1712 Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

	i	EXTENDED TO NOVEMBER 15,	_	OMB No 1545-0047
_{orm} 99	N	Return of Organization Exempt From		0047
orm 😈	· O	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		<u> </u>
epartment of th ternal Revenue		 Do not enter social security numbers on this form as it r Go to www.irs.gov/Form990 for instructions and the limits 	-	Open to Public Inspection
		ar year, or tax year beginning and ending		оросион
Check if		organization	D Employer identificati	on number
applicable				
Address change	BOYS	AND GIRLS CLUB OF MORRISTOWN, INC.		
Name change	Doing bi	usiness as	62-063	0667
Initial return	Number	and street (or P 0. box if mail is not delivered to street address) Room/		
Final return/	P.O.	BOX 1461	423-58	6-2331
termin- ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	536,324.
Amended return Applica-		ISTOWN, TN 37816-1461	H(a) Is this a group return	
tion pending		nd address of principal officer JOHN SEALS	for subordinates?	Yes X No
			781 H(b) Are all subordinates includ	
		X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a list	
Website:		X Corporation	H(c) Group exemption nu Year of formation: 1957 M Sta	
	Summary	ASSOCIATION CITIES ASSOCIATION	real of formation. 1997 M St	ate of legal doffliche. 114
1 0 0 0		e the organization's mission or most significant activities ENHANCE	QUALITY OF LIFE	FOR
	-	TY YOUTH	2011-11 01	
_	neck this bo		note than 25% of its net asset	s
		ing members of the governing body (Part VI, line 1a)		55
1		anandant viating members of the sevening hady (Port VIII 69th)	181	55
5 To	tal number	of individuals employed in calendar year 2017 (Part V, line	0 8 2021 9 5	37
			- 8 6 6 6 F	220
I .		of volunteers (estimate if necessary)		0.
1			EN, UT 7a	0.
D NE	t unrelated	business taxable income from Form 990-T, line 34	7b	
		()	Prior Year	Current Year
L		and grants (Part VIII, line 1h)	689,590.	448,420.
9 Pr	ogram servi	ce revenue (Part VIII, line 2g)	12,411.	12,360.
10 In	vestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)	4,791.	2,274.
11 Ot	her revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	49,494.	52,707.
12 To	tal revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	756,286.	515,761.
13 Gr	ants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)	8,700.	264.
14 Be	enefits paid	to or for members (Part IX, column (A), line 4)	0.	0.
	-	compensation, employee benefits (Part IX, column (A), lines 5-10)	435,163.	361,861.
16a Pr		undraising fees (Part IX, column (A), line 11e)	0.	0.
h To		ng expenses (Part IX, column (D), line 25) 66,744.		<u> </u>
		es (Part IX, column (A), lines 11a-11d, 11f-24e)	257,240.	243,829.
1		s Add lines 13-17 (must equal Part IX, column (A), line 25)	701,103.	605,954.
1			55,183.	-90,193.
	venue less	expenses Subtract line 18 from line 12	Beginning of Current Year	
20 To 21 To 22 Ne				End of Year
20 To	•	Part X, line 16)	1,742,793.	970,525.
21 To		(Part X, line 26)	22,420.	17,972.
		fund balances Subtract line 21 from line 20	1,720,373.	952,553.
	Signature			
		declare that I have examined this return, including accompanying schedules and s	· · · · · · · · · · · · · · · · · · ·	owledge and belief, it is
, correct, a	and complete.	Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
	.			
ın 🕨	Signature	of officer	Date	/
re 📗		SEALS, EXECUTIVE DIRECTOR	Lals 1/29/	<u> </u>
	Type or p	rint name and title		
P	rint/Type pres	parer's name Preparer's signature	Date Check	PTIN
		LYNCH, CPA PAUL A. LYNCH, CPA	12/11/20 self-employed	P01668202
—	rm's name	▶ PURKEY CARTER COMPTON SWANN & CARTE		2-0882329
		PLLC, P.O. BOX 727		
· • • • • • • • • • • • • • • • • • • •	3 auul 633	MORRISTOWN, TN 37815	Dhone no / A 2 3)586-4850
	dia ette 11	- May	[F HOUR HO. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		s return with the preparer shown above? (see instructions)		
01 11-28-1	17 LHA F	or Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2017)

Form **990** (2017)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
5	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
3	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	3		
J	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		 -
Ŭ	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D, Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	х	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		х	
L	Schedule D, Parts XI and XII	12a	^	
Ø	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	-+	$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	140		
_	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		I	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	х	
	Complete doneouse d, Falt III		_	2017)

