

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

For calendar year 2020, or fiscal year beginning 2020, and ending 20

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2020

Name of exempt organization or person subject to tax

LOWCOUNTRY COMMUNITY ACTION AGENCY,

Taxpayer identification number

57-0612136

Name and title of officer or person subject to tax

**TARA GLOVER
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	4,853,737
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **Crowley Wechsler & Associates LLC** to enter my PIN **12136** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶ **11/09/21**

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

57334560008

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **Richard D Crowley, CPA**

Date ▶ **11/09/21**

ERO Must Retain This Form — See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2020)

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

A For the 2020 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
LOWCOUNTRY COMMUNITY ACTION AGENCY,
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 1726
 City or town, state or province, country, and ZIP or foreign postal code
Walterboro SC 29488

D Employer identification number
57-0612136

E Telephone number

F Name and address of principal officer:
TARA GLOVER
PO Box 1726
Walterboro SC 29488

G Gross receipts\$ **4,853,737**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.LOWCOUNTRYCAA.ORG**

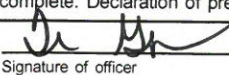
K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **1968** **M State of legal domicile:** **SC**

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO EFFECTIVELY ADDRESS ISSUES OF THE POOR AND INSPIRE SELF SUFFICIENCY BY ASSISTING THEM IN THEIR DESIRE TO MAKE CHANGES THROUGH EDUCATION, EMPLOYMENT AND TRAINING, SHELTER, AWARENESS, ADVOCACY, ETC.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	85
	6 Total number of volunteers (estimate if necessary)	6	15
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,441,796	4,853,340
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	400	397
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,442,196	4,853,737
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,171,168	2,421,840
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,125,526	2,195,679
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,296,694	4,617,519	
19 Revenue less expenses. Subtract line 18 from line 12	145,502	236,218	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	875,556	1,283,577
	21 Total liabilities (Part X, line 26)	216,080	753,512
	22 Net assets or fund balances. Subtract line 21 from line 20	659,476	530,065

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer:  Date: **11/9/2021**
TARA GLOVER **EXECUTIVE DIRECTOR**
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **Richard D Crowley, CPA** Preparer's signature: **Richard D Crowley, CPA** Date: **11/11/21** Check if self-employed PTIN: **P00640699**
 Firm's name: ▶ **Crowley Wechsler & Associates LLC** Firm's EIN: ▶ **26-1860008**
 Firm's address: ▶ **1411 Queen Street Beaufort, SC 29902** Phone no.: **843-379-1065**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO EFFECTIVELY ADDRESS ISSUES OF THE POOR AND INSPIRE SELF SUFFICIENCY BY ASSISTING THEM IN THEIR DESIRE TO MAKE CHANGES THROUGH EDUCATION, EMPLOYMENT AND TRAINING, SHELTER, AWARENESS, ADVOCACY, ETC.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,781,837** including grants of \$) (Revenue \$)
HEAD START PROGRAM

4b (Code:) (Expenses \$ **226,789** including grants of \$) (Revenue \$)
COMMUNITY SERVICES BLOCK GRANT (CSBG)

4c (Code:) (Expenses \$ **930,149** including grants of \$) (Revenue \$)
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)

4d Other program services (Describe on Schedule O.)

(Expenses \$ **160,718** including grants of \$) (Revenue \$)

4e Total program service expenses **u 4,099,493**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

1a	86
1b	0

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

		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	85		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
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			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15			X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	15	
b	Enter the number of voting members included on line 1a, above, who are independent	15	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		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?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u 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)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **u**

