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| 7 . VA | | _ | | | _ |
|---|--|----------------------------|------------------------|------------|---|
| يَّرُيْكُ 990-T Exempt Or | ganization Busine and proxy tax under s | | 「ax Return | ' | OMB No 1545-0047 |
| For calendar year 2019 or other | • • • | , and ending | 1917 | | 2019 |
| ► Go to | www irs gov/Form990T for instruc | | nation | _ | |
| epartment of the freasury | umbers on this form as it may be r | | | Ope 501 | en to Public Inspection ((c)(3) Organizations Onl |
| Check box if Name of organization | in (Check box if name chang | ed and see instructions.) | | | r identification number les trust, see |
| address changed | | | | instructio | |
| | GIRLS CLUBS OF (| | C | | <u>-4387575</u> |
| | room or suite no If a P O. box, see | e instructions. | | (See instr | d business activity code uctions) |
| 408(e) 220(e) 1106 C111 | PARK AVE | | · | ļ | |
| | or province, country, and ZIP or fore | eign postal code | | 0120 | 2.0 |
| | OH 43206 number (See instructions) | | | 8129 | 30 |
| 7,935,945. G Check organization | | ion 501(c) trust | 401(a) | trust | Other trust |
| Enter the number of the organization's unrelated trade | | | the only (or first) un | | 0.000 |
| trade or business here > SEE STATEM | · · · · · · · · · · · · · · · · · · · | | , complete Parts I-V | | an one. |
| describe the first in the blank space at the end of the p | | | | | , |
| business, then complete Parts III-V | | - | | - | • |
| During the tax year, was the corporation a subsidiary | | bsidiary controlled group? | ▶ [| Yes | X No |
| If "Yes," enter the name and identifying number of the | <u> </u> | | | 4 | |
| The books are in care of DOUGLAS WO | | 1 | none number > 6 | | |
| Part I Unrelated Trade or Business | income | (A) Income | (B) Expenses | - | (C) Net |
| 1a Gross receipts or sales | — . Deleter | | | | |
| b Less returns and allowances Cost of goods sold (Schedule A, line 7) | c Balance | | | - | |
| 2 Cost of goods sold (Schedule A, line 7) 3 Gross profit Subtract line 2 from line 1c | $\frac{1}{3}$ | | / | | <u> </u> |
| 4a Capital gain net income (attach Schedule D) | χ $\frac{3}{4a}$ | <u> </u> | | | |
| b Net gain (loss) (Form 4797, Part II, line 17) (attack | , – | - | | | |
| c Capital loss deduction for trusts | 40 | 1 | 1 | | |
| 5 Income (loss) from a partnership or an S corporat | on (attach statement) 5 | | | | , |
| Rent income (Schedule C) | 6 | | | | |
| 7 Unrelated debt-financed income (Schedule E) | 7 | | | | |
| Interest, annuities, royalties, and rents from a contr | - - | | | | |
| 9 Investment income of a section 501(c)(7), (9), or (| / [| | | | |
| Exploited exempt activity income (Schedule I) | 10 | 1 | | | |
| 1 Advertising income (Schedule J) | 11 | | | | |
| Other income (See instructions, attach schedule) Total. Combine lines 3 through 12 | 12 | | | | |
| Part II Deductions Not Taken Elsew | | | | | |
| (Deductions must be directly connect | with the unrelated business | income-) | | | |
| 4 Compensation of officers, directors, and trustees | (Schedule K) | NOV 2 0 20 | 20 5 | 14 | |
| 5 Salaries and wages | | NOA 5 0 50 | | 15 | · · |
| 6 Repairs and maintenance | 1 | OGDEN, | iit | 16 | |
| 7 Bad debts | | OGUEIN, | <u> </u> | 17 | |
| Interest (attach schedule) (see instructions) | · • | | | 18 | |
| Taxes and licenses | | Land | | 19 | |
| Depreciation (attach Form 4562) | | 20 | | | |
| 1 Less depreciation claumed on Schedule A and else | wnere on return | 21a | | 21b | - . |
| Depletion Contributions to deferred compensation plans | | | | 22 | |
| 4 Employee benefit programs | | | | 24 | · |
| 5 Excess exempt expenses (Schedule I) | | | | 25 | |
| 6 Excess readership costs (Schedule J) | | , , | | 26 | · · · · · · · · · · · · · · · · · · · |
| 7 Other deductions (attach schedule) | 1 | | | 27 | |
| 3 Total deductions Add lines 14 through 27 | | | | 28 | 0 |
| Uprelated business taxable income before net ope | rating loss deduction. Subtract line | 28 from line 13 | | 29 | 0 |
| peduction for net operating loss arising in tax year | | | | | |
| (see instructions) | | | | 30 | 0 |
| I I Invalated huginess tayable income. Subtract line | 10 from line 20 | | | 31 | 0 |
| Unrelated business taxable income Subtract line 3701 01-27-20 LHA For Paperwork Reduction Act | | | | | Form 990-T (20 |

