# Short Form Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2017

Open to Public

			the Treasury ue Service	► Information about Form 990-EZ and its instructions is a		Inspection		
				7 calendar year, or tax year beginning 09–01 , 2017, and ending				, 2018
_			plicable	C Name of organization	DI			
$\overline{}$			hange Bankhead Boys Association, Inc., FKA Phoenix Boys				- -208728	9
=		char	-		com/suite	E Teleph	one numb	ег
	nitial	returr	n			1		
	Final	returr	n/terminated	1281 Fulton Industrial Boulevard		(40	04)454-	1220
	Amer	ided r	return	City or town, state or province, country, and ZIP or foreign postal code	03	F Group	Exemption	n
	Applic	ation	pending	Atlanta, GA 30336		Numbe	er 🕨	
G	Acc	ount	ing Method	Cash	_ 1	H Check ►	lf the	organization is not
1 3	Web	site	: Bank	neadBoys.com		required to	attach Sc	hedule B
<u>J</u>	Tax	exe	mpt status (d	heck only one) - 🗶 501(c)(3)	527	(Form 990,	990-EZ,	or 990-PF)
			organization	☐ Corporation ☐ Trust ☐ Association ☐ Other				
L	Add	line	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	re, or if tota	al assets		
(Pa	rt II,	colu		·		<del></del>		156,737
P	art		Revenu	e, Expenses, and Changes in Net Assets or Fund Balanc	<b>ces</b> (see t	the instruction	ns for Pa	art I)
			Check if t	he organization used Schedule O to respond to any question in thi			<del></del>	<u> x </u>
	1	1		s, gifts, grants, and similar amounts received			1	156,737
	1	2	Program ser	vice revenue including government fees and contracts			2	
O TREVENCE CITAINING	1	3	Membership	dues and assessments			3	<u> </u>
		4	Investment II	ncome			4	
	5	5a	Gross amou	nt from sale of assets other than inventory			1	
				other basis and sales expenses				
	₽	С	Gain or (loss	) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	Ţ	6	-	fundraising events				
0	1	а		e from gaming (attach Schedule G if greater than	1			
ē,	<b>k</b>			6a			1 1	
18	!	D			f contributi	ons		
F	1			sing events reported on line 1) (attach Schedule G if the	1			
>	1	_		gross income and contributions exceeds \$15,000) 6b			1 1	
	1			expenses from gaming and fundraising events	ot		1 1	
2010	1	a		or (loss) from gaming and fundraising events (add lines 6a and 6b and subtra	iCi		6d	
_	1	72		of inventory, less returns and allowances			- <del>*</del>	
	1		Less cost of	· · · · · · · · · · · · · · · · · · ·			1	
	1			or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	1	8	•	re (describe in Schedule O)			8	
	1	9		ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	156,737
_	Τ.	10		imilar amounts paid (list in Schedule O)			10	2007.01
	1	11		to or for members	-		11	3,998
	1	12	•	er compensation, and employee benefits	FINE		12	84,773
Expenses	.	13		fees and other payments to independent contractors		ોજીં .	13	
ě	.	14	Occupancy,	ent, utilities, and maintenance	· n 1 · 20	119 - 1231 -	14	13,131
X	.	15	Printing, pub	rent, utilities, and maintenance		[栏].	15	•
	.	16	Other expen	ses (describe in Schedule O)		17.7.	16	47,111
	<u> </u>	17	Total expen	ses. Add lines 10 through 16	DEN.	111	17	149,013
_	Τ.	18	Excess or (d	eficit) for the year (Subtract line 17 from line 9)			18	7,724
Net Assets	-	19	Net assets o	fund balances at beginning of year (from line 27, column (A)) (must agree w	vith			
Ass			end-of-year t	igure reported on prior year's return)			19	17,344
let/	:	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
Z	1	21	Not accote o	r fund halances at end of year. Combine lines 18 through 20			21	25 069

