	Form	990-T	Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))						ОМ	OMB No 1545-0887		
	•		For cale	ndar year 2016 or other tax	-			•	• •	, 20	2016	
	Depart	ment of the Treasury	►ini	formation about Form 99	90-T and	its ins	tructions is avai	lable at ww	w.irs.gov/forn	1990t.		
	Interna	Revenue Service	Do	not enter SSN numbers on	this form a	s It ma	y be made public	If your orga	inization is a 50			Public Inspection for 3) Organizations Only
	A	Check box if address changed	}	Name of organization (Check bo	ox if nar	me changed and se	ee instruction	s)			Ification number see instructions)
	ВЕхе	mpt under section	1	BOYS & GIRLS (CLUBS (OF A	MERICA					
	X	501(C)(3)	Print	Print Number, street, and room or suite no. If a P O box, see instructions 1.								6
		408(e) 220(e)	Type	Į								ness activity codes
		408A530(a)		1275 PEACHTREE	E STRE	ET,	N.E.			(See	instructions)	
		529(a)		City or town, state or provi	nce, country	y, and Z	ZIP or foreign posta	l code		7		
		k value of all assets	1	ATLANTA, GA 30	0309-34	147				525	990	531390
	at e	nd of year	F Gro	up exemption number (Se	e instructi	ons)i	>		N/A			
	39	5,004,606.	G Che	eck organization type	X 501	(c) co	rporation	501(c) trust	401(a) trust	Other trust
	H De	escribe the organia	zation's p	rimary unrelated business	activity	>	ΑT	'TACHM	ENT 1			
	1 Du	uring the tax year,	was the	corporation a subsidiary	ın an affılı	ated g	roup or a parent-	subsidiary of	controlled group	?	▶	Yes X No
				identifying number of the								
	J Th	e books are in car	e of ▶ N	1.V. PRASAD				Telephor	e number 🕨 (404)48	37-5713	3
	Par	t I Unrelated	Trade o	or Business Income			(A) Inco	ome	(B) Exp	enses		(C) Net
	1a	Gross receipts or	sales			,	1]	
	b	Less returns and allows	ances	c	Balance >	1c	·				.	
	2	Cost of goods so	ld (Sched	ule A, line 7)		2						
	3	Gross profit Sub	tract line	2 from line 1c		3						
	4a	Capital gain net i	ncome (a	attach Schedule D)		4a	210	6,023.				216,023.
	b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form	4797)	4b		-224.				-224.
	С	Capital loss dedu	iction for t	trusts		4c						
	5	Income (loss) from	partnership	ps and S corporations (attach	5	150	0,607.	ATCH	2		150,607.	
	6	Rent income (Sch	nedule C)		6			<u> </u>				
	7	Unrelated debt-fit	nanced in	come (Schedule E)	7							
	8	Interest, annuities, roya	alties, and rea	nts from controlled organizations	(Schedule F)	8	L					·
	9	Investment income of	a section 50	1(c)(7), (9), or (17) organization ((Schedule G)	9_	<u> </u>					
	10	Exploited exempt	activity i	ncome (Schedule I)		10						
	11	Advertising incon	ne (Sched	dule J)		11	<u> </u>					
	12			ctions, attach schedule) .		12	 					
	13		nes 3 thr	ough 12		13		6,406.				366,406.
S	Par			Taken Elsewhere (S						(Except	for con	tributions,
CA				be directly connected								
Ź	14			directors and trustees (So								
몵	15 16	Salaries and wag										
Ö		Repairs and mair Bad debts	ntenance	. NOV. 1 4 2017 .	· · ·					$\cdots \mid 1$		
	17	Bad debts		. 140.4. 1 . 1 . 4. 4.11	. 👸					$\cdots \mid 1$		
E	18	Interest (attach s	-	·····								1,369.
	19 20	Charitable contri	buttoper/d	OGDEN: UT	· · · · ·	 דידים	······································	3		1		660.
_	21			1 4562)								
2				on Schedule A and elsev						22	, l	
9	23	•					-					
~	24	· · · · · · · · · · · · · · · · · · ·		compensation plans								
	25			s								
	26			Schedule I)								
	27			Schedule J)								
	28			schedule)								5,000.
	29			es 14 through 28.								7,029.
	30			ole income before net								359,377.
	31			ion (limited to the amoun								
	32			le income before specific								359,377.
	33			rally \$1,000, but see line								1,000.
	34			ble income. Subtract I								
				r line 32	<u></u>	<u></u>	<u></u>	<u></u>	<u> </u>	<u> з</u>		358,377.
				Notice, see instructions.					_			Form 990-T (2016)
	J/12/4	10020NY 1549	85			V 1	L6-6.4F		430966			PAGE