| | 0-1/2019) BOYS AND GIRLS CLUBS OF COLUMBUS, INC. | 31-43875 | 75 Page 2 | | | | | |
|--------------|--|-----------------------------|------------|--|--|--|--|--|
| Par | Total Unrelated Business Taxable Income | | | | | | | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 | 0. | | | | | |
| 33 | Amounts paid for disallowed fringes | 38 | | | | | | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 0. | | | | | |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33 | 35 | | | | | | |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) | 36 | | | | | | |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | | | | | | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | | ,000. | | | | | |
| 39 | Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, | 7 | | | | | | |
| | enter the smaller of zero or line 37 | 39 | 0. | | | | | |
| Par | | 7 | | | | | | |
| 40 | Organizations Taxable as Corporations Multiply line 39 by 21% (0 21) | 40 | 0. | | | | | |
| 41 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from: | | | | | | | |
| • • | Tax rate schedule or Schedule D (Form 1041) | 41 | | | | | | |
| 42 | Proxy tax See instructions | 42 | | | | | | |
| 43 | Alternative minimum tax (trusts only) | 43 | | | | | | |
| 44 | Tax on Noncompliant Facility Income See instructions | 44 | | | | | | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. | | | | | |
| Pari | | 1 79 1 | | | | | | |
| | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a | | | | | | | |
| b | Other credits (see instructions) 46b | 1 | | | | | | |
| _ | General business credit Attach Form 3800 46c | 1 | | | | | | |
| C | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1 | | | | | | |
| d | Total credits Add lines 46a through 46d | 46e | | | | | | |
| _ | Subtract line 46e from line 45 | 47 | 0. | | | | | |
| 47 | | 48 | | | | | | |
| 48 | | | 0. | | | | | |
| 49 | Total tax Add lines 47 and 48 (see instructions) | 49 | 0. | | | | | |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | | | | | | |
| | Payments: A 2018 overpayment credited to 2019 51a | | | | | | | |
| | b 2019 estimated tax payments 51b 51b 51c | | | | | | | |
| | c Tax deposited with Form 8868 d Foreign organizations: Tax paid or withheld at source (see instructions) 51d | | | | | | | |
| | | - | | | | | | |
| | Backup withholding (see instructions) 51e | | | | | | | |
| f | | | | | | | | |
| 9 | Other credits, adjustments, and payments Form 2439 | | | | | | | |
| | Form 4136 Other Total ▶ 51g | | | | | | | |
| 52 | Total payments Add lines 51a through 51g | 52 | | | | | | |
| 53 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 53 | | | | | | |
| 54 | Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | | | | | | |
| 55 | Overpayment If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | | | | | | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) | 56 | | | | | | |
| Pari | | | | | | | | |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | - | Yes No | | | | | |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | | | | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country | | | | | | | |
| | here • | | X | | | | | |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | - | <u> </u> | | | | | |
| | If "Yes," see instructions for other forms the organization may have to file | | | | | | | |
| 59_ | Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ | | | | | | | |
| Sian | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowled correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | dge and belief, it is true, | | | | | | |
| Sign Here | | ay the IRS discuss this r | eturn with | | | | | |
| nere | | e preparer shown below | | | | | | |
| | Signature of officer Date / Title Ins | structions)? X Yes | S No | | | | | |
| | Print/Type preparer's name Preparer's signature Date Check II | f PTIN | | | | | | |
| Paid | self- employed | 1 . | | | | | | |
| | Darer NATOSHA DILLEY NATOSHA DILLEY [11/16/20] | P012253 | | | | | | |
| | Only Firm's name ► CLARK, SCHAEFER, HACKETT & CO. Firm's EIN ► | 31-0800 | 053 | | | | | |
| | 4449 EASTON WAY, SUITE 400 | | | | | | | |
| | Firm's address ► COLUMBUS, OH 43219 Phone no. 6 | <u>14-885-22</u> | 208 | | | | | |
| | | _ ^^ | O T | | | | | |