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

Form 990-EZ (2017) Bankhead Boys Associati		FKA P	hoenıx Bo	ys	58-2	20872	289 Page 2
Part II Balance Sheets (see the instructions for Part II)							
Check if the organization used Schedule O to res	spond to any c	uestio	n in this Pai			<del></del>	
On Orah and an advantage to			}	(A) Be	ginning of year	001	(B) End of year
22 Cash, savings, and investments			-		17,344	22	25,068
<ul><li>23 Land and buildings</li><li>24 Other assets (describe in Schedule O)</li></ul>					0	24	<u> </u>
25 Total assets					17,344	25	<u> </u>
26 Total liabilities (describe in Schedule O)			-		0	26	25,068 0
27 Net assets or fund balances (line 27 of column (B) must agree			F		17,344	27	25,068
Part III Statement of Program Service Accomplishm				rt III)	17,344	1	25,008
Check if the organization used Schedule O to re	•						Expenses
What is the organization's primary exempt purpose? Indiv. ass						(Req	uired for section
						1	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for each as measured by expenses. In a clear and concise manner, describe the persons benefited, and other relevant information for each program till.	he services prov	-	-	<b>:</b> S,		orgai	nizations, optional for
28 The Association's work with youth in West	Atlanta in	clude	es				
workplace mentoring, scouting, and individ	dual assist	ance					
All three are intertwined and managed by t	the same pe	ople	so				
(Grants \$ ) If this amount in	icludes foreign g	rants, c	check here		▶ 📗	28a	149,013
29 it is not realistic to break out all the c						1	
separately. The goal, which we are approach	ching, is t	o se	rve				
160 boys under the existing structure. Mar						l	
(Grants \$ ) If this amount in					<b>▶</b> <u>∐</u>	29a	0
30 relationships are long term. Some have las			rs.		<del></del>		
There are now dozens of program graduates							
program. These men are now active staff, by (Grants \$ ) If this amount in					▶ □	30a	
				<del></del>		30a	•
(Grants \$ ) If this amount in					▶ □	31a	
32 Total program service expenses (add lines 28a through 31a)						32	149,013
Part IV List of Officers, Directors, Trustees, and Key Emplo						1	
Check if the organization used Schedule O to respond							
			(c) Reportat	ole	(d) Health benefits		<del></del>
(a) Name and title	(b) Average hours per we	ek	• compensati		contributions to emp	10,00	(e) Estimated amount of other compensation
	devoted to pos	ition	(Forms W-2/109 (If not paid, e		benefit plans, and deferred compensation		other compensation
Vincent Stewart							
Board Chair	2	2.00		0		0	0
David Lane					ĺ		
Vice Chair	2	2.00		0		_0	0
Victor Anapolie							
Secretary		2.00	<u> </u>	0		- 이	0
John Cleveland	İ					ĺ	
Board Member	<del> </del>	2.00	<del> </del>	0		-	0
Wirt Jones							_
Controller	]	1.00	<u> </u>	0			0
Lavine Moss	1 .						•
Board Member	<del>                                     </del>	. 00		0		-	0
Johann Artigas	.			^			•
Board Member William Lathem	1	.00		0	<del></del>	- 아	0
Treasurer	,			0		٥	0
Robert Kent	<del>                                     </del>	2.00				-4	<u> </u>
Executive Director	1 40	0.00		7,223		٥	0
LaFreddie Smith	1	,		,,223		<del>- 1</del>	
Director	1 40	0.00	2.	6,837		٥	0
Terrence Zachary	1		<del>                                     </del>	.,031		╅	
Director	30	0.00	9.	7,355		٥	0
	1			. ,		丁	
			]				
EEA							Form 990-EZ (2017)

BOA

Form 990-EZ (2017)

Form 990-EZ (2017) Bankhead Boys Association, Inc., FKA Phoenix Boys 58-2087289 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a 33 33 Х 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the Х change on Schedule O (see instructions) 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions **b** Did the organization file Form 1120-POL for this year? 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were Х any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations Enter **b** Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4912 🕨 , section 4955 🕨 b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Χ c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed  $\triangleright$ 42 a The organization's books are in care of ▶ William Lathem Telephone no 404-454-1220 Located at ▶ 200 Selig Drive, Atlanta, GA 30336 Yes b At any time during the calendar year, did the organization have an interest in or a signature or other authority over No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b Χ If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 442 b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44c c Did the organization receive any payments for indoor tanning services during the year? . . . . . . . . . . . . . . . . . . . d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d 45a 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

