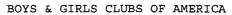
			*							•	2
Form	~990-T	Ex	empt Organi (and p			siness In der sectio			'n	OMB No 1545-0687	9 -
		For cale	ndar year 2018 or other t	ax year begin	ning _	, 201	8, and endi	ng , 2	o	2001 8	9
Depar	tment of the Treasury		► Go to www.irs.g								<u>ය</u>
Interna	al Revenue Service	▶ Do	not enter SSN numbers	on this form a	as it ma	ay be made publi	c if your orga	anization is a 501(c	:)(3)	Open to Public Inspection for 501(c)(3) Organizations Only	31
ΑL	Check box if address changed	1	Name of organization (Check be	ox if na	me changed and s	ee instruction	s)		/er identification number ees' trust, see instructions)	7
		ļ							(2)	,	79
	empt under section	١	BOYS & GIRLS								0
X	501(C)(DB_)	Print or	Number, street, and roo	m or suite no l	faPO	box, see instructi	ons	,	13-55		– ਗ
	408(e), 220(e)	Type								ted business activity code tructions)	Ö
<u> </u>	408A530(a)	!	1275 PEACHTR							•	æ
	529(a)		City or town, state or pi		-	ZIP or foreign posta	al code		50500		
	ok value of all assets end of year	-	ATLANTA, GA			► NI / N			52599	U	- 10
2,	72 524 204		up exemption number	` , , _ ,			1504/		1 4046 34		- I I
			ck organization type				501(c	trust	401(a) to		-4
		_	nization's unrelated tra	des or busine	sses		If amb			(or first) unrelated	1
	ade or business her		end of the previous s				•	•		than one, describe the	
	•		•	entence, cor	пріец	e Parts I and II, C	ompiete a S	chedule ivi for eac	additiona	ai	
	ade or business, th		corporation a subsidia	ry in an affili	ated o	roup or a parent	.eubeidiani	controlled group?		Yes X No	-
			identifying number of	-	-		-subsidial y	controlled group?			. •
			SON PENEGAR	ine parent co	porau	<u> </u>	Telephor	ne number ▶ 40	4-487-	5403	-
			or Business Incon	ne		(A) Inco	<u>-</u>	(B) Expen		(C) Net	/
	Gross receipts or			Ī		(,		(=,==+		<u> </u>	_
b	Less returns and allowa			c Balance	1c						
2			ule A, line 7)	_	2						-
3			2 from line 1c	/1 / 1	3						-
4a			ttach Schedule D)	<i>,</i> , , ,	4a	1,16	0,722.			1,160,722.	-
b			Part II, line 17) (attach Fo		4b	·					-
С	Capital loss dedu	ction for t	rusts		4c						_
5			r an S corporation (attach state		5	-26	2,772.	ATCH 2		-262,772.	_
6	Rent income (Sch	edule C)			6						_
7	Unrelated debt-fir	nanced in	come (Schedule E) .		7						_
8 .	Interest, annuities, roya	alties, and re	nts from a controlled organiza	tion (Schedule F)	8						_
9	Investment income of a	a section 50	1(c)(7), (9), or (17) organizati	on (Schedule G)							_
10		•	ncome (Schedule I) .		10	<u>'</u>		<u> </u>			_
11			lule J)		11						_
12	•		tions, attach schedule)		12		7.050			007.050	-
13			ough 12		13		7,950.	 		897,950.	-
Pai			Taken Elsewhere						except to	or contributions,	
	Company	-"····	be directly conne	(Cabadula K)	ne ur	irelated busi	mesa inco	ille.)	144		-
14 (7: 15	Compensation of	omcers,	directors, and trustees	(Schedule K)	EE	CEINFR	٠٠:١٠٠		. 14		-
\hat{C}_{46}^{13}	Penairs and main	tononce					. <i>\&\</i> .		' ' ` ` 		-
CAN 17 N 18	Rad debte	teriarice				1. 1. 5.5018	· S ·		1 -		-
Z 18	Interest (attach s	chedule) (see instructions)	<i>\\z̃</i> l	· NO	4 · » P · · · ·	7 <u>%</u> 1	<i>.</i>	18		-
H 19	Taxes and license	s		lol	• • •		7		· -	869.	-
20	Charitable contrib	outions (S	Gee instructions for limit	tation rules)	$\overline{\Omega}$	GDEN	ATCH	. 		89,208.	-
D ₂₁	Depreciation (atta	ch Form	4562)				21				-
22			on Schedule A and els						22b		
⊱ -423						_	•				-
2 24			compensation plans								•
№25			· · · · · · · · · · · · · · · · · · ·								-
<u></u>			Schedule I)								-
27			chedule J)								_
28			chedule)							5,000.	_
29			s 14 through 28							95,077.	-
30	Unrelated busine	ss taxab	le income before ne	t operating	loss	deduction Sub	otract line	29 from line 1	3 30	802,873.	-
31			g loss arising in tax ye								-
32	Unrelated busines	ss taxable	e income Subtract line	31 from line	30 .				. 32	802,873.	_ `