LCAA, INC.
WALTERBORO

319 WASHINGTON ST.

SC 29488

843-549-5576

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) TORSHA ANDERSON	2.00									
DIRECTOR	0.00	X					0	0	0	
(2) MARCELLA BROWN	2.00									
DIRECTOR	0.00	X					0	0	0	
(3) ROLETS BUCKNER	2.00									
DIRECTOR	0.00	X					0	0	0	
(4) TARAH DOBISON	2.00									
DIRECTOR	0.00	X					0	0	0	
(5) CORNELIUS HAMILTON	2.00									
VICE CHAIRPERSON	0.00	X		X			0	0	0	
(6) ALEXIS HARLEY	2.00									
SECRETARY	0.00	X		X			0	0	0	
(7) SOPHIA HENDERSON	2.00									
CHAIRPERSON	0.00	X		X			0	0	0	
(8) DR. ROY HOLLINGSWORTH	2.00									
DIRECTOR	0.00	X					0	0	0	
(9) HARRY JENKINS	2.00									
DIRECTOR	0.00	X					0	0	0	
(10) STEPHANIE MCMILLON	2.00									
DIRECTOR	0.00	X					0	0	0	
(11) JAY PARKER	2.00									
DIRECTOR	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) TAKIYAH SHEPPARD	2.00									
DIRECTOR	0.00	X					0	0	0	
(13) ART WILLIAMS	2.00									
TREASURER	0.00	X		X			0	0	0	
(14) EDWARD WILLIAMS	2.00									
DIRECTOR	0.00	X					0	0	0	
(15) SHEDRON WILLIAMS	2.00									
DIRECTOR	0.00	X					0	0	0	
1b Subtotal							u			
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 0**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,824,061			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	29,279			
	g Noncash contributions included in lines 1a-1f	1g	\$			
	h Total. Add lines 1a-1f	u	4,853,340			
	Program Service Revenue	2a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	u	397		397	
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)	u				
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities			
			(ii) Other			
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss)	u				
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events	u					
9a Gross income from gaming activities. See Part IV, line 19	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities	u					
10a Gross sales of inventory, less returns and allowances	10a					
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory	u					
Miscellaneous Revenue	11a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	u				
12 Total revenue. See instructions	u	4,853,737	0	0	397	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 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	1,940,401	1,719,470	220,931	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	481,439	409,361	72,078	
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	58,213	14,390	43,823	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	7,146	5,647	1,499	
14 Information technology				
15 Royalties				
16 Occupancy	110,693	90,650	20,043	
17 Travel	21,627	19,152	2,475	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,952	3,418	1,534	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,588	56,045	3,543	
23 Insurance	49,508	39,529	9,979	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CLIENT ASSISTANCE	848,147	839,072	9,075	
b MATERIALS	279,616	278,609	1,007	
c CONTRACTUAL	171,980	124,871	47,109	
d CONSUMABLE SUPPLIES	137,474	123,985	13,489	
e All other expenses	446,735	375,294	71,441	
25 Total functional expenses. Add lines 1 through 24e	4,617,519	4,099,493	518,026	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	236,128	1	684,185
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	374,042	3	211,227
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,341,002		
	b Less: accumulated depreciation	10b 1,952,837	265,386	10c 388,165
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)		875,556	16	1,283,577
Liabilities	17 Accounts payable and accrued expenses	156,494	17	270,092
	18 Grants payable		18	
	19 Deferred revenue	59,586	19	296,617
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	186,803
	26 Total liabilities. Add lines 17 through 25		216,080	26
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	659,476	27	530,065
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances		659,476	32	530,065
33 Total liabilities and net assets/fund balances		875,556	33	1,283,577

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,853,737
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,617,519
3	Revenue less expenses. Subtract line 2 from line 1	3	236,218
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	659,476
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	-365,629
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	530,065

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

LOWCOUNTRY COMMUNITY ACTION AGENCY,

Employer identification number

57-0612136

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 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:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **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.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e 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.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2020

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,602,842	4,207,787	4,253,222	4,441,796	4,853,340	21,358,987
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,602,842	4,207,787	4,253,222	4,441,796	4,853,340	21,358,987
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)						
6 Public support. Subtract line 5 from line 4						21,358,987

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	3,602,842	4,207,787	4,253,222	4,441,796	4,853,340	21,358,987
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,073	525	436	400	397	3,831
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						21,362,818

12 Gross receipts from related activities, etc. (see instructions) 12

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	99.98 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	99.94 %

16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2020. 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—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) u	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Employer identification number

LOWCOUNTRY COMMUNITY ACTION AGENCY,

57-0612136

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (Sub-rows 2a-2d), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 u \$, (ii) Assets included in Form 990, Part X u \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 u \$, b Assets included in Form 990, Part X u \$

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 make significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** 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? Yes No

Part IV 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 No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f 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
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment **u**
 - b** Permanent endowment **u**
 - c** Term endowment **u**
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (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? Yes No
- 4** 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		110,085	98,553	11,532
c Leasehold improvements				
d Equipment		2,230,917	1,854,284	376,633
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) u				388,165

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	u	

Part 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 end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	u	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	u

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) NOTE PAYABLE	149,900
(3) BANK OVERDRAFT	36,903
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	u 186,803

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

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.

1	Total revenue, gains, and other support per audited financial statements		1	5,281,701
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a		
	b Donated services and use of facilities	2b	427,964	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	427,964
3	Subtract line 2e from line 1		3	4,853,737
4	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	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	4,853,737

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.

1	Total expenses and losses per audited financial statements		1	5,045,483
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	427,964	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	427,964
3	Subtract line 2e from line 1		3	4,617,519
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	4,617,519

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.

Part X - FIN 48 Footnote

The Agency is a tax-exempt organization under Section 501(c)(3) of the Internal Revenue Code but remains subject to income taxes on any business income unrelated to the Agency's tax-exempt purpose. For the year ended December 31, 2020, there was no unrelated business income. The Agency is subject to audits by a taxing authority, but as of December 31, 2020, no such audits or examinations were in process. The Agency's policy is to record any income tax-related interest and penalties separate from any income tax expense. The Agency is not a private foundation within the meaning of Section 509(a) of the Internal Revenue Code.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

LOWCOUNTRY COMMUNITY ACTION AGENCY,

57-0612136

Form 990, Part III, Line 4d - All Other Accomplishments

EMERGENCY SOLUTIONS \$ 17,552

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

FORM 990 IS PREPARED BY THE CPA FIRM THAT PERFORMS OUR ANNUAL FINANCIAL STATEMENT AUDIT. FORM 990 IS REVIEWED BY OUR AGENCY'S FINANCE DIRECTOR & EXECUTIVE DIRECTOR AND THEN IT IS PRESENTED TO OUR BOARD OF DIRECTORS FOR REVIEW & APPROVAL.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