Par		Tax Computation					
35		zations Taxable as Corporations. See instructions for tax com	putation Controlled gro	up			
•	member	rs (sections 1561 and 1563) check here See instructions and		}	1		
	Enter ye	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income br	ackets (in that order)				
		rganization's share of (1) Additional 5% tax (not more than \$11,750)	\$	ľ			
		stional 3% tax (not more than \$100,000)					
С		tax on the amount on line 34		. ▶ 35	c .	121,8	348.
36	Trusts	Taxable at Trust Rates. See instructions for tax comple	Itation Income tax	on			_
	the amo	ount on line 34 from Tax rate schedule or Schedule D (Form 1	041)	. ▶ 36	ò		
37		ax. See instructions			7		
38		tive minimum tax			3		
39	Tax on	Non-Compliant Facility Income. See Instructions		39	3		
40	_	dd lines 37, 38 and 39 to line 35c or 36, whichever applies	<u> </u>	40)	121,8	348.
Par	t IV	Tax and Payments					
41 a	Foreign	tax credit (corporations attach Form 1118, trusts attach Form 1116)	41a	[
		redits (see instructions)			ı		
C	General	business credit Attach Form 3800 (see instructions)	41c		ļ		
d	Credit fo	or prior year minimum tax (attach Form 8801 or 8827)	41d		İ		
е	Total cr	redits. Add lines 41a through 41d		41			
42	Subtrac	t line 41e from line 40	<u></u>	42	2	121,8	348.
43		xes Check if from Form 4255 Form 8611 Form 8697 Form 88					
44		x. Add lines 42 and 43		. 44	1	121,8	348.
		nts A 2015 overpayment credited to 2016		70.			
		stimated tax payments			ĺ		
		posited with Form 8868			ĺ		
		organizations Tax paid or withheld at source (see instructions)			1		
e	Backup	withholding (see instructions)	45e		}		
		or small employer health insurance premiums (Attach Form 8941)	45f		-		
g	Other c	redits and payments Form 2439	1	ļ			
		orm 4136 Other Total ▶		─	_	00 /	-70
46		ayments. Add lines 45a through 45g					570. 576.
47		ted tax penalty (see instructions). Check if Form 2220 is attached					754.
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed				33,	754.
49 50	Overpa	yment. If line 46 is larger than the total of lines 44 and 47, enter amount overp e amount of line 49 you want	oald				
Par		Statements Regarding Certain Activities and Other Inf			<u> </u>		
51		time during the 2016 calendar year, did the organization have an ii			ner authority	Yes	No
9 1	•	financial account (bank, securities, or other) in a foreign country?	-				
		Form 114, Report of Foreign Bank and Financial Accounts If YES		•			
		SEE STATEMENT 5	.,		g.,,	X	
52	•	the tax year, did the organization receive a distribution from, or was it the gra	intor of or transferor to a	foreign i	tnist2		х
32	_	see instructions for other forms the organization may have to file	antor or, or transferor to, a	rorcigir .			
53		he amount of tax-exempt interest received or accrued during the tax year > \$	LO,817.				ł
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying so	chedules and statements, and to	the best	of my knowledge	and be	ief, it is
Sign	n k	ue, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of wh	iich preparer has any knowledge	May 4	he IRS discuss	- thus	enture.
Her		JAMES L CLARK	SIDENT		the preparer s		
		ignature of officer Date Title		(see ins	tructions)? X Y	es_	No
		Print/Type preparer's name Preparer's signature	Date	Check _	If PTIN		
Paid		ALLISON H FRANKLIN , CPA When & Franklin	10/16/17	self-empl	-,	14864	0
	Only	Firm's name ► KPMG LLP		Firm's EIN	N ▶ 13-5565		
use 	Only	Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400, GRE	ENSBORO, NC 27401	Phone no	336-275		4
					Form C	90-T	(2016)

