990-T

## Exempt Organization Business Income Tax Return OMB No. 1545-0687

(and proxy tax under section 6033(e))

e))	204
ng	201

For calendar year 2017 or other tax year beginning \_\_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_, and ending \_\_\_\_\_\_\_\_.

B Go to www irs gov/Form990T for instructions and the latest information

Depart	tment of the Treasury	Go to www irs gov/Form990T for instructions and the latest information  Open to Public Inspection for									Public Inspection for	
A _	Check box if address changed		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)  Name of organization ( Check box if name changed and see instructions.)  Demployer identification number (Employees' trust, see instructions)									
R Ex	cempt under section	Print	Print BCLF VENTURES, INC. 04-3246552									
-	]501(c)(3()	or	Number, street, and room		c see ir	structions.			E Unrela	ated busi	ness activity codes	
	408(e) 220(e)	Type	10 MALCOLM		,				(See in	nstruction	15)	
	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code										
	529(a)	BOSTON, MA 02119										
C Boo	ok value of all assets and of year	<b>.</b>	F Group exemption num	ber (See instructions.)	<b>&gt;</b>							
ale	ື່ 92,616,9	96.	G Check organization typ	e 🕨 🗶 501(c) corp	oration	501(c) tr	ust	401(a)	trust		Other trust	
H De	scribe the organization	ı's prım	ary unrelated business acti	vity. NONE			•					
I Du	ring the tax year, was	the corp	oration a subsidiary in an	affiliated group or a paren	ıt-subs	idiary controlled gro	սթ?	▶ [	Ye	s 🔽	<b>X</b> No	
lf "	Yes," enter the name a	nd iden	tifying number of the parer	it corporation.								
			E. MATTHEW G		NTR			mber 🕨 6		<u> 427-</u>		
Pa	rt I Unrelated	d Trac	de or Business Inc	ome		(A) Income		(B) Expenses	3		(C) Net	
1 a	Gross receipts or sale	S		1								
b	Less returns and allow	vances	<del></del>	c Balance	10							
2	Cost of goods sold (S	chedule	A, line 7)		2						<del></del>	
3	Gross profit. Subtract	line 2 fr	om line 1c		3							
4 a	Capital gain net incom	ne (attac	h Schedule D)		4a							
b	Net gain (loss) (Form	4797, P	'art II, line 17) (attach Form	ı 4797)	4b							
C	Capital loss deduction	for trus	sts		4c							
	Income (loss) from pa	artnersh	ips and S corporations (at	tach statement)	5							
晉	Rent income (Schedu	le C)			6							
$\approx$	Unrelated debt-finance	ed incor	ne (Schedule E)		7							
69	Interest, annuities, roy	/alties, a	and rents from controlled o	rganizations (Sch. F)	8							
19≠	Investment income of	a section	on 501(c)(7), (9), or (17) o	rganization (Schedule G)	9							
107	Exploited exempt activ	vity inco	me (Schedule I)		10		_					
11	Advertising income (S	Schedule	e J)		11_							
12) Other income (See instructions; attach schedule) 12												
	Total, Combine lines				13		0.					
			ot Taken Elsewhei									
<u>₹</u>	(Except for d	contribi	utions, deductions must	t be directly connected	d with	the unrelated busi	ness incoi	ne)				
145)	•	icers, di	rectors, and trustees (Sche	edule K)					14			
15	Salaries and wages								15			
16	Repairs and mainten	ance							16			
17	Rad debts								17			

8 Interest (attach schedule)

18 Interest (attach sch19 Taxes and licenses

20 Charitable contributions (See instructions for limitation rules)

21 Depreciation (attach Form 4562)

22 Less depreciation claimed on Schedule A and elsewhere on return

23 Depletion

24 Contributions to deferred compensation plans

25 Employee benefit programs

26 Excess exempt expenses (Schedule I)

27 Excess readership costs (Schedule J)

28 Other deductions (attach schedule)

29 Total deductions Add lines 14 through 28

30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

31 Net operating loss deduction (limited to the amount on line 30)

32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30

33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)

34 Unrelated business taxable income Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32

P

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22b 23

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22a

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0.