ALL ACTUAL & POTENTIAL CONFLICTS OF INTEREST ARE MADE AVAILABLE TO THE BOARD'S EXECUTIVE COMMITTEE BY THE WAY OF AN ANNUAL DISCLOSURE FORM OR WHENEVER A POTENTIAL CONFLICT ARISES. THE EXECUTIVE COMMITTEE DETERMINES IF A CONFLICT EXISTS AND IF ANY ACTION IS NECESSARY. THE EXECUTIVE COMMITTEE INFORMS THE BOARD OF SUCH DETERMINATION AND NECESSARY ACTION. THE BOARD RETAINS THE RIGHT TO MODIFY OR REVERSE SUCH DETERMINATION AND ACTION, AND IS THE ULTIMATE ENFORCEMENT AUTHORITY WITH RESPECT TO THE INTERPRETATION AND APPLICATION OF THIS POLICY.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED, REVIEWED, AND APPROVED BY THE BOARD OF DIRECTORS AFTER CONSULTING WITH AND COMPARING TO SIMILAR AGENCIES.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Name of the organization

Employer identification number

LOWCOUNTRY COMMUNITY ACTION AGENCY,

57-0612136

THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION OF KEY EMPLOYEES,
SUBJECT TO BOARD APPROVAL, AFTER CONSULTING WITH AND COMPARING TO SIMILAR
AGENCIES.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

THE PUBLIC IS INVITED TO ALL BOARD MEETINGS AND MAY REVIEW ALL DOCUMENTS.
ALL DOCUMENTS ARE ALSO AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

ADJUSTMNETS WERE MADE AFTER PRIOR YEAR'S TAX RETURN WAS FILED THAT AFFECTED
THE EQUITY ON THE BALANCE SHEET IN THE AMOUNT OF \$-365,629.