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Part IV Checklist of Required Schedules (continued)

BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х Schedule L. Part I 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) Х a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301 7701-2 and 301 7701-39 If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Х 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0630667 Form 990 (2017) Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 37 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a , Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? **4**a **b** If "Yes," enter the name of the foreign country. See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a 7b b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a **b** Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a

a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the

organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017)

14a

14b

X

13b

13c

62-0630667

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 55 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 55 1b b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a X **b** Each committee with authority to act on behalf of the governing body? d8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No Х 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X b Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶TN 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website ___ Another's website Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records JOHN SEALS - (423)586-2331 311 SULPHUR SPRINGS RD, MORRISTOWN $\overline{\text{TN}}$ 37813

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BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

62-0630667

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

/4\	T (D)	т-				···po			/=\	/ 5\
(A)	(B)			Pos	C) ition	,		(D)	(E)	(F)
Name and Title	Average		not c	check	more	than		Reportable	Reportable	Estimated
	hours per			ess pe nd a d				compensation	compensation	amount of
	week (list any	╘	Ī		T		Ė	from the	from related organizations	other
	hours for	irect				L		organization	(W-2/1099-MISC)	compensation from the
4	related	6 O C	ee			sate		(W-2/1099-MISC)	(***271055***********************************	organization
	organizations	ruste	l tris		yee	ag .		(** 27 (666 111166)		and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	 			organizations
	line)	ng iv	nstiti	Officer	(ey e	활	Former			3
(1) CARL STORMS	1.00	Ħ	Ι-	Ť	┢					
DIRECTOR		x			ŀ			0.	0.	0.
(2) JOYCE JOLLEY	1.00									
DIRECTOR		x		l		1		0.	0.	0.
(3) CLARENCE THOMPSON	1.00									
DIRECTOR		X						0.	0.	0.
(4) JIM AKINS	1.00									
DIRECTOR		X						0.	0.	0.
(5) JAMES BECKNER	1.00									
DIRECTOR		X					Ì	0.	0.	0.
(6) RUBY ABATE	1.00									
DIRECTOR		X						0.	0.	0.
(7) MAX BIERY	1.00									
DIRECTOR		X						0.	0.	0.
(8) BRENT MCGLOTHIN	1.00									
DIRECTOR		Х						0.	0.	0.
(9) JOHN BELL	1.00									
DIRECTOR		Х						0.	0.	0.
(10) GARY CHESNEY	1.00									
DIRECTOR		X						0.	0.	0.
(11) MIKE FISHMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) RUSSELL FOUST	1.00									
DIRECTOR		X	<u> </u>	<u> </u>	L		<u> </u>	0.	0.	0.
(13) NELLIE FOUST	1.00				1					
SECRETARY		X	L	X	_	<u> </u>		0.	0.	0.
(14) RUBY GLASSCOCK	1.00				ŀ					
DIRECTOR		X						0.	0.	0.
(15) KAY SENTER	1.00							_	_	_
PRESIDENT		Х	<u> </u>	Х		┖	L	0.	0.	0.
(16) CRAMPTON HELMS	1.00							_	_	_
DIRECTOR	1	Х	<u> </u>	$oxed{oxed}$		_	<u> </u>	0.	0.	0.
(17) MARY MOFFAT HELMS	1.00								_	_
DIRECTOR		Х			<u> </u>		L	0.	0.	0.

(F)

(E)

(C)

(D)

(B)