G17 PAGE 156G Form **990-T** (2018)



13-5562976

Form	990-T (2						Page 2
Pai	rt III	Total Unrelated Business Taxable In	come			•	
33	Total	of unrelated business taxable income compute	ed from all unrelated	trades or businesses (see	,] -		
	ınstruc	ions)			. 33	802	2,873.
34	Amour	ts paid for disallowed fringes			. 34	309	,248
35	Deduct	ion for net operating loss arising in tax	years beginning before	January 1, 2018 (see			
		uons)					
36		of unrelated business taxable income before sp					
		33 and 34				1,112	2,121
37	Specifi	deduction (Generally \$1,000, but see line 37 instru	ictions for exceptions)				L,000
38		ed business taxable income. Subtract line 37			•		
••		e smaller of zero or line 36				1.111	,121.
Par		Tax Computation			- 1 00 1		
39		zations Taxable as Corporations. Multiply line 38 by	21% (0.21)		▶ 39	233	3,335
40	Trusts			tation Income tax on	·		,,555
70							
				041)			
41	-	ax. See instructions		-			
42		tive minimum tax (trusts only)					
43		Noncompliant Facility Income. See instructions			_		
44		dd lines 41, 42, and 43 to line 39 or 40, whichever	applies	• • • • • • • • • • • • •	. 44	233	3,335
Par		Tax and Payments					
45 a	Foreigr	tax credit (corporations attach Form 1118, trusts at	tach Form 1116)	45a	_		
		redits (see instructions)			_		
С	Genera	business credit Attach Form 3800 (see instructions))	45c	_		
d	Credit	or prior year minimum tax (attach Form 8801 or 882	7)	45d			
е	Total c	redits. Add lines 45a through 45d			45e		
46	Subtra	t line 45e from <u>line 44</u>	<u></u>	<u></u>	46	233	3,335
47	Other ta	xes Check if from Form 4255 Form 8611	Form 8697 Form 886	Other (attach schedule)	. 47		
48	Total ta	x. Add lines 46 and 47 (see instructions)			. 48	233	3,335.
49		et 965 tax liability paid from Form 965-A or Form 96					
50 a		nts A 2017 overpayment credited to 2018	1	•			
		stimated tax payments	1		7 ł		
		osited with Form 8868			7		
		organizations Tax paid or withheld at source (see in		50d	1		
		withholding (see instructions)		50e 313]		
		or small employer health insurance premiums (attach		50f	-		
		· · ·	11011110041)		\dashv		
9				500			
E 4	_				┥ᇎ╽	206	,850.
51		ayments. Add lines 50a through 50g		[1 7	1 — —		
52		ed tax penalty (see instructions) Check if Form 2220		▶ <u> X</u>			946.
53		If line 51 is less than the total of lines 48, 49, and		· · · · · · · · · · · · · · · · · · ·	► 53		
54	•	yment. If line 51 is larger than the total of lines 48,	•		<u>54</u>	64	,569.
55		amount of line 54 you want Credited to 2019 estimated		Refunded			
Par	t VI	Statements Regarding Certain Activ					
56	At any	time during the 2018 calendar year, did the	organization have an in	terest in or a signature of	r other	authority Ye	s No
	over a	financial account (bank, securities, or other) i	n a foreign country? If	"Yes," the organization r	nay have	e to file	ŀ
		Form 114, Report of Foreign Bank and Fina	incial Accounts If "Yes,	" enter the name of the	foreign	country	
	here 🕨	CANADA, BERMUDA, NETHERLANDS	<u> </u>			X	
57	During	he tax year, did the organization receive a distribution	on from, or was it the grar	ntor of, or transferor to, a for	eign trust1	· L	Х
	If "Yes,"	see instructions for other forms the organization may	have to file				
58	Enter th	e amount of tax-exempt interest received or accrued	I during the tax year 🕨 \$ 6	5,210.		l	
		der penalties of penjury, I declare that I have examined this re			best of my	knowledge and	belief, it is
Sigr	1 L "	e, correct, and complete Declaration of preparer (other than taxpayer) is pased on all information of whit		lov the "	20 diamer 4	
Here		AMES L CLARK	- 11 7 19 PRES	270500	-	RS discuss this preparer shown	
		gnature of officer	Date Title			ns)? X Yes	No
		Print/Type preparer's name Prep	grer's signature	Date		PTIN	
Paid		whitney e blair) hotney & Blac	∪ 11/04/2019 Che	ck L if -employed	P01226	547
Prep		Firm's name KPMG LLP	1			13-55652	
Use	Only	Firm's address ▶ 300 NORTH GREENE STREET	S, SUITE 400. GREE				
				, <u>,</u> Pno	116110 22	Form 990-	