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Federal Asset Report

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current	
Other Depreciation:												
1	FIREPROOF SAFE	12/21/82	0					0	0	HY	0	0
2	CANON COPIER (COPYMACHINE)	8/14/97	0					0	0	HY	0	0
3	(2) P5-166 MUTIMEDIA	8/21/97	0					0	0	HY	0	0
4	(2) CANON BJC 240 PRINTER	8/21/97	0					0	0	HY	0	0
5	COMPUTERS (CSBG PORTION)	12/31/98	0					0	0	HY	0	0
6	L-SHAPED DESK	12/31/02	0					0	0	HY	0	0
7	(2) COMPUTERS 15" FLAT MONITORS	8/02/03	0					0	0	HY	0	0
8	CANON PC170 PORTABLE COPIER	9/08/08	0					0	0	HY	0	0
9	CANONPC170 PORTABLE COPIER	9/08/08	0					0	0	HY	0	0
10	(4) CYBERTRON HARD DRIVE	9/04/09	0					0	0	HY	0	0
11	2 DUAL MONITOR WORKSTATIONS	10/13/16	0					0	0	HY	0	0
12	DESKTOP SCANNER	10/13/16	0					0	0	HY	0	0
13	3 LAPTOPS	10/13/16	0					0	0	HY	0	0
14	1998 PLYMOUTH VOYAGER	12/30/97	0					0	0	HY	0	0
15	2010 CHEV. TRAVERSE TRUCK	10/16/09	0					0	0	HY	0	0
16	2010 CHEV. TRAVERSE TRUCK	10/16/09	0					0	0	HY	0	0
17	2010 CHEVY EQUINOX VIN375	1/26/10	0					0	0	HY	0	0
18	CLASSROOM MODULAR UNIT	6/18/93	0					0	0	HY	0	0
19	NEW ROOF-COTTAGEVILLE	12/31/00	0					0	0	HY	0	0
20	CONSTRUCTED 12 X 17 DENTIS	1/23/09	0					0	0	HY	0	0
21	PAVED PARKING LOT	2/03/09	0					0	0	HY	0	0
22	CEILING HEATERS	12/01/81	0					0	0	HY	0	0
23	VULCAN STOVE	12/01/81	0					0	0	HY	0	0
24	AKT-22 JORDON FREEZER	12/01/81	0					0	0	HY	0	0
25	AKT-22 REFRIGERATOR	12/01/81	0					0	0	HY	0	0
26	3 COMPARTMENT SINK	12/01/81	0					0	0	HY	0	0
27	12 QT. MIXER M12b	1/01/82	0					0	0	HY	0	0
28	A/C	6/01/83	0					0	0	HY	0	0
29	VCR & CAMERA	9/01/85	0					0	0	HY	0	0
30	JOHN DEERE 1292 RIDING MOWER	10/01/85	0					0	0	HY	0	0
31	MA-27 AUDIOMETER	11/07/85	0					0	0	HY	0	0
32	SPIRAL SLIDE	9/19/85	0					0	0	HY	0	0
33	SENSOR SLIDE	9/19/85	0					0	0	HY	0	0
34	FUZZY WUZZY CATERPILLAR	9/19/85	0					0	0	HY	0	0
35	SUPER SLIDE 12	9/19/85	0					0	0	HY	0	0
36	12 SEAT SEE SAW	9/19/85	0					0	0	HY	0	0
37	3-WAY BOUNCE A SAW	9/19/85	0					0	0	HY	0	0
38	LOG WAGON/CABIN HOUSE	9/19/85	0					0	0	HY	0	0
39	A/C MODEL# AC1824XMO	9/27/85	0					0	0	HY	0	0
40	A/C MODEL# AC1824XMO	9/27/85	0					0	0	HY	0	0
41	A/C MODEL# AC1824XMO	9/27/85	0					0	0	HY	0	0
42	A/C MODEL# AC1904XMO	9/27/85	0					0	0	HY	0	0
43	A/C MODEL# AC1904XMO	9/27/85	0					0	0	HY	0	0
44	A/C MODEL# AC1904XMO	9/27/85	0					0	0	HY	0	0
45	WARREN DUAL JET	10/01/86	0					0	0	HY	0	0
46	MAGNAVOX CAMCORDER	7/01/89	0					0	0	HY	0	0
47	GE 24000 BTU A/C	9/01/89	0					0	0	HY	0	0
48	IBM WHEELWRITER 10 TYPE WRITER	7/01/90	0					0	0	HY	0	0
49	CARPET- CLASSROOMS/OFFICES	9/01/90	0					0	0	HY	0	0
50	EPSON 1050 PRINTER	10/19/01	0					0	0	HY	0	0
51	(2) ABACI 386SX COMPUTERS	10/19/01	0					0	0	HY	0	0
52	SOFTWARE (WORD PERFECT, POWER	10/19/01	0					0	0	HY	0	0
53	BOILER SYSTEM	10/19/01	0					0	0	HY	0	0
54	CARPET	11/01/91	0					0	0	HY	0	0
55	FACTS-PLUS 2 HIGH DENSITY	11/01/91	0					0	0	HY	0	0
56	MITA COPIER (LOT #7)	12/01/91	0					0	0	HY	0	0
57	2500 BTU CROSSLEY A/C CA25	12/01/91	0					0	0	HY	0	0
58	2500 BTU CROSSLEY A/C CA25	12/01/91	0					0	0	HY	0	0
59	2500 BTU CROSSLEY A/C CA25	12/01/91	0					0	0	HY	0	0
60	2500 BTU CROSSLEY A/C CA25	12/01/91	0					0	0	HY	0	0
61	2500 BTU CROSSLEY A/C CA25	12/01/93	0					0	0	HY	0	0
62	2500 BTU CROSSLEY A/C CA12WR4	12/01/91	0					0	0	HY	0	0
63	2500 BTU CROSSLEY A/C CA12WR4	12/01/91	0					0	0	HY	0	0
64	18 WIDE LAMINATOR	10/19/02	0					0	0	HY	0	0
65	TANK FOR BOILER SYSTEM	10/19/02	0					0	0	HY	0	0
66	IBM TWIN PACK CONCEPT KEY	6/04/92	0					0	0	HY	0	0
67	COMPUTER EQUIPMENT	7/16/98	0					0	0	HY	0	0
68	PLAYGROUND EQUIPMENT	12/28/00	0					0	0	HY	0	0