Name and title	Average Position (do not check more than one box, unless person is both an officer and a director/trustee)						h an	Reportable Reportable compensation compensation			n amount of		
	(list any hours for related organizations below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	fi org an	other upensation rom the upanization d related anizations	
	line)	를	ıısı	ਙ	<u>ş</u>	물통	ē						
(18) DARWIN KILDAY	1.00	.,					İ	_		_		^	
DIRECTOR	1.00	Х		<u> </u>	┡	╀	<u> </u>	0.		0.			•
(19) ROBERT LACY	1.00	x						0.		0.		^	
DIRECTOR	1.00	^		┝	┢	├	_	· · ·		<u> </u>			<u>•</u>
(20) JACKIE LEACH	1.00	x			l			0.		0.		۸	•
DIRECTOR (21) HERBERT MAYES	1.00	A	H	┝	┢	╁	┢	0.		<u> </u>			•
DIRECTOR	1.00	x			l			0.		0.		۸	
(22) ED MOODY JR.	1.00	^	H	┝	\vdash	╁	\vdash	0.		<u> </u>			·
DIRECTOR	1.00	x						0.		0.		۸	•
(23) SAM MOORE	1.00	^	\vdash	\vdash	├	┾╌	\vdash	0.		••			·
DIRECTOR	1.00	x		l				0.		0.		۸	•
(24) SCOTT REAMS	1.00	^	-		 	-	\vdash	1		<u> </u>			÷
DIRECTOR	1.00	x						0.		0.		٥	
(25) DON ROGERS	1.00		_	-	 	1	\vdash	· ·					·
DIRECTOR	1.00	x						0.		0.		0	
(26) WILLIAM ROONEY	1.00	=			\vdash	\vdash	\vdash						Ť
DIRECTOR		x					l	0.		0.		0	•
1b Sub-total	L			<u> </u>	1		—	0.	····	0.	-		•
						0.	15,000.						
d Total (add lines 1b and 1c) 80,861.						15,000.							
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bov	e) w	ho r	eceived more than \$100	,000 of reportabl	 le		•	_
compensation from the organization						•			•				0
									· .			Yes No	5
3 Did the organization list any former officer,	director, or tru	uste	e, ke	y e	mplo	oyee	, or	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3	X	•
4 For any individual listed on line 1a, is the su	ım of reportab	le co	mp	ens	atior	n and	d ot	her compensation from	the organization				
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete :	Sch	edul	e J f	for such individual			4	Х	
5 Did any person listed on line 1a receive or a	accrue compe	nsat	on f	rom	any	y uni	relat	ed organization or indivi	dual for services		 .	_	
rendered to the organization? If "Yes," com	plete Schedul	e J f	or s	uch	per	son					5	Х	
Section B. Independent Contractors													
 Complete this table for your five highest co 	mpensated in	depe	ende	ent d	cont	racto	ors t	that received more than	\$100,000 of com	pens	ation	from	
the organization Report compensation for	the calendar y	ear	endı	ng v	vith	or w	ıthı <u>r</u>	n the organization's tax	year.				
(A)				_				(B)		_		C)	
Name and business	address	N	INC	<u>:</u>			-	Description of s	ervices		ompe	nsation	_
							H						
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								,					_
2 Total number of independent contractors (i	naludina but n	not le	mite	d to	tho	اعد ا	L	d above) who received m	ore than				_
- Total humber of independent contractors (i						^	٥،٥٠	. 25010, 1110 10061100 11					ı

Part VIII

BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) (**D**) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 180,000 1 a Federated campaigns 30,594 1b b Membership dues c Fundraising events Ìd d Related organizations 26,500. e Government grants (contributions) 1e All other contributions, gifts, grants, and Contributic and Other 211,326 similar amounts not included above g Noncash, contributions included in lines 1a-1f \$ 448,420 h Total. Add lines 1a-1f **Business Code** 2 a FOOD SERVICES 722210 12,360. 12,360. All other program service revenue 12,360. Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,274. 590 1,684. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 7,519 6 a Gross rents 0. b Less rental expenses $7,\overline{519}$ c Rental income or (loss) d Net rental income or (loss) 7'a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not contributions reported on line 1c) See 14,001 Part IV, line 18 7,443 b Less direct expenses 6,558 6,558 c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See 51,750. Part IV, line 19 13,120 b Less. direct expenses 38,630 38,630 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 761 20,469 46,872.

Form 990 (2017) BOYS AND GIRL Part X Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

	Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
, 2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	264.	264.		
3	Grants and other assistance to foreign		\$		
	organizations, foreign governments, and foreign	. ,			
	individuals See Part IV, lines 15 and 16		•		
4	Benefits paid to or for members	i .			
- 5	Compensation of current officers, directors,		i.		
	trustees, and key employees	80,861.	32,344.	24,258.	24,259.
6	Compensation not included above, to disqualified	_			
	persons (as defined under section 4958(f)(1)) and	,			
	persons described in section 4958(c)(3)(B)		1	•	•
7	Other salaries and wages	223,935.	168,212.	32,223.	23,500.
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)			•	
9	Other employee benefits	33,947.	22,339.	6,290.	5,318.
10	Payroll taxes	23,118.	15,212.	4,284.	3,622.
11	Fees for services (non-employees)	<u> </u>			, ,
	Management				
	Legal	,			
	Accounting	7,600.		7,600.	
d	Lobbying				
P	Professional fundraising services See Part IV, line 17				
f	Investment management fees		SOUTH WARRING AND A MORE CO. THE CO. T.	85, 1 \$50,000 C 1 11 11 24 00 C 2008 374	
g g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	13,915.	9,155.	2,579.	2,181.
14	Information technology		7,000	,	,
15	Royalties	•			
16	Occupancy	87,822.	85,860.	1,962.	
17	Travel	,			
18	Payments of travel or entertainment expenses		-		
.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	- -			
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	.49,208.	48,224.	984.	
23	Insurance	20,188.	18,171.	1,412.	605.
24	Other expenses. Itemize expenses not covered				
~~	above. (List miscellaneous expenses in line 24e If line	1962 - 200 Tr 2886 Arres 1997 180			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ACTIVITIES	31.777.	31,777.	281.15 NY 1938-25 NY 1948-25 NY 1	CONTROL PROGRAMMA CONTRACTOR STATES CONTRACTOR STATES
a h	DUES AND REGISTRATIONS	9,841.	9,841.		
,	FOOD SERVICE	7,897.	7,897.		
d	SUPER AUCTION EXPENSE	7,259.	.,057.		7,259.
_	All other expenses	8,322.	8,284.	38.	.,200
25	Total functional expenses. Add lines 1 through 24e	605,954.	457,580.	81,630.	66,744.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	Ì	<u> </u>		,
	Check here if following SOP 98-2 (ASC 958-720)			•	
	in ionowing 30P 30-2 (N3C 338-720)	ı			Form 990 (2017)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 1,029,580. 353,094. 2 Savings and temporary cash investments 2 193,927. 238,657. 3 Pledges and grants receivable, net 3 4,434. 4,070. 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 8,259 9 8,259. Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,360,155 basis Complete Part VI of Schedule D 10a 1,060,805. 347,574 299,350. 10b 10c b Less accumulated depreciation 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 107,589. 108,825. 13 13 Investments - program-related See Part IV, line 11 14 14 Intangible assets 6,700. 3,000. 15 15 Other assets See Part IV, line 11 1,742,793 970,525. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 22,420. 13,575. 17 17 Accounts payable and accrued expenses 18 Grants payable 18 4,397. 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 22,420 17.972 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and complete lines 27 through 29, and lines 33 and 34. Assets or Fund Balances 526,050. 1,242,489. Unrestricted net assets 27 376,612. 325,231. 28 Temporarily restricted net assets 101,272. $\overline{101.272}$ 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds Net 952,553. 1,720,373. 33 33 Total net assets or fund balances 1,742,793. 970,525. Total liabilities and net assets/fund balances

Form	1990 (2017) BOYS AND GIRLS CLUB OF MORRISTOWN, INC.	62-00	230667	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	51	5,7	61.
2	Total expenses (must equal Part IX, column (A), line 25)	2			54.
3	Revenue less expenses Subtract line 2 from line 1	3			93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,72		
5	Net unrealized gains (losses) on investments	5		- 4	39.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-67	<u>7,1</u>	88.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	95	<u>2,5</u>	<u>53.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
	L			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basıs,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	·		
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			لـــا
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			
	or guidite, explain why in Schodule O and describe any stone taken to undergo such audite		26		1

Form **990** (2017)

Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F) (B) (C) (D) (E) Name and title Position Reportable Reportable Average Estimated (check all that apply) compensation hours compensation amount of from from related other per week the organizations compensation Highest compensated employee (W-2/1099-MISC) (list any organization from the (W-2/1099-MISC) hours for organization related and related Key employee organizations organizations below Officer line) 1.00 (27) DENNIS INMAN DIRECTOR Х 0. 0. 0. 1.00 (28) BOB SURBER X 0. 0. 0. DIRECTOR (29) MICHAEL THOMPSON 1.00 X 0. 0. DIRECTOR 0. (30) JERRY TUCKER 1.00 X 0. 0. 0. DIRECTOR 1.00 (31) DAVID WILD Х 0. 0. 0. DIRECTOR 1.00 (32) JERRY DILLARD X DIRECTOR 0. 0. 0. (33) GREG SPAIN 1.00 Х Х 0. 0. VICE-PRESIDENT 0. 1.00 (34) SYDNEY BOYD X 0. 0. DIRECTOR 0. 1.00 (35) KEN DUBOSE X 0. 0. DIRECTOR 0. (36) NOEL MONTEPEQUE 1.00 0. DIRECTOR X 0. 0. (37) JOHN DUGGER 1.00 0. DIRECTOR X 0. 0. (38) DAVID BIVENS 1.00 Х DIRECTOR 0. 0. 0. 1.00 (39) JEREMY MENEES Х 0. 0. 0. DIRECTOR 1.00 (40) ROSEMARY WIGINGTON DIRECTOR X 0. 0. ٥. 1.00 (41) SAM NEILL 0. X 0. 0. DIRECTOR 1.00 (42) STEVE RIPPETOE 0. Х 0. 0. DIRECTOR (43) LEROY ROYSTON 1.00 X 0. 0. 0. DIRECTOR 1.00 (44) PATTY CHRISTOPHER 0. 0. 0. DIRECTOR (45) JIM JOHNSTON 1.00 0. X 0. 0. DIRECTOR 1.00 (46) TOM STEWART X Х 0. 0. 0. TREASURER Total to Part VII, Section A, line 1c