Form 990-T (2016)							Page		
Schedule A - Cost of Go	oods Sold. E	nter method	d of inventory	valuation	>	,			
1 Inventory at beginning of y	ear . 1		6	Inventory	at end of yea	ır	6		
2 Purchases	2		7			d. Subtract line			
3 Cost of labor	3			6 from I	ine 5 En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a		8			section 263A (v	with respect to Yes No		
b Other costs (attach schedu	le) 4b			property	produced	or acquired fo	r resale) apply		
5 Total. Add lines 1 through	4b - 5			to the orga	anization?	<u></u> . <u></u>	м/А		
5 Total. Add lines 1 through Schedule C - Rent Income	(From Real F	roperty a	nd Persona	l Property	Leased W	ith Real Prope	rty)		
(see instructions)									
1. Description of property									
(1)			·						
(2)									
(3)									
(4)									
	2. Rent rece	ved or accru	ed				· · · · · · · · · · · · · · · · · · ·		
(a) From personal property (if the	percentage of rent	(b) F	rom real and pe	rsonal property	(if the	3(a) Deductions of	lirectly connected with the income		
for personal property is more than 10% but not percentage of			age of rent for po	e of rent for personal property exceeds the rent is based on profit or income)			in columns 2(a) and 2(b) (attach schedule)		
(1)									
(2)									
(3)			· · · · · · · · · · · · · · · · · · ·						
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2	(b) Enter				(b) Total deducti Enter here and o			
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colu			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	s)					
1. Description of deb	at-financed property		2. Gross ind		3. [nnected with or allocable to ced property		
,, 2004., p. 1.0., c. 1.0.			prop			nt line depreciation ch schedule)	(b) Other deductions (attach schedule)		
(1)			 						
(2)									
(3)			 						
(4)			1	· · · · · · · · · · · · · · · · · · ·					
4. Amount of average	5. Average adju	sted basis	1 0	h		·	O Allerada de Ladres		
acquisition debt on or	of or alloca		6. Co			income reportable	8. Allocable deductions (column 6 x total of columns		
allocable to debt-financed property (attach schedule)	debt-financed (attach sch		by col	umn 5	(columi	n 2 x column 6)	3(a) and 3(b))		
(1)			<u> </u>	%					
(2)				%		··· · · · · · · · · · · · · · · · · ·			
(3)				%					
(4)				%					
					Enter here Part I, line	e and on page 1, e 7, column (A).	Enter here and on page 1 Part I, line 7, column (B).		
Totals					L				
Total dividends-received deduct	ions included in c	olumn 8							

Form **990-T** (2016)

Schedule F - Interest, Annu				ntrolled Or						
Name of controlled organization	2. Employer identification numb	er 1		l .		of specified include		5. Part of column 4 that is included in the controlling rganization's gross income		Deductions directly connected with income in column 5
1)										
2)	<u> </u>									
3)					ļ					
4)					<u> </u>					<u></u>
Nonexempt Controlled Organia	zations					40	Dark - 4 - 1	0.0	- 42	Data da da da
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specific ayments made		ınci	Part of column uded in the co nization's gros	ntrolling		Deductions directly inected with income in column 10
1)										
2)									ļ	
3)				 -					 	
4)						Λ.	ld columns 5 a	and 10		ld columns 6 and 11
r _{otals}	come of a Sec	 tion 501(c	;)(7),	(9), or (17) Orga	Pa	er here and on it I, line 8, colu On (see ins	mn (A)		er here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of	income		3. Deduction directly contact (attach sci	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)	ļ		<u> </u>							
(2)	·		ļ							
(3)			 							
(4)	Enter here and o		_				····			Enter here and on page Part I, line 9, column (B
Totals	empt Activity Inc	come, Oth	er Th	an Advert	ising In	come	(see instru	ictions)		
Description of exploited activity	2. Gross unrelated business income from trade or business	3, Expens directly connected production unrelate business ind	es with of	4 Net incor from unrela or business 2 minus co If a gain, c cols 5 thr	ne (loss) ted trade (column lumn 3) ompute	5. G from	ross income activity that of unrelated ness income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)	1			 		<u> </u>		 		
(2)				 		<u> </u>		 		-
(3) (4)										
	Enter here and on page 1, Part I, line 10, col (A).	Enter here a page 1, Pa line 10, col	art I,			!		· 		Enter here and on page 1, Part II, line 26
Totals ▶ Schedule J - Advertising Ir	come (see instr	uctions)		<u> </u>						
Part I Income From Per			onsol	idated Ba	sis					·
Part Income Prom Per		eu on a Co	<u> </u>	4. Adve	tising	<u> </u>				7. Excess readership
1. Name of periodical	2. Gross advertising income	3. Direct advertising	-	gain or (lo 2 minus o a gain, co cols 5 thr	ol 3) If ompute		Circulation income	6. Read cos	•	costs (column 6 minus column 5, bu not more than column 4)
(1)										
(2)]						
(3)				1		<u> </u>				_
(4)				ļ						
				1		1				1
Totals (carry to Part II, line (5))		 				<u> </u>				Form 990-T (2010
										►0000 MMULE (/2016