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Asset	Description	Date		Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
		In Service	Cost								
69	KITCHEN EQUIPMENT	12/28/00	0				0	0	HY	0	0
70	CLASSROOM EQUIPMENT	12/28/00	0				0	0	HY	0	0
71	FENCING/GATES OUTDOOR LIGHTS	12/28/00	0				0	0	HY	0	0
72	HEATING SYSTEM COTTAGEVILLE	12/19/00	0				0	0	HY	0	0
73	PLAYGROUND EQUIPMENT	12/31/00	0				0	0	HY	0	0
74	STORAGE HOUSE WHD1926	3/09/01	0				0	0	HY	0	0
75	HEAT/COOL UNIT QL0700919	9/18/01	0				0	0	HY	0	0
76	HEAT/COOL UNIT QL0700863	9/18/01	0				0	0	HY	0	0
77	OKI COLOR COPIER 104A100243	9/26/01	0				0	0	HY	0	0
78	MITA BLK/WHITE COPIER 3703	9/26/01	0				0	0	HY	0	0
79	TRIMMER IN2650110	7/18/01	0				0	0	HY	0	0
80	TABLE & RACK	6/30/01	0				0	0	HY	0	0
81	HEAT/COOL UNIT QL4303035	12/13/01	0				0	0	HY	0	0
82	HEAT/COOL UNIT QL4302991	12/13/01	0				0	0	HY	0	0
83	PENTIUM III K2T6X8R08G7K3Y	11/25/01	0				0	0	HY	0	0
84	PENTIUM III F83T4FH7WQ3BJ3	11/25/01	0				0	0	HY	0	0
85	PENTIUM III JFTTVWR8DGM7T	11/25/01	0				0	0	HY	0	0
86	PENTIUM III BRPPM8KRFFJ36H	11/25/01	0				0	0	HY	0	0
87	PENTIUM III WHP422X48T2XXH	11/25/01	0				0	0	HY	0	0
88	PENTIUM III VH4MHPD3M2M77	11/25/01	0				0	0	HY	0	0
89	PENTIUM III MK98X7BK9DJR8	11/25/01	0				0	0	HY	0	0
90	PENTIUM III RBWFDDJGRJX68K	11/25/01	0				0	0	HY	0	0
91	PENTIUM III TDFHQ4H8JGPDYD	11/25/01	0				0	0	HY	0	0
92	PENTIUM III RBF4MF78H3B9TT	11/25/01	0				0	0	HY	0	0
93	PENTIUM III K7HWF78M2DHz7	11/25/01	0				0	0	HY	0	0
94	PENTIUM III JXV73W3KH4XQ	11/25/01	0				0	0	HY	0	0
95	PENTIUM III B7FWQG258B8GDO	11/25/01	0				0	0	HY	0	0
96	PENTIUM III MHDHH13X3B84K	11/25/01	0				0	0	HY	0	0
97	PENTIUM III QDXJD2G8Q32TGR	11/25/01	0				0	0	HY	0	0
98	PENTIUM III/ SERVER GRQ28BK	11/25/01	0				0	0	HY	0	0
99	HP2200DN LASER PRINTER JPD	12/31/01	0				0	0	HY	0	0
100	HP2200DN LASER PRINTER JPD	12/31/01	0				0	0	HY	0	0
101	HEAT/COOL UNIT QL4303105	12/13/01	0				0	0	HY	0	0
102	(3) XP 2000 COMPUTERS AND (3)	12/18/03	0				0	0	HY	0	0
103	(12) COMPUTERS W/17" COLOR	12/31/03	0				0	0	HY	0	0
104	FENCING AT ESTILL & COTTAGEVILL	12/31/03	0				0	0	HY	0	0
105	PANASONIC DP CL21 LASER PRINTER	12/31/03	0				0	0	HY	0	0
106	PANASONIC DP 4520H DIGITAL	12/31/03	0				0	0	HY	0	0
107	(5) HEATING UNITS @ COTTAGEVILLE	12/31/03	0				0	0	HY	0	0
108	(8) COMPUTER SYSTEMS-BLK	12/11/04	0				0	0	HY	0	0
109	CHAIN LINK FENCE- COTTAGEVILLE	3/05/04	0				0	0	HY	0	0
110	SAVIN 4045ESP DIGITAL IMAGING	12/31/04	0				0	0	HY	0	0
111	COMPUTERS & NOTEBOOKS	9/23/05	0				0	0	HY	0	0
112	CHAINLINK FENCE- COTTAGEVILLE	11/22/05	0				0	0	HY	0	0
113	FENCE	12/16/05	0				0	0	HY	0	0
114	CONCRETE LOADING PLATFORM	12/31/05	0				0	0	HY	0	0
115	(144) E-Z ON STD. VEST W/MOU	12/31/05	0				0	0	HY	0	0
116	JOHN DEERE 15C LAWN TRACTOR	10/20/06	0				0	0	HY	0	0
117	DISHWASHER CMA 180B	12/31/06	0				0	0	HY	0	0
118	INDOOR COOLER/FREEZER	12/31/06	0				0	0	HY	0	0
119	SHELVING/RACKS FOR WALKIN	2/21/07	0				0	0	HY	0	0
120	MICROSOFT ADVANCED SERV	4/02/07	0				0	0	HY	0	0
121	SEATS, TABLES, FURN. SETS	12/05/07	0				0	0	HY	0	0
122	CLASSROOM EQUIP. (DISCOUNT)	12/05/07	0				0	0	HY	0	0
123	PLAYGROUND EQUIPMENT	12/31/07	0				0	0	HY	0	0
124	WET/DRY VAC NACECARE	10/20/09	0				0	0	HY	0	0
125	FLOOR BUFFER	10/20/09	0				0	0	HY	0	0
126	JOHN DEERE MOWER HS0041	1/06/09	0				0	0	HY	0	0
127	JOHN DEERE MOWER HS0043	1/06/09	0				0	0	HY	0	0
128	12 X 30 HIGH LOFT BUILDING	1/09/09	0				0	0	HY	0	0
129	12 X 24 ROBIN PORTABLE BUILDING	1/09/09	0				0	0	HY	0	0
130	STIHL HEDGE TRIMMER	1/09/09	0				0	0	HY	0	0
131	STIHL BLOWER BGSS	1/09/09	0				0	0	HY	0	0
132	CHAINSAW STIHL	1/09/09	0				0	0	HY	0	0
133	AGRICULTURAL SPRAYER	1/01/09	0				0	0	HY	0	0
134	SANYO 52" FLAT PANEL TV	1/29/09	0				0	0	HY	0	0
135	(11) COMPUTERS AMD ATHLON	1/29/09	0				0	0	HY	0	0
136	COMPUTER MULTIMEDIA WORK	1/29/09	0				0	0	HY	0	0
137	SANYO 52" FLAT PANEL TV	3/06/09	0				0	0	HY	0	0
138	COMPUTER MULTIMEDIA WORK	3/12/09	0				0	0	HY	0	0
139	PLAYGROUND EQUIPMENT	12/31/09	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
140	XEROX HP COLOR NETWORK PRINTE	12/31/09	0				0	0	HY	0	0
141	(8) COMPUTERS LG/ACER LCD	12/31/09	0				0	0	HY	0	0
142	(8) ROLLER RACER-HSBS	12/31/11	0				0	0	HY	0	0
143	PLAY PACK, T-BALL PACK (2)	12/31/11	0				0	0	HY	0	0
144	AFTER-SCHOOL PACK- HSBS	12/31/11	0				0	0	HY	0	0
145	ROCKBLOCKS CLIMBING TUNNEL	12/31/11	0				0	0	HY	0	0
146	VARIOUS PLAYGROUND EQUIPMENT	12/31/11	0				0	0	HY	0	0
147	(5) 4200+ XP ATHLON COMPUTER	12/31/12	0				0	0	HY	0	0
148	(18) ISS PRE-K 2.0 (HATCH)	12/31/12	0				0	0	HY	0	0
149	(18) TSLS BUNDLE PKG. SOFTWARE	12/31/12	0				0	0	HY	0	0
150	WEPLAYSMART TABLE (HATCH)	12/31/13	0				0	0	HY	0	0
151	WEPLAYSMART TABLE (HATCH)	12/31/13	0				0	0	HY	0	0
152	WEPLAYSMART TABLE (HATCH)	12/31/13	0				0	0	HY	0	0
153	WEPLAYSMART TABLE (HATCH)	12/31/13	0				0	0	HY	0	0
154	WEPLAYSMART TABLE (HATCH)	12/31/13	0				0	0	HY	0	0
155	NOKIA LUMIA 2520 TABLET	12/31/13	0				0	0	HY	0	0
156	(10) HATCH DISPLAY SOL. W/O	12/31/14	0				0	0	HY	0	0
157	MICROSOFT SURFACE PRO3	6/17/16	0				0	0	HY	0	0
158	21 CAMER HD IP SYSTEM=ES	12/31/17	0				0	0	HY	0	0
159	25 CAMERA HS IP SYSTEM	12/31/17	0				0	0	HY	0	0
160	DISHWASHER- COTTAGEVILLE	5/04/18	0				0	0	HY	0	0
161	(18) SMART BOARDS	10/02/09	0				0	0	HY	0	0
162	SMART BOARD INSTALLATION	11/13/09	0				0	0	HY	0	0
163	912) SCIENCE CENTERS	9/18/09	0				0	0	HY	0	0
164	(11) DOUBLE COMPUTER DESK	9/18/09	0				0	0	HY	0	0
165	(4) HP DJ F4440 PRINTERS	10/02/09	0				0	0	HY	0	0
166	(8) LG/I-INC COMPTERS	8/31/09	0				0	0	HY	0	0
167	1991 FORD VAN (GRAY) #1FM	10/01/91	0				0	0	HY	0	0
168	1995 JEEP CHEROKEE (#13)	11/01/94	0				0	0	HY	0	0
169	2000 CHEV. BUS (35 PASS) 1GB	10/27/99	0				0	0	HY	0	0
170	2000 CHEV. BUS (35 PASS.) 1GB	10/27/99	0				0	0	HY	0	0
171	2002 60 PASS. CHEV. BUS 1HVE	1/15/01	0				0	0	HY	0	0
172	2002 60 PASS. CHEV. BUS 1HVE	11/05/01	0				0	0	HY	0	0
173	2000 GMC 1GKDM19W8YB52462	6/12/01	0				0	0	HY	0	0
174	2001 GMC SAFARI #16KDM19W	3/05/02	0				0	0	HY	0	0
175	2001 CHEV. ASTRO #16NDM19W	3/05/02	0				0	0	HY	0	0
176	04 INTERNAT'L 36 PASS BUS #4	12/18/03	0				0	0	HY	0	0
177	06 INTERGRATED CE S 36 PASS.	10/19/05	0				0	0	HY	0	0
178	06 INTEGRATED CE S 36 PASS.	10/19/05	0				0	0	HY	0	0
179	2007 CHEV. 24 PASS. BUS #8328	12/31/06	0				0	0	HY	0	0
180	2006 CHEV. UPLANDER LT #335	12/04/06	0				0	0	HY	0	0
181	2004 CHEV. ASTRO	12/15/06	0				0	0	HY	0	0
182	2007 CHEV. MIDBUS 24 PASS.	3/26/07	0				0	0	HY	0	0
183	INTERGRATED CE S BUS	12/31/09	0				0	0	HY	0	0
184	17 CHEV 3500/THOMAS 30 PASS.	4/24/17	0				0	0	HY	0	0
185	REPLACED ENGINE- 2011 IC C	11/30/18	0				0	0	HY	0	0
186	FURNITURE- EX. DIRECTOR	5/07/99	0				0	0	HY	0	0
187	LAPTOP COMP. SOLO 2150 SN	6/16/00	0				0	0	HY	0	0
188	LAPTOP COMP. SOLO 2150 W/Z	6/16/00	0				0	0	HY	0	0
189	FREEZER	8/04/00	0				0	0	HY	0	0
190	L7166 W/38 RIDING MOWER	9/01/00	0				0	0	HY	0	0
191	PENTIUM 4 PROCESSOR E4600	9/01/01	0				0	0	HY	0	0
192	EXECUTIVE LEFT L DESK	10/01/01	0				0	0	HY	0	0
193	3 COMPAQ COMPUTERS, 1 SER	12/31/02	0				0	0	HY	0	0
194	STORAGE BUILDING	9/22/03	0				0	0	HY	0	0
195	DIGITAL RECORDER FOR MEET	2/09/04	0				0	0	HY	0	0
196	COLOR PRINTER	3/08/05	0				0	0	HY	0	0
197	FILE SERVER (TVAC CONSULT	10/07/08	0				0	0	HY	0	0
198	HP PAVILLION COMPUTER 19"	9/18/08	0				0	0	HY	0	0
199	CYBERTRON CPU I-INC 17" MONITOR	6/06/09	0				0	0	HY	0	0
200	SYX-ASCENT K24 CPU E MACH	11/09/09	0				0	0	HY	0	0
201	MULTIMEDIA PC	9/03/10	0				0	0	HY	0	0
202	GATEWAY MOBILE NOTEBOOK	9/03/10	0				0	0	HY	0	0
203	2000 CHEV ASTRO VAN 1GND	12/29/00	0				0	0	HY	0	0
204	2017 CHEVY TRAVERSE	10/18/16	0				0	0	HY	0	0
205	DUAL MONITOR WORKSTATION	10/13/16	0				0	0	HY	0	0
206	2 DESKTOP SCANNERS	10/13/16	0				0	0	HY	0	0
207	3 PORTABLE COLOR PRINTERS	10/13/16	0				0	0	HY	0	0
208	3 COMPUTER TRAVEL CASES	10/13/16	0				0	0	HY	0	0
209	SURVEILLANCE SYSTEM	12/29/16	0				0	0	HY	0	0
210	DVD/VHS PLAYER	11/30/05	0				0	0	HY	0	0