8X2741 1 000 50Z0NY 1985

Form 990-T (2018)								Pa	age 3
Schedule A - Cost of Go	<u>ods Sold. E</u>	nter metho	d of invento						
1 Inventory at beginning of year	ear . 1			6 Inventory	at end of yea	ar	6		
2 Purchases	2			7 Cost of	goods so	ld. Subtract line			
3 Cost of labor	3					ter here and in			
4a Additional section 263A co	sts			Part I, line	2		7		
(attach schedule)	4a			8 Do the	rules of	section 263A (w	ith respec	ct to Yes	No
b Other costs (attach schedul						or acquired for			
5 Total. Add lines 1 through				to the orga	anization? .		<u> </u>	4\N	
Schedule C - Rent Income	(From Real I	Property a	nd Person	al Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
1. Description of property		_							
(1)									
(2)									
(3)									
(4)									
	2. Rent rece	ived or accru	ed						
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real an percentage of rent 50% or if the rent is			age of rent for		exceeds	3(a) Deductions di in columns 2(a		cted with the incon ttach schedule)	ne
(1)									
(2)				•					
(3)	_								
(4)									
Total		Total		•					
(c) Total income Add totals of cohere and on page 1, Part I, line 6,	٠,,		-			(b) Total deduction Enter here and on Part I, line 6, colun	page 1,		
Schedule E - Unrelated De			e instructio	ns)					
		,		come from or	3 [Deductions directly con debt-finance		or allocable to	
1 Description of deb	financed property		allocable to	debt-financed operty		nt line depreciation ich schedule)	(b) Ot	her deductions ach schedule)	
(1)							·		
(2)	· -								
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or allocated debt-financed (attach sch	able to I property	4 d	Column Ivided Olumn 5		income reportable n 2 x column 6)	(column 6	able deductions x total of column a) and 3(b))	ıs
(1)				%	-				
(2)				%					
(3)	_			%					
(4) /				%					
	,					re and on page 1, lie 7, column (A)		re and on page ne 7, column (B)	
Totals			• • • • • •	▶					

(

JSA

Form **990-T** (2018)

1. Name of controlled organization (1) (2) (3) (4) Nonexempt Controlled Organ 7 Taxable Income (1) (2)	2 Employer identification numb izations 8 Net unrelated if (loss) (see instruc	(I	oss) (see II	ated income instructions)	1	of specified nts made	ıncluded	in the contro	olling	6 Deductions directly connected with income
(2) (3) (4) Nonexempt Controlled Organ 7 Taxable Income (1) (2)	8 Net unrelated ii	1						column 4 that is in the controlling on's gross income		ın column 5
(3) (4) Nonexempt Controlled Organ 7 Taxable Income (1) (2)	8 Net unrelated ii	1								
(4) Nonexempt Controlled Organ 7 Taxable Income (1) (2)	8 Net unrelated ii	1								
Nonexempt Controlled Organ 7 Taxable Income (1) (2)	8 Net unrelated ii	1	0.7				ļ			
7 Taxable Income (1) (2)	8 Net unrelated ii	1			<u> </u>					
(1)		1	•			40.00	A - # b	Ó that is	44	Dad at a day
(2)		,		Total of specific ayments made		ınclud	t of column ed in the cor ation's gross	ntrolling		Deductions directly nected with income in column 10
	<u>. </u>							-		
(3)										
(4)	······································						olumns 5 a			d columns 6 and 11
Totals						Part I		ructions)		er here and on page 1, t I, line 8, column (B)
1 Description of income	2 Amount of	f income		directly cor (attach sch	nected			l-asides schedule)		and set-asides (col 3 plus col 4)
(1)	 								+	
(2)	 		_							
(3) (4)										
Totals ▶ Schedule I – Exploited Ex	Enter here and Part I, line 9, c	olumn (A)	ther Th	an Adverti	sing Ir	icome (s	ee instru	ctions)		Enter here and on page 1 Part I, line 9, column (B)
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expe direct connect product unrele business	enses ctly ed with tion of ated	4 Net incon from unrelat or business 2 minus col if a gain, co cols 5 thro	ne (loss) ed trade (column umn 3) ompute	5. Gros from ac	s income livity that nrelated s income	6 Expe attributa colum	ble to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										<u> </u>
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 26
	ncome (see instr	uctions)								
	(300 1131		Consoli	idated Bas	sis					
Schedule J-Advertising I		ted on a 🛚					ulation	6 Reade		7 Excess readership costs (column 6
Schedule J-Advertising I		3 Di advertisir	rect	4 Advertigan or (los 2 minus co a gain, coi cols 5 thro	s) (col ol 3) If npute		ome	cost	S	not more than column 4)
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical	2 Gross advertising	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost	s 	not more than
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical	2 Gross advertising	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost	s 	not more than
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical (1) (2)	2 Gross advertising	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost		not more than
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical (1) (2) (3)	2 Gross advertising	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost		not more than
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical (1) (2)	2 Gross advertising	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost	s	not more than
Schedule J- Advertising I Part I Income From Pe 1. Name of periodical (1) (2) (3)	2 Gross advertising income	3 Di	rect	gain or (los 2 minus co a gain, coi	s) (col ol 3) If npute		ome	cost	s	not more than

