الم	, Y	, 1	
	line 6)	15.7	, , , , ,	' , <u>*</u> * * * * -	' - 		382,880
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	72,372	67 938	83,202	100,252	59,115	382,879
10a	Gross income from interest, dividends,					.	
	payments received on securities loans, rents.						
	royalties, and income from similar sources	51	0	0	0	0	51
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
-	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI)						
13	Total support (Add lines 9, 10c, 11,	-		 			
13	and 12)	72 422	67.020	92 202	100 353	EO 11E	202.020
14	First five years If the Form 990 is for t	he organization	67,938	83,202	0r fifth tax ve	59,115	382,930
17	organization, check this box and stop he	_	3 1113t, 30001k	a, tilia toottii	or mar tax ye	iai as a section	► □
Secti	on C Computation of Public Suppo		<u> </u>				
15	Public support percentage for 2019 (line			(f)		15	99 99 %
16	Public support percentage from 2018 Sc					16	99 98 %
	on D Computation of Investment In		_			- 1	11 11 /0
17	Investment income percentage for 2019			v line 13. colui	mn (f))	17	01 %
18	Investment income percentage from 201	•	• •	,	(-//	18	02 %
19a	331/3% support tests—2019 If the organ			on line 14, an	d fine 15 is m		
- -	17 is not more than 331/3% check this box						
b	331/3% support tests-2018 If the organi						
-	line 18 is not more than 331/3% check this						
20	Private foundation If the organization d	id not check a l	box on line 14,	19a, or 19b, c	heck this box	and see instruc	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2020

Open to Public Inspection

Name of the organization Employer identification number ISLE OF PALMS RUN & WALK FOR THE CHILD INC 59 3763110 FORM 990-EX PART 1, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID **DEE NORTON LOWCOUNTRY CHILDREN S CENTER** 5,000 5,000 LOWCOUNTRY ORPHAN RELIEF FLORENCE CRITTENTON 5,000 CAROLINA YOUTH DEVELOPMENT CENTER 5,000 **HALOS** 7,000 WINDWOOD FARMS 7 000 CAPA OF BEAUFORT 5,000 TOWN OF MT PLEASANT 4,792 CITY OF ISLE OF PALMS 4,792 I GOT LEGS 2,500 IOP CAROLINA'S CHILDREN CHARITY 1,500 TOTAL 52,584

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545 0047

2019

Open to Public Inspection
Employer identification number 59-3763110

ISLE OF PALMS RUN & WALK FOR THE CHILD, INC	59-3763110
FORM 990-EZ, PART 1 LINE 16, OTHER EXPENSES	
DESCRIPTION OF OTHER EXPENSES A	MOUNT
MARKETING 16	60
SIGNS FOR RACE1	6
MARKETING FIRM CONSULTING FEE 3,4	000
WEB DESIGN FEE	412
POST OFFICE BOX RENTAL	148
RACE MANAGEMENT FEE	700
WEB HOSTING FEES2	04
MISCELLANEOUS EXPENSE 1	00
TOTAL TO FORM 990-EZ, LINE 164,7	740
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