1,000.

Part I	II   Tax Computation										
35	Organizations Taxable as Corporations See instructions for tax computation.		· <del></del>								
٠	Controlled group members (sections 1561 and 1563) check here ▶ □ See instructions and:										
a	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):										
	(1) \$ (2) \$ (3) \$										
b	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)										
	(2) Additional 3% tax (not more than \$100,000)										
C	Income tax on the amount on line 34		<b>&gt;</b>	35c		0.					
36	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	nt on line 34 from:									
	Tax rate schedule or Schedule D (Form 1041)		<b>•</b>	36							
37	Proxy tax. See instructions		•	37							
38	Alternative minimum tax			38							
39	Tax on Non-Compliant Facility Income See Instructions			39							
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies			40		0.					
Part I				<del></del>							
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	41a		-							
	Other credits (see instructions)	41b		-							
-	General business credit. Attach Form 3800	41c									
	Credit for prior year minimum tax (attach Form 8801 or 8827)	41d		<b>-</b>   ,,							
	Total credits Add lines 41a through 41d			41e							
42	Subtract line 41e from line 40 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8	0,000		42		0.					
43		oner Uner	(attach schedule)	T T	<del></del>	0.					
44	Total tax Add lines 42 and 43	45a		44	-	<u> </u>					
	Payments: A 2016 overpayment credited to 2017 2017 estimated tax payments	45a 45b		$\dashv$							
	Tax deposited with Form 8868	450 45c		$\dashv$							
	Foreign organizations: Tax paid or withheld at source (see instructions)	45d	-	-							
	Backup withholding (see instructions)	45e		-							
	Credit for small employer health insurance premiums (Attach Form 8941)	45f									
	Other credits and payments: Form 2439	101									
8	Form 4136 Other Total	45g									
46	Total payments. Add lines 45a through 45g			46							
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached			47							
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed		•	48		0.					
49	Overpayment If line 46 is larger than the total of lines 44 and 47, enter amount overpaid		<b>•</b>	49		0.					
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Re	funded	50							
Part \	Statements Regarding Certain Activities and Other Information	<b>tion</b> (see ınstru	ctions)								
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature	re or other author	ity		Yes	No					
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization	on may have to file	)								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of th	e foreign country									
	here					X					
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or	transferor to, a fo	reign trust?			X					
	If YES, see instructions for other forms the organization may have to file.										
53	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$	d - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -									
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	parer has any knowle	dge	nowledge and b	ielief, it is true,						
Here		FINANCIA		•	scuss this return						
1010	Signature of Officer Date Date Title	ir			nown below (see	_					
				instructions)?	X Yes	No					
_		Date	Check	if PTIN							
Paid	THOMAS A. WASHBURN, THOMAS A. WASHBURN,	1/00/10	self- employe	<b>I</b>	1527210	۵					
Prepa	TO SEE STEEL	1/09/18 O., P.C.	Firm's EIN		)53731 <u>9</u> -257178						
Use C	50 WASHINGTON STREET	, F.C.	FIGHT S CHY	U 44 -	<u> </u>	<u> </u>					
	Firm's address WESTBOROUGH MA 01581		Phone no.	508-36	56-9100	n					

