

տ 990-T ∣		empt Organization) and proxy ta		er section 6033			OMP NO	1545-0687
	For cale	ndar year 2017 or other tax year begi	,		20	_ 2017		
artment of the Treasury		► Go to www irs.gov/Form99					Open to Bubl	is Inspection for
mal Revenue Service	▶ Do	not enter SSN numbers on this form						ic Inspection for anizations Only
Check box if ? address changed		Name of organization (Check I	oox if nam	e changed and see instruction	ns)		yer identificat yees' trust, see in	
xempt under section		BOYS & GIRLS CLUBS	OF AM	IERICA				
501(C ()) 3)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		13-55	562976	
408(e) 220(e)	or Type				1			activity codes
408A530(a)	1,400	1275 PEACHTREE STRE	ET, N	J.E.		(See in:	structions)	
529(a)		City or town, state or province, count	ry, and Zi	P or foreign postal code				
ook value of all assets t end of year		ATLANTA, GA 30309-3				52599	90 5	31390
		up exemption number (See instruc			N/A	1		
		ck organization type ► X 50			c) trust	401(a)	trust	Other trust
		rimary unrelated business activity		ATTACHM		.		Yes X No
		corporation a subsidiary in an affi identifying number of the parent co			controlled group?		ب ا	Yes X No
The books are in care			orporation		ne number ▶ 40	14-815-	-5709	
		or Business Income		(A) Income	(B) Exper) Net
a Gross receipts or s				(/////////////////	(2) = xpc.		 	,
b Less returns and allowa		c Balance	1c					
Cost of goods sol	d (Schedi	ule A, line 7)	2					
Gross profit Sub	ract line	2 from line 1c	3					
a Capital gain net ii	ncome (a	ttach Schedule D)	4a	674,749.				674,749
b Net gain (loss) (Fo	rm 4797,	Part II, line 17) (attach Form 4797)	4b					
Capital loss dedu	ction for t	rusts	4c					
		s and S corporations (attach statement		91,299.	ATCH 2	<u> </u>		91,299
					ļ <u>.</u>			
Unrelated debt-fir	anced in	come (Schedule E)	7					•
		its from controlled organizations (Schedule F	_					
		(C)(7), (9), or (17) organization (Schedule G	 					
		ncome (Schedule I)			 			
		ule J)		<u> </u>			 	
		ough 12	T -T	766,048.			 	766,048
		Taken Elsewhere (See ins			deductions) (Except f	or contribu	
		be directly connected with			, ,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
		directors, and trustees (Schedule K				14		
		· · · · · · · · · · · · · · · · · · ·						
Bad debts						17		
Taxes and license	·					19	ļ	3,911
		See instructions for limitation rules)			• • • • • • •	20	<u> </u>	1,152
		4562)				—-		
		on Schedule A and elsewhere on			-	22b	<u> </u>	
Contributions to s	oforrod o	RECEIV	ΈÐ·		• • • • • • • •	23	ļ	
Employee henefit	programs	compensation plans	****	,	• • • • • • • • •	24		
Excess exempt ex	penses (S	Schedule I)	2018			26		 -
Excess readership		chedule IV				27		
Other deductions	•	chedule)OCDEN.	117.	ATTACHM	ENT.4	. 28		5,000
Total deductions	•	s 14 through 28	יוט י			. 29		10,063
Unrelated busine	ss taxab	le income before net operating	loss d	eduction Subtract line	29 from line	•		755,985
Net operating loss	deduction	on (limited to the amount on line 3	30)			31		
Unrelated busines	s taxable	e income before specific deduction	n Subtra	act line 31 from line 30 .		32		755,985
		ally \$1,000, but see line 33 instru						1,000
		ble income. Subtract line 33 f						4
	of zero or	line 32	<u></u>	<u></u>		34_	<u> </u>	754,985
enter the smaller of								
Paperwork Reduct	on Act N ⊏	lotice, see instructions.	17 1-	7-6.5F	430966		Form	990-T (20) PAG

Form 990-T (2017)

P01048557

336-275-3394

РΠΝ

Firm's EIN ▶13-5565207

Check

self-employed

Paid

Preparer

Use Only

Print/Type preparer's name

Firm's name ► KPMG LLP

SHAWN M HUTCHINSON , CPA

Preparer's signature

Firm's address ▶ 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 27401 Phone no