| Schedule A - Cost of Good | s Sold. Enter | method of inven | tory v | aluation > N/A | | | | , | |
|--|----------------------|--|---------|--|----------|--|----------|--|--|
| 1 Inventory at beginning of year 1 | | | | 6 Inventory at end of year | | | | | |
| 2 Purchases | 2 | 7 Cost of goods sold Sub | | | | ine 6 | | | |
| 3 Cost of labor | 3 | | | from line 5 Enter here | | | | | |
| 4a Additional section 263A costs | | | 1 | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 | Do the rules of section | 263A (1 | with respect to | | Yes No | |
| b Other costs (attach schedule) | 4b | | | property produced or a | acquired | for resale) apply to | | | |
| 5 Total Add lines 1 through 4b | 5 | | | the organization? | | | | | |
| Schedule C - Rent Income | (From Real | Property and | Per | sonal Property L | .ease | d With Real Prop | erty) | | |
| (see instructions) | | | | | | | | | |
| 1 Description of property | | | | | | | | | |
| (1) | | | | | | ******* | | | |
| (2) | | - | | | | | | | |
| (3) | | | | - | | | | | |
| (4) | · | | | | | | | | |
| | | ed or accrued | | | | 04-10-4 | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | e than | of rent for p | ersonal | onal property (if the percental property exceeds 50% or if ed on profit or income) | ge | 3(a) Deductions directly columns 2(a) ar | connec | ted with the income in 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, column | | ter | | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | • | 0. | |
| Schedule E - Unrelated Deb | | Income (see | ınstru | ctions) | | | | <u> </u> | |
| | | | | Gross income from | | 3 Deductions directly con- to debt-finance | | | |
| 1 Description of debt-fi | nanced property | | | or allocable to debt- financed property (8 | | (a) Straight line depreciation (attach schedule) | | (b) Other deductions (attach schedule) | |
| (1) | | | 1 | | | | \top | | |
| (2) | | | | | | | Ť | | |
| (3) | | | | | | | T | | |
| (4) | | | | | | | | | |
| Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis illocable to nced property a schedule) | 6 | Column 4 divided by column 5 | | 7 Gross income reportable (column 2 x column 6) | | 8. Allocable deductions column 6 x total of columns 3(a) and 3(b)) | |
| (1) | | | | % | | _ | | | |
| (2) | | | | % | | • | | • | |
| (3) | | | | % | | · = | | | |
| (4) | | | | % | | | | | |
| | | | | | | nter here and on page 1, Part I, line 7, column (A) | | Enter here and on page 1, Part I, line 7, column (8) | |
| Totals | | | | • | | 0 | . | 0. | |
| Total dividends-received deductions in | ncluded in column | 18 | | | | | | 0. | |
| | | | | | | | | F 000 T (0040) | |

Form **990-T** (2019)

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| r | - | | | | | | | |
|------------------------|--------|------|-----|-------|-------|----|-----------|------|
| nrm QQN ₋ T | (2019) | BOYS | AND | GIRLS | CLUBS | OF | COLUMBUS. | TNC. |

31-4387575

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 | • | 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 26 |
| Totals, Part II (lines 1-5) | <u> </u> | 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 | | > | 0. |

Form 990-T (2019)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1
BUSINESS ACTIVITY

NONDEDUCTIBLE QAULIFIED TRANSPORTATION FRINGES

TO FORM 990-T, PAGE 1