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Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
211	SANYO 32" TV	12/31/05	0				0	0	HY	0	0
212	(5) MULTIMEDIA WORKSTATION	3/20/09	0				0	0	HY	0	0
213	WORKSTATION CPU & 17" MONITOR	11/11/09	0				0	0	HY	0	0
214	XEROX COPY-PRINTER (MAC-5	12/31/10	0				0	0	HY	0	0
215	HON 10700 RIGHT 314 PEDESTAL	12/07/10	0				0	0	HY	0	0
216	COMPUTER- COMPLETE WORKSTATION	10/14/11	0				0	0	HY	0	0
217	WORKCENTER 6605 COLOR LASER	8/29/14	0				0	0	HY	0	0
218	5 COLOR DESKTOP SCANNERS	12/29/16	0				0	0	HY	0	0
219	BATTERY BACKUP UNIT	12/29/16	0				0	0	HY	0	0
220	SERVER, MONITOR, STORAGE	12/29/16	0				0	0	HY	0	0
221	386 COMPUTER W/MODEM, KE	1/01/91	0				0	0	HY	0	0
222	EPSON LQ1000 PRINTER	1/01/91	0				0	0	HY	0	0
223	SOFTWARE (WORKPERFECT 5.1	1/01/91	0				0	0	HY	0	0
224	COMPUTERS, PRINTERS & SOFTWARE	7/01/94	0				0	0	HY	0	0
225	TELEPHONE SYSTEM	7/01/94	0				0	0	HY	0	0
226	GATE/FENCE AT FRONT ENTRANCE	7/01/94	0				0	0	HY	0	0
227	FENCE NEXT TO USC CAMPUS	7/01/94	0				0	0	HY	0	0
228	A/C MODEL #A3P14EXAL	7/01/94	0				0	0	HY	0	0
229	A/C MODEL #RRGF10E42JKR	3/31/89	0				0	0	HY	0	0
230	COPIER (JTPA)	4/01/90	0				0	0	HY	0	0
231	KREMDLE INSULATION BLOWER	3/01/91	0				0	0	HY	0	0
232	CAPITAL INSULATION BLOWER	11/01/92	0				0	0	HY	0	0
233	I-INC MONITOR & HARDRIVE	8/27/09	0				0	0	HY	0	0
234	I-INC MONITOR & HARDRIVE	8/27/09	0				0	0	HY	0	0
235	KRENDL 2300 MACHINE W/S	9/29/09	0				0	0	HY	0	0
236	GN-150 15,000 WATT GENERATOR	9/28/09	0				0	0	HY	0	0
237	FLIR BCAM SD INFRARED CAMERA	9/22/09	0				0	0	HY	0	0
238	FYRITE 24-8251 INSIGHT GAS A	9/28/09	0				0	0	HY	0	0
239	MINNEAPOLIS BLOWER DOOR	10/10/09	0				0	0	HY	0	0
240	MINNEAPOLIS BLOWER DOOR	1/01/10	0				0	0	HY	0	0
241	ALLEGRO 750 PRESSURE HOOD	3/05/10	0				0	0	HY	0	0
242	CHEV. G1500 EXPRESS VAN	10/16/09	0				0	0	HY	0	0
243	TOMMY LIFT GATE/91-1050TP3	10/16/09	0				0	0	HY	0	0
244	2004 GMC SAVANA C 35 CUTAWAY	9/10/09	0				0	0	HY	0	0
245	2005 GMC SAVANA G35 CUTAWAY	3/30/10	0				0	0	HY	0	0
246	TOMMY LIFT GATE/91-1050P36	4/22/10	0				0	0	HY	0	0
247	2009 FORD F-350, 2 DR, EXTENDED CA	1/01/17	0				0	0	HY	0	0
248	2010 HORTON 7X16 HAULER	1/01/17	0				0	0	HY	0	0
249	TABLETS AND SOFTWARE	7/31/20	0				0	0	HY	0	0
250	2015 TOYOTA CAMRY LE	8/21/20	0				0	0	HY	0	0
251	2017 CHEVROLET TRAVERSE LT	9/30/20	0				0	0	HY	0	0
252	TWO SCHOOL BUSES	12/03/20	0				0	0	HY	0	0
253	COMPUTERS	12/30/20	0				0	0	HY	0	0
254	COMPUTERS (30)	9/02/20	0				0	0	HY	0	0
255	2020 CHEVORLET TRAIL BLAZER	10/14/20	0				0	0	HY	0	0
Total Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Total ACRS and Other Depreciation			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Grand Totals			0				0			0	0
Less: Dispositions and Transfers			0				0			0	0
Less: Start-up/Org Expense			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>
Net Grand Totals			<u>0</u>				<u>0</u>			<u>0</u>	<u>0</u>