Date

11/8/18

Form 990-T (2017)		. <u>-</u> -	 		·	Page 3	
Schedule A - Cost of G	oods Sold. Er	ter metho					
1 Inventory at beginning of y	·		6 Inventory	at end of yea	ar	6	
2 Purchases			7 Cost of	goods so	ld. Subtract line		
3 Cost of labor	3				ter here and in		
4a Additional section 263A co			Part I, line	2		7	
(attach schedule)	4a		8 Do the	rules of	section 263A (v	with respect to Yes No	
b Other costs (attach schedu					or acquired for		
5 Total. Add lines 1 through			to the org	anization? .	 <u>.</u>	N/А	
Schedule C - Rent Income	(From Real P	roperty a	nd Personal Property	Leased V	Vith Real Prope	rty)	
(see instructions)							
1. Description of property							
(1)							
(2)							
(3)							
(4)	•				<u>, </u>		
	2. Rent recei	ved or accru	ed				
for personal property is more than 10% but not percentage of rent for			rom real and personal property age of rent for personal property of the rent is based on profit or	exceeds	directly connected with the income 2(a) and 2(b) (attach schedule)		
(1)	_						
(2)							
(3)				-			
(4)			-				
Total		Total					
(c) Total income Add totals of cohere and on page 1, Part I, line 6					(b) Total deduction	n page 1,	
Schedule E - Unrelated De	obt Financed I	P	o instructions)		Part I, line 6, colu	mn (B) >	
Schedule E - Officiated De	ent-Financed i	icome (se	instructions)	3 [eductions directly co	nnected with or allocable to	
1. Description of deb	ot-financed property		2 Gross income from or allocable to debt-financed	_	debt-financ	ced property	
n Bessingham en des	re unamoda proporty		property		it line depreciation ch schedule)	(b) Other deductions	
(1)		.		(alla	ar scriedule)	(attach schedule)	
(2)		<u></u>					
(3)							
(4)					-		
4 Amount of average	5 Average adju	sted hasis			<u> </u>		
acquisition debt on or allocable to debt-financed property (attach schedule)	of or alloca debt-financed (attach sche	ble to property	6 Column 4 divided by column 5		ncome reportable 1 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			%				
(2)			%				
(3)			%				
(4)			%			<u>-</u>	
	- 11-1		· · · · · · · · · · · · · · · · · · ·		e and on page 1, e 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals	ions included in co						

Form 990-T (2017)

Schedule F - Interest, Annu	iities, Royalties	, and Re	ents Fro	m Contro	lled Or	ganiza	ti ons (see	instruction	ons)	
,		Ex	empt Co	ntrolled Org	ganızatı	ons				
Name of controlled organization	2 Employer identification numb			ated income nstructions)	1	of specific	d included	f column 4 t in the contr ion's gross in	olling	Deductions directly connected with income in column 5
(1)										
(2)										
(3)		1	•							
(4)			•							
Nonexempt Controlled Organia	zations									
7 Taxable Income	8 Net unrelated in (loss) (see instruc			Total of specific		ınclu	art of column ded in the co ization's gros	ntrolling		. Deductions directly nected with income in column 10
(1)						4.94			_	
(2)										
(3)	-				-					
(4)										
(4)						Δ.Δ.	l columns 5 a	nd 10	Α.	Id columns 6 and 11
Totals	come of a Sec	tion 50	 1(c)(7),	(9), or (17		Part	r here and on I, line 8, colu n (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 cortain (attach sch	nected	4 Set-asides (attach schedule)			5 Total deductions and set-asides (col 3 plus col 4)	
(1)					<u> </u>					
(2)										
(3)										
(4)										ľ
	Enter here and on page 1, Part I, line 9, column (A)					Enter here and on page 1, Part I, line 9, column (8)				
Totals ▶										
Schedule I - Exploited Exe	mpt Activity In	come, C	ther Th	an Adverti	sing In	come	(see instru	ctions)		
Description of exploited activity	2 Gross unrelated business income from trade or business	dire connec produc unre	enses ctly led with ction of lated s income	4 Net inconfrom unrelated or business 2 minus coll f a gain, coll coll 5 three	ed tradé (column umn 3) ompute	from a	ess income ictivity that unrelated ess income	6 Expe attribut: colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				1						
(2)				 				 		
(3)							-			
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	Part I,					<u> </u>		Enter here and on page 1, Part II, line 26
Schedule J - Advertising In	come (see instri	uctions)		 						'
Part I Income From Per			Consol	idated Ras	eie.		_			
income i foni i er		cu on a	001301	luateu bas	,,,			1		
1. Name of periodical	2 Gross advertising income	3 D advertisi	rect ng costs	4 Advertigan or (los 2 minus co a gain, col cols 5 thro	s) (col ol 3) If mpute		rculation come	6. Readership costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										1
(2)	 			1				<u> </u>		┥
(3)			_	1						- ``
(4)	 	-	_	1						┥ '
\¬/		-		 						'
Totals (carry to Part II, line (5))					_					Form 990-T (2017)
										rom 330-1 (2017)

Part II	Income From F	eriodicals	Reported	on a Sep	arate Basi	s (For e	each p	periodical	listed in	Part II,	fill ir	columns
	2 through 7 on			-		•		•				

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) ▶				•		,

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
(1)		%	
(2)		%	
3)		%	
4)		%	
Total, Enter here and on page 1. Part II. line 14			

Form **990-T** (2017)

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.