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Schedule A - Cost of Good	ds Sold, Enter	method of inve	ntony v	aluation > N/A		<u> </u>			
1 Inventory at beginning of year 1 6 Inventory at end of year						6			
2 Purchases	2		7 7	Cost of goods sold. St		line 6			
3 Cost of labor	3		from line 5. Enter here and in Part I,						
4a Additional section 263A costs			line 2 8 Do the rules of section 263A (with respect to						
(attach schedule)	4a							Yes	No
b Other costs (attach schedule)	4b		property produced or acquired for resale) apply to						
5 Total. Add lines 1 through 4b	5			the organization?	·	, ,			
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1 Description of property									
(1)							-		
(2)							·		
(3)				•				•	
(4)									
	2 Rent receiv	ed or accrued							
(a) From personal property (if the p rent for personal property is mo 10% but not more than 50%	re than	of rent for	personal	conal property (if the percent property exceeds 50% or if led on profit or income)	tage (a) Deductions directly connected with the income columns 2(a) and 2(b) (attach schedule)				
(1)		•							
(2)								·	
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		nter -			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>•</b>		0.
Schedule E - Unrelated De	bt-Finance	l Income (see	ınstru	ctions)					
			١,			3 Deductions directly co to debt-finar			
1			1	Gross income from or allocable to debt-	(a)	Straight line depreciation	loed pro	(b) Other deduction	
1 Description of debt-	inanced property			financed property		(attach schedule)		(attach schedule)	
(1)			1						
(2)				···					
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or debt-fina	e adjusted basis allocable to anced property h schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)	<u> </u>		1	%	<u> </u>	-	$\top$		
(2)	1	•		%					
(3)				%					
_(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals				•		C	).		0.
Total dividends-received deductions	ncluded in colum	n 8					•		0.

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Schedule F - Interest,	Annuitie		Ities, a	nd Rent	s From C	ontrolle	ed Organiz	zatio	ns (see ins	struction	ns)
	,,	T			Controlled O					_	<u> </u>
1. Name of controlled organizat	*1. Name of controlled organization		ployer cation ber	3. Net unrelated income (loss) (see instructions)		4. Tota	al of specified nents made	5 Part of column 4 that is included in the controlling organization's gross incom		trotting	6 Deductions directly connected with income in column 5
(1)			<del></del>			-					
(2)				<u> </u>				<del> </del>		-	
(3)									-		
(4)			_						_		-
Nonexempt Controlled Organia	zations			1				<u> </u>			
7 Taxable Income	8 Net ⊔	nrelated inconsee instructions		9 Total	of specified pay made	ments			eductions directly connected th income in column 10		
(1)			-								<u>-</u>
(2)											
(3)											·
(4)											
				-			Add colum Enter here and / line 8, c		e 1, Part I,	ĺ	ndd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme		me of a	Section	n 501(c)(	(7), (9), or	(17) Or	ganization	1			
1. Descri	ription of inco	erne	<del></del>	<u> </u>	2. Amount of	ıncome	3. Deductio	ected	4 Set-	asides	5 Total deductions and set-asides
(1)							(attach sched	iute)	<del></del>		(col 3 plus col 4)
(2)											-
(3)										-	·   ·
(4)											<del></del>
		•			Enter here and Part I, line 9, co			-			Enter here and on page 1 Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	ne, Othe	r Than Ac	lvertisi	ng Income	•			-
·	2 0	Gross		penses	4 Net inconfrom unrelated		5 Gross inco				7. Excess exempt
Description of exploited activity	unrelated incom	business e from business	with pr of un	connected roduction irelated ss income	business (co minus colum gain, comput through	n 3) If a e cots 5	from activity to is not unrelate business inco	that ted	attribut	penses table to mn 5	expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
		re and on , Part I, col (A)	page	ere and on 1, Part I, 1, co! (B)							Enter here and on page 1, Part II, line 26
Totals •		0.		<u> </u>	L			_			0.
Schedule J - Advertision											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1 Name of periodical		2 Gross advertising income	adv	3 Direct vertising costs	or (loss) (c	tising gain of 2 minus ain, comput arough 7	5 Circulat e income		6. Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)					_						_
(3)					_						_
(4)											
Totals (carry to Part II, line (5))	<b>•</b>		0.	0	).						0.

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O4-32465

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

· ·	•	•				
1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)				-		
(2)	•					
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	•			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>▶</b> 0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
(1)		. %	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

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