EEA

Form 990-EZ (20	17) Bankhead Boys As	ssociation, Inc.	FKA Phoenix Boy	ys 5	8-2087289	Page 4
S						Yes No
	organization engage, directly or indirectly, in		• •		<del></del>	
	idates for public office? If "Yes," complete Section 501(c)(3) organizations				46	X
	All section 501(c)(3) organizations 50 and 51		ions 47 - 49b and 5	2, and complete	the tables for	lines
	Check if the organization used Sch	nedule O to respond	to any question in	this Part VI	<u></u>	· · · · 🔲
						Yes No
	organization engage in lobbying activities of "Yes," complete Schedule C, Part II	r have a section 501(h) el	<del>-</del>		47	Х
<b>48</b> Is the o	rganization a school as described in section	170(b)(1)(A)(II)? If "Yes,"	complete Schedule E		48	Х
	organization make any transfers to an exem	•	organization?		49a	X_
	was the related organization a section 527	~				
•	ete this table for the organization's five highe		•		· -	
employ	ees) who each received more than \$100,000	of compensation from the	ne organization of there i		<del>"</del>	
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employe benefit plans, and deferre compensation		d amount of npensation
IONE						-
\$100,00	ete this table for the organization's five highe 00 of compensation from the organization is Name and business address of each independent contra	f there is none, enter "No		· · · · · · · · · · · · · · · · · · ·	(c) Compensation	1
	· · · · · · · · · · · · · · · · · · ·					
NONE						
			i			
				"		
	umber of other independent contractors each	-				
	organization complete Schedule A? Note: A	. , , , ,			► <del>□</del> v	П.,.
· '	ted Schedule A				· P X Yes	∐ No
•	of perjury, I declare that I have examined this retuined complete. Declaration of preparer (wither that of				owledge and beller,	IT IS
Trace, correct, an	Milling With	h	non or wineri preparer rias ar	III KIIOMICAGE		
Sign Here	Signature of officer  William Ci La  Type or print name and title	them (Tree	asurer)	Date	15,20	19
L	<u> </u>		Deta		. PTIN	
	PnnVType preparer's name	Preparer's signature	Date		"	
	Pnnl/Type preparer's name	Preparer's signature	07-15-20	19 self-employe	"	
Preparer	Firm's name Printpack Inc			1	"	
Preparer	Firm's name Printpack Inc Firm's address 2800 Overlook Pa	ırkway		19 self-employe	"	
Paid Preparer Use Only	Firm's name Printpack Inc	ırkway		19 self-employe	"	X No

#### **SCHEDULE A**

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

(Form 990 or 990-EZ)

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2017 Open to Public Inspection

OMB No 1545-0047

Employer identification number Bankhead Boys Association FKA Phoenix Boys 58-2087289 Inc. Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III ) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Provide the following information about the supported organization(s) (i) Name of supported organization (li) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under

Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support	<del></del>		•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	169,300	182,379	172,419	151,062	156,737	831,897
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	169,300	182,379	172,419	151,062	156,737	831,897
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						535,492
6	Public support. Subtract line 5 from line 4 · ·						296,405
	tion B. Total Support	,		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	169,300	182,379	172,419	151,062	156,737	831,897
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	34	1	1			36
9	Net income from unrelated business activities, whether or not the business is regularly carried on	34		1			36
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						831,933
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13 Sec	First five years. If the Form 990 is for the or organization, check this box and stop here tion C. Computation of Public Su	<u> </u>					▶□
14	Public support percentage for 2017 (line 6, c	• •		ከ)	<i></i>	14 3	35.63 %
15	Public support percentage from 2016 Sched				<i>.</i>		13.00 %
16a	33 1/3% support test - 2017. If the organiza					k this	
	box and stop here. The organization qualific						▶ 🏻
b	33 1/3% support test - 2016. If the organiza				33 1/3% or more,	check	_
	this box and stop here. The organization qu	alifies as a publicly	supported organia	zation			▶ 🔲
17a	10%-facts-and-circumstances test - 2017						_
	10% or more, and if the organization meets	the "facts-and-circu	umstances" test, ch	neck this box and s	top here. Explain	ın	
	Part VI how the organization meets the "fact	ts-and-circumstanc	es" test. The organ	nization qualifies as	a publicly support	ed	
	organization						▶ 🛚
b	10%-facts-and-circumstances test - 2016	. If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and lir	ne	
	15 is 10% or more, and if the organization m	neets the "facts-and	d-circumstances" te	est, check this box	and stop here.		
	Explain in Part VI how the organization mee	ts the "facts-and-ci	rcumstances" test	The organization of	qualifies as a public	oly	
	supported organization						▶ 🔲
18	Private foundation. If the organization did r	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	this box and see		_
	instructions						▶ 🗍
	· · · · · · · · · · · · · · · · · · ·			·			

Bankhead Boys Association, Inc., FKA Phoenix Boys Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 •					··· -· .	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total Add lines 1 through 5 · · · · · · ·						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from		/				
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6 · · · · · · · · · · · ·					, , ,	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	/					
С	Add lines 10a and 10b · · · · · · · · · ·						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for the organization, check this box and stop here	<i>[</i>					<b>▶</b> □
	ction C. Computation of Public Sp	<del></del>					
	Public support percentage for 2017 (line 8/c					15	<u>%</u>
	Public support percentage from 2016 Scheduction D. Computation of Investme				· · · · · · · · · ]	16	<u>%</u>
17	Investment income percentage for 2017 (line			lumn (f))		17	
18	Investment income percentage from 2016 Sc					18	<del>/</del> %
	33 1/3% support tests - 2017. If the organiz 17 is not more than 33 1/3%, check this box	ation did not check	the box on line 14,	and line 15 is mor	e than 33 1/3%, ar	nd line	▶ □
b	33 1/3% support tests - 2016. If the organiz line 18 is not more than 33 1/3%, check this l	ation did not check	a box on line 14 or	line 19a, and line	16 is more than 33	3 1/3%, and	▶ 🔲
20	Private foundation. If the organization did n	ot check a box on l	ine 14, 19a, or 19b	, check this box an	d see instructions		▶ 🗍