► Go to www irs gov/Form1120 for Instructions and the latest information

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUBS OF AMERICA

Employer identification number

13-5562976

Part	Short-Term Capital Gains and Losses	- Assets Held O	ne Year or Less	1			
	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 whole dollars	- (d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part I, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine 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 chose 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 I	Form 6252, line 26 or 3	37		4		
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5		
6	Unused capital loss carryover (attach computation)				6	()	
7	Net short-term capital gain or (loss) Combine lines	la through 6 in column	h		7		
Part							
	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 (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine	
8a	whole dollars Totals for all long-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 8b		,	column (g)		the result with column (g)	
86	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					674,631.	
11	Enter gain from Form 4797, line 7 or 9				11	118.	
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12		
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13		
14	Capital gain distributions (see instructions)				14		
15 Part	Net long-term capital gain or (loss) Combine lines 8	a through 14 in column	nh		15	/ 674,749.	
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	al loss (line 15)		16		
17	Net capital gain Enter excess of net long-term capit				17	674,749.	
18	Add lines 16 and 17 Enter here and on Form 1120, the corporation has qualified timber gain, also complete.	page 1, line 8, or the		urns If	18	674,749.	
	Note: If losses exceed gains, see Capital losses in the				.,0	3/2//23.	

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

Schedule D (Form 1120) 2017

Fpm 4626

Department of the Treasury Internal Revenue Service

Alternative Minimum Tax - Corporations

► Attach to the corporation's tax return.

▶ Go to www.irs.gov/Form4626 for instructions and the latest information.

OMB No 1545-0123

2017

Employer Identification number BOYS & GIRLS CLUBS OF AMERICA 13-5562976 Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e) 755,985.00 Adjustments and preferences: 2 2,449.00 2a 2b 2e g Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) Tax shelter farm activities (personal service corporations only)................ Passive activities (closely held corporations and personal service corporations only) 2m 3,154.00 20 761,588.00 3 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: 761,588.00 a ACE from line 10 of the ACE worksheet in the instructions...... Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b Multiply line 4b by 75% (0.75). Enter the result as a positive amount . . . d 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 ACE adjustment • If line 4b is zero or more, enter the amount from line 4c 4e If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount. Combine lines 3 and 4e If zero or less, stop here, the corporation does not owe any AMT...... 5 761,588.00 6 7 Alternative minimum taxable income. Subtract line 6 from line 5 If the corporation held a residual 761,588.00 7 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c) Subtract \$150,000 from line 7 If completing this line for a member of a controlled group, see instructions. If zero or less, enter -0- Exemption. Subtract line 8b from \$40,000. If completing this line for a member of a controlled group, 761,588.00 9 9 10 10 152,317.60 11 11 152,317.60 12 12 Tentative minimum tax. Subtract line 11 from line 10............. 13 13 256,695.00 Alternative minimum tax. Subtract line 13 from line 12 If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return For Paperwork Reduction Act Notice, see separate instructions. Form 4626 (2017) 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

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term 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
- X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e)	Adjustment, if if you enter an enter a co See the sepa	(h) Gain or (loss) Subtract column (e) from column (d) and	
	(Mo, day, yr)			in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LTCG FLOW THRU FROM PSHIPS							674,631
·							
	_						_
2 Totals Add the amounts in columns negative amounts) Enter each total	here and include	de on your					
Schedule D, line 8b (if Box D above							674,631

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

Form 8949 (2017)

JSA 7X2616 2 000

ATTACHMENT	2	

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

INCOME (LOSS) FROM PARTNERSHIPS

91,299.

INCOME (LOSS) FROM PARTNERSHIPS

91,299.

BOYS & GIRLS CLUBS OF AMERICA

13-5562976

FORM	990-T,	PART	ΙΙ,	LINE	20	-	CHARITABLE	CONTRIBUTIONS
------	--------	------	-----	------	----	---	------------	---------------

2017 CHARITABLE CONTRIBUTIONS	\$		1,152
DEDUCTION ON 2017 FORM 990-T	\$	`	1,152
TOTAL CHARITABLE CONTRIBUTION CARRYFORWARD TO 2018			

ATTACHMENT 4

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

TAX PREPARATION FEES

5,000.

PART II - LINE 28 - OTHER DEDUCTIONS

5,000.

BOYS & GIRLS CLUBS OF AMERICA

13-5562976

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

CANADA BERMUDA NETHERLANDS