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 ▶						
	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)						<u> </u>

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
)		%	
2)		%	
3)		%	
1)		%	
otal. Enter here and on page 1, Part II, line 14.		,	

Form **990-T** (2016)

Alternative Minimum Tax - Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

Name	.	Linpioy	ci ideii	anouach names.
BOYS	& GIRLS CLUBS OF AMERICA	13-	5562	2976
	Note: See the instructions to find out if the corporation is a small corporation exempt from t alternative minimum tax (AMT) under section 55(e).	he		
1	Taxable income or (loss) before net operating loss deduction	. 1		359,377.00
2	Adjustments and preferences:			
а	Depreciation of post-1986 property	. 2	a	60.00
	Amortization of certified pollution control facilities		b	
	Amortization of mining exploration and development costs		С	
	Amortization of circulation expenditures (personal holding companies only)		d	
	Adjusted gain or loss		е	-2.00
f	Long-term contracts		f	
g	Merchant marine capital construction funds		g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)		h	
i	Tax shelter farm activities (personal service corporations only)		i	
i	Passive activities (closely held corporations and personal service corporations only)		j _	
k	Loss limitations		k	
i	Depletion		<u> </u>	
m	Tax-exempt interest income from specified private activity bonds	I -	n	
n	Intangible drilling costs		n	
	Other adjustments and preferences		0	395.00
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20		3	359,830.00
4	Adjusted current earnings (ACE) adjustment:			
	ACE from line 10 of the ACE worksheet in the instructions 4a 359,830.0	0		
	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference		-	
_	as a negative amount. See instructions 4b		- 1	
С	Multiply line 4b by 75% (0.75). Enter the result as a positive amount 4c			
	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. Note: You must enter an amount on line 4d (even if line 4b is positive)			
·	If line 4b is zero or more, enter the amount from line 4c	4	e	
	If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	' ⊢		
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	5	359,830.00
6	Alternative tax net operating loss deduction. See instructions		3	
·	Alternative tax not operating less assessed to the assessed for the first firs			
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a resid	ual		
•	interest in a REMIC, see instructions		7	359,830.00
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)			
a	Subtract \$150,000 from line 7 (if completing this line for a member of a	l i	- 1	
-	controlled group, see instructions). If zero or less, enter -0 8a			
b	Multiply line 8a by 25% (0.25)			
C	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled gro	up,		
	see instructions). If zero or less, enter -0		С	
9	Subtract line 8c from line 7. If zero or less, enter -0	_9	9	359,830.00
10	Multiply line 9 by 20% (0.20)		0	71,966.00
11	Alternative minimum tax foreign tax credit (AMTFTC). See instructions		1	
12	Tentative minimum tax. Subtract line 11 from line 10	1		71,966.00
13	Regular tax liability before applying all credits except the foreign tax credit	1	3	121,848.00
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0 Enter here and			
	Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	1	4	NONE
For Pa	perwork Reduction Act Notice, see separate instructions.			Form 4626 (2016)

Keep for Your Records

Adjusted Current Earnings (ACE) Worksheet

See ACE Worksheet Instructions.

_		December 1 ANTI Education Inc. 2 of Education 1600		350 030 00
1		Pre-adjustment AMTI Enter the amount from line 3 of Form 4626	1	359,830.00
2	_	ACE depreciation adjustment.	· i	
	a	AMT depreciation		
	b	ACE depreciation	1	
		(1) Post-1993 property		
		(2) Post-1989, pre-1994 property		
		(3) Pre-1990 MACRS property		
		(4) Pre-1990 original ACRS property 2b(4)		
		(5) Property described in sections 168(f)(1) through		
		(4)	.	
		(6) Other property		
		(7) Total ACE depreciation Add lines 2b(1) through 2b(6)		
	С	ACE depreciation adjustment. Subtract line 2b(7) from line 2a	2c	·
3		Inclusion in ACE of items included in earnings and profits (E&P)	ļ	
	а	Tax-exempt interest income	ł	
	b	Death benefits from life insurance contracts		
	C	All other distributions from life insurance contracts (including surrenders) 3c		
	ď	Inside buildup of undistributed income in life insurance contracts		
	е	Other items (see Regulations sections 1 56(g)-1(c)(6)(iii) through (ix) for a partial		
		list) 3e	ŀ	
	f	Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e	3f	
4		Disallowance of items not deductible from E&P		
	а	Certain dividends received		
	b	Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec 19, 2014,		
		128 Stat 4043)		
	С	Dividends paid to an ESOP that are deductible under section 404(k)		
	d	Nonpatronage dividends that are paid and deductible under section 1382(c), 4d		
	е	Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list) 4e		
	f	Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e	4f	
5		Other adjustments based on rules for figuring E&P.		
	а	Intangible drilling costs] }	
	b	Circulation expenditures		
	С	Organizational expenditures		
	d	LIFO inventory adjustments		
	е	Installment sales		
	f	Total other E&P adjustments. Combine lines 5a through 5e	5f	
6		Disallowance of loss on exchange of debt pools	6	
7		Acquisition expenses of life insurance companies for qualified foreign contracts	7	
8		Depletion	8	
9		Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property	9	
10		Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of		
		Form 4626	10	359,830.00