Form 990		Two Year Comparison Report		2019 & 2020	
Name		For calendar year 2020, or tax year beginning		, ending	
Name		Taxpayer Identification Number			
LOWCOUNTRY COMMUNITY ACTION AGENCY,				57-0612136	
		2019	2020	Differences	
Revenue	1. Contributions, gifts, grants	1. 82,458	29,279	-53,179	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3. 4,359,338	4,824,061	464,723	
	4. Program service revenue	4.			
	5. Investment income	5. 400	397	-3	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	4,442,196	4,853,737	411,541
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 2,171,168	2,421,840	250,672	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 86,639	58,213	-28,426	
	19. Occupancy, rent, utilities, and maintenance	19. 44,383	110,693	66,310	
	20. Depreciation and Depletion	20.		59,588	59,588
	21. Other expenses	21. 1,994,504	1,967,185	-27,319	
	22. Total expenses. Add lines 13 through 21	22.	4,296,694	4,617,519	320,825
23. Excess or (Deficit). Subtract line 22 from line 12	23.	145,502	236,218	90,716	
Other Information	24. Total exempt revenue	24. 4,442,196	4,853,737	411,541	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 400	397	-3	
	27. Total assets	27. 875,556	1,283,577	408,021	
	28. Total liabilities	28. 216,080	753,512	537,432	
	29. Retained earnings	29. 659,476	530,065	-129,411	
	30. Number of voting members of governing body	30. 15	15		
31. Number of independent voting members of governing body	31. 15	15			
32. Number of employees	32. 120	85			
33. Number of volunteers	33. 500	15			