orm 990-T (2018)	orm	990-T	(2018)
------------------	-----	-------	--------

(2) (3)

(4)

Total Enter here and on page 1, Part II, line 14.

BOYS & GIRLS CLUBS OF AMERICA

13-5562976

Page **5**

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) ▶						
Schedule K - Compensatio		irectors, and Tr	ustees (see instr	uctions)	· · · · · · · · · · · · · · · · · · ·	<u> </u>
1. Name			Title ,	3 Percent of time devoted to business	4 Compensation	
(1)	-			0/		

Form 990-T (2018)

%

%

SCHEDULE D (Form 1120)

Capital Gains and Losses

OMB No 1545-0123

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

Department of the Treasury Internal Revenue Service ► Go to www irs.gov/Form1120 for Instructions and the latest information. Employer Identification number BOYS & GIRLS CLUBS OF AMERICA 13-5562976 Short-Term Capital Gains and Losses (See instructions) (h) Gain or (loss) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 6 Unused capital loss carryover (attach computation) 6 Long-Term Capital Gains and Losses (See instructions) See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) whole dollars column (g) the result with column (g) 8a 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 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 1,091,911. Enter gain from Form 4797, line 7 or 9 11 68,811. Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 13 Capital gain distributions (see instructions) 14 15 1,160,722. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7). . . . 17 1,160,722. Add lines 16 and 17 Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 1,160,722. Note: If losses exceed gains, see Capital losses in the instructions

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

Schedule D (Form 1120) 2018

	404
n 8949 (2018)	Attachment Sequence No 12A

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

Page 2

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 generally long-term (see instructions). 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

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

(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed of (Mo, day, yr)	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	If you enter an a enter a coo See the sepa (f) Code(s) from	amount in column (g), de in column (f) trate Instructions. (g) Amount of	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
				instructions	adjustment	
						1,091,911
					•	
is checked), line	9 (if Box E					1,091,911
	(d), (e), (g), and here and inclus checked), line	Date sold or disposed of	Date acquired (Mo , day, yr) Date sold or disposed of (Mo , day, yr) (Mo , day, yr) Date sold or disposed of (sales pnce) (see instructions) (see instructions) (d), (e), (g), and (h) (subtract here and include on your is checked), line 9 (if Box E	(b) Date acquired (Mo , day, yr) (c) Date sold or disposed of (Mo , day, yr) (d) Proceeds (sales price) (see instructions) (see instructions) Cost or other basis See the Note below and see Column (e) in the separate instructions (d), (e), (g), and (h) (subtract here and include on your is checked), line 9 (if Box E	(b) Date acquired (Mo , day, yr) (c) Date sold or disposed of (Mo , day, yr) (d) Proceeds (sales pnce) (see instructions) (sales pnce) (in the separate instructions) (f) Code(s) from instructions (f) Code(s) from instructions (d), (e), (g), and (h) (subtract there and include on your is checked), line 9 (if Box E	(b) Date acquired (Mo , day, yr) acquired (Mo , day, y

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** (2018)

JSA 8X2616 1 000

50ZONY 1985 V 18-6.4F 430966 PAGE 166



13-5562976

ATTACHMENT 2

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

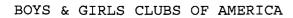
INCOME (LOSS) FROM PARTNERSHIPS

-262,772.

INCOME (LOSS) FROM PARTNERSHIPS

-262,772.

430966



ATTACHMENT 3

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)	897,950. 0.
LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER	5,869. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 89,208.
CHARITABLE CONTRIBUTION	63,962,779.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	89,208.

50Z0NY 1985 V 18-6.4F 430966 PAGE 163

BOYS & GIRLS CLUBS OF AMERICA

13-5562976

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 II, LINE 20 - CHARITABLE CONTRIBUTIONS	
2018 CHARITABLE CONTRIBUTIONS	\$ 63,962,779
DEDUCTION ON 2018 FORM 990-T	\$ 89,208
TOTAL CHARITABLE CONTRIBUTION CARRYFORWARD TO 2019	\$ 63,873,571