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Sect	ion A. All Supporting Organizations			-
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>		
	class or purpose, describe the designation If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			- 1
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		
5a				
	answer (b) and (c) below (if applicable) Also, provide detail in <b>Part VI</b> , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(III) the authority under the organization's organizing document authorizing such action, and (IV) how the action	<u> </u>		
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	- <del></del> -		
	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited	1		

benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

by one or more of its supported organizations, or (III) other supporting organizations that also support or

- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

  If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

10a

6

7

8

9a

9b

	ule A(Form 990 or 990-EZ) 2017 Bankhead Boys Association, Inc., FKA Phoenix Boys 58-2087289			age 5
Pa	rt IV Supporting Organizations (continued)		V	
44	Hen the arganization appeared a gift or contribution from any of the falls		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			1
d	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		<b>├</b> ──
	A family member of a person described in (a) above?	11b		$\vdash \vdash$
		11c		<del></del>
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	110		<u> </u>
000	tion B. Type i Supporting Significations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	Г	.00	<u> </u>
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		1 1
	tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or			1 1
	controlled the organization's activities if the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
	J			
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1 1
	supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'		1 1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			1 1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	┝┷╌		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		<u></u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			1
	supported organizations played in this regard	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	struc	tions	;)
а	The organization satisfied the Activities Test Complete line 2 below			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity	(see i	nstruc	tions)
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			. 1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			, [
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ı
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		<del></del>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			.
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_	<u> </u>	لـــــا
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		<del></del>
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	35		
	of its supported organizations? If "Yes" describe in <b>Part VI</b> the role played by the organization in this regard	3h		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			ain in Part VI) See
instructions. All other Type III non-functionally integrated supporting organi			
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	11		· · · · · ·
2 Recoveries of prior-year distributions	2	<del></del>	
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	-1	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		1 -
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	•	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	$\top$		
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally	-integ	rated Type III supportin	g organization (see
instructions)			

	ule A (Form 990 or 990-EZ) 2017 Bankhead Boys Association			37289 Page 7
٠	t V Type III Non-Functionally Integrated 509(a)(3	) Supporting Organi	zations (continued)	
	tion D - Distributions			Current Year
$\overline{}$	Amounts paid to supported organizations to accomplish exer		-	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	tions	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			
	Other distributions (describe in Part VI) See instructions			
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	e organization is respons	EIVe	
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	/::\	/!!!\
	Continue E. Distribution Allocations (and instructions)	(i)	(ii) Underdistributions	(iii) Distributable
3	section E - Distribution Allocations (see instructions)	Excess Distributions		
_	Dietributable amount for 2017 from Continu C. line 6		Pre-2017	Amount for 2017
	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required - explain in Part VI) See			
	Instructions			
	Excess distributions carryover, if any, to 2017			
<u>a</u>			* At	
$\overline{}$	From 2013			<u> </u>
	From 2014			
_	From 2015	- '		
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years  Applied to 2017 distributable amount		·	
	Carryover from 2012 not applied (see instructions)			-
<del>'</del>	Remainder Subtract lines 3g, 3h, and 3i from 3f			
	Distributions for 2017 from			
4	Section D, line 7 \$			
	Applied to underdistributions of prior years			
	Applied to 2017 distributions of prior years  Applied to 2017 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if	-		
3	any Subtract lines 3g and 4a from line 2. For result			•
	greater than zero, explain in <b>Part VI</b> See instructions			
	Remaining underdistributions for 2017 Subtract lines 3h			
Ü	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018 Add lines 3			1
,	and 4c			ŀ
- Ω	Breakdown of line 7			·· <del>·</del>
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			

e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b,
3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)
<del></del>

## SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2017

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

58-2087289 Bankhead Boys Association, Inc., FKA Phoenix Boys 01. Description of other expenses (Part I, line 16) Description Amount 150 Board/SPT Expense 2,659 Taxes, Fees and Misc 8,400 Mileage 6,489 Meals 726 Supplies Travel 1,079 Equipment 699 1,323 T-Shirts 385 Registration Camp Costs 560 Georgia Tech 7,975 159 Scout House Trade School GED Expenses 138 15,938 Insurance Interest and Fees 429