SCHEDULE D (Form 1120)

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

2016

Department of the Treasury Internal Revenue Service Name

Employer Identification number

ROA	S & GIRLS CLUBS OF AMERICA					13-5562976
Part	Short-Term Capital Gains and Losses	s - Assets Held Or	ne Year or Less			
	See Instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to r loss from Form 8949, Part I, line)(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars	(sales price)	(or other basis)	column (g)	_'	the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales from	Form 6252, line 26 or 3	7		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824	<i></i>		5	
6	Unused capital loss carryover (attach computation)				6	(
7	Net short-term capital gain or (loss) Combine lines	1a through 6 in column	h		7	
Part						<u> </u>
ı aı	See instructions for how to figure the amounts to enter on the lines below	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form	n(s)	(h) Gain or (loss) Subtract column (e) from
Ra	This form may be easier to complete if you round off cents to whole dollars Totals for all long-term transactions reported on Form	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (g)
	1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
8 b	o Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949					
	with Box F checked	216,023.		<u> </u>	1	216,023
11	Enter gain from Form 4797, line 7 or 9				11	
12	Long-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchain	nges from Form 8824	• • • • • • • • • • • • • • • • • • • •		13	
14	Capital gain distributions (see instructions)				14	
15 Par	Net long-term capital gain or (loss) Combine lines & till Summary of Parts I and II	Ba through 14 in column	<u> h</u>	<u> </u>	15	216,023
16	Enter excess of net short-term capital gain (line 7) of	over net long-term capita	al loss (line 15)		16	
17	Net capital gain Enter excess of net long-term capital				17	216,023
18	Add lines 16 and 17 Enter here and on Form 1120	, page 1, line 8, or the	proper line on other re	turns If	<u> </u>	
	the corporation has qualified timber gain, also comp Note: If losses exceed gains, see Capital losses in the			• • • • • • • • • • • • • • • • • • • •	18	216,023.

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For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side Social security number or taxpayer identification number BOYS & GIRLS CLUBS OF AMERICA 13-5562976

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term Part II transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a: you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s)	1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s)	1099-B showing basis wasn't reported to the IRS

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed	e sold or Proceeds sposed (sales price)		Adjustment, If a lf you enter an a enter a co	Gain or (loss). Subtract column (e) from column (d) and	
(Example 100 sh XYZ Co)	(Mo , day, yr)	(Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FLOW THRU FROM PSHIPS			216,023.				216,023
		-					
				-			
			T				
				`			
							_
2 Totals. Add the amounts in column negative amounts) Enter each total	I here and inclu	de on your					
Schedule D, line 8b (if Box D above above is checked), or line 10 (if E	e is checked), line Box Fabove is c	e 9 (ıf Box E hecked)▶	216,023				216,023

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

JSA 6X2616 2 000 Form 8949 (2016)

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

PARTNERSHIP INVESTMENTS - INCOME FROM PASS THROUGH ENTITIES

ATTACHMENT 2

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

INCOME (LOSS) FROM PARTNERSHIPS

150,607.

INCOME (LOSS) FROM PARTNERSHIPS

150,607.

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FORM 990-T, PART II, LINE 20 - CHARITABLE CONTRIBUTIONS	
2016 CHARITABLE CONTRIBUTIONS	\$ 660
DEDUCTION ON 2016 FORM 990-T	\$ 660
TOTAL CHARITABLE CONTRIBUTION CARRYFORWARD TO 2017	\$ -

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

5,000.

PART II - LINE 28 - OTHER DEDUCTIONS

5,000.

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FORM 990-T, PART V, LINE 1 - FOREIGN COUNTRIES

CANADA BERMUDA NETHERLANDS