Form 990	Tax Return History	2020
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Name LOWCOUNTRY COMMUNITY ACTION AGENCY,	Employer Identification Number 57-0612136
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	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants			4,253,222	4,441,796	4,853,340	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income			436	400	397	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue			4,253,658	4,442,196	4,853,737	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation			1,991,005	2,171,168	2,421,840	
Professional fees			31,095	86,639	58,213	
Occupancy costs			8,045	44,383	110,693	
Depreciation and depletion			75,326		59,588	
Other expenses			2,225,319	1,994,504	1,967,185	
Total expenses			4,330,790	4,296,694	4,617,519	
Excess or (Deficit)			-77,132	145,502	236,218	
Total exempt revenue			4,253,658	4,442,196	4,853,737	
Total unrelated revenue						
Total excludable revenue			436	400	397	
Total Assets			950,326	875,556	1,283,577	
Total Liabilities			436,352	216,080	753,512	
Net Fund Balances			513,974	659,476	530,065	

Federal Statements**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest Income	\$ 397					
Total	\$ <u>397</u>					

Federal Statements**Form 990, Part IX, Line 24e - All Other Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
MAINTENANCE & REPAIRS	\$ 123,341	\$ 120,607	\$ 2,734	\$
TELEPHONE & UTILITIES	110,766	96,259	14,507	
TRAINING & TECH. ASSIST.	110,177	80,397	29,780	
OTHER EXPENSES	95,881	76,905	18,976	
DUES & SUBSCRIPRIONS	6,570	1,126	5,444	
Total	<u>\$ 446,735</u>	<u>\$ 375,294</u>	<u>\$ 71,441</u>	<u>\$ 0</u>