Form 990 BOYS AND Part VII Section A. Officers, Directors, Tr								Compensated Employ	62-063	0007
(A)	(B)	T	.,,		C)	11911	031	(D)	(E)	(F)
Name and title	Average hours	Position (check all that apply)					ıly)	Reportable compensation	Reportable compensation	Estimated amount of
•	per week (list any hours for related organizations below line)	Individual trustee or director	Inst tutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related órganizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) MIKE DILLARD	1.00	\mathbf{x}						0.	0.	0
DIRECTOR (48) LEIGH SEMKOWSKI	1.00	^		\vdash	-		-	0.	0.	U
(48) LEIGH SEMKOWSKI DIRECTOR	1.00	x						0.	0.	0
(49) TRISH ADAMS	1.00	 								_
DIRECTOR		\mathbf{x}		١'			1	0.	0.	0
(50) RITCHIE BROYLES	1.00	† <u></u>								
DIRECTOR	-	x						0.	0.	C
(51) LYNN ELKINS	1.00	t								
DIRECTOR		x						0.	0.	C
(52) JOE ELY	1.00									
DIRECTOR		X						0.	0.	C
(53) DAVID GRATZ	1.00									
DIRECTOR		X						0.	0.	C
(54) SCOTT MCMINN	1.00	ļ					1		_	_
DIRECTOR		X	<u> </u>	ļ			L_	0.	0.	C
(55) LOGAN WILD	1.00	ļ.,		ļ			1		_	
DIRECTOR	1000	Х		<u> </u>	-		_	0.	0.	0
(56) JOHN SEALS	40.00	-		٠,,				00 061	١	15 000
EXEC. DIR.	 	<u> </u>		Х	-		<u> </u>	80,861.	0.	15,000
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Total to Part VII, Section A, line 1c								80,861.		15,000

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

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

2017

Open to Public Inspection

Name of the organization

BOYS AND GIRLS CLUB OF MORRISTOWN.

Employer identification number

62-0630667 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)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 🔟 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 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). 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) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 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 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) 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 12q 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. 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. 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. J 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. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0630667 Page 2

| Part | | 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)

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 3 593,012.539,820.921,329.689,590.448,420.3	(f) Total 192171.
membership fees received (Do not include any "unusual grants") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	,
include any "unusual grants") 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 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	,
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 3 593,012.539,820.921,329.689,590.448,420.3	,
ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
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the organization without charge 4 Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
4 Total. Add lines 1 through 3 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
The state of the s	192171.
78878367 C. (200888012-) LAN (2008877 C. 200888 PT. V. C. 1886 C. 20087 LAN (2008 LAN 1978 C. 2008 LAN	-
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,	
	35,313.
6 Public support, Subtract line 5 from line 4	156858.
Section B. Total Support	
Calendar year (or fiscal year beginning in) ► (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017	(f) Total
7 Amounts from line 4 593,012. 539,820. 921,329. 689,590. 448,420. 3	192171.
8 Gross income from interest,	-
dividends, payments received on	
securities loans, rents, royalties,	•
and income from similar sources 9,562. 9,726. 9,645. 11,546. 1,684.	42,163.
9 Net income from unrelated business	
activities, whether or not the	
business is regularly carried on	
10 Other income Do not include gain	7
or loss from the sale of capital	
assets (Explain in Part VI)	
	234334.
12 Gross receipts from related activities, etc. (see instructions)	27,912.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here	<u>▶</u> ∟_
Section C. Computation of Public Support Percentage	
11 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	7.60 %
15 Public support percentage from 2016 Schedule A, Part II, line 14	7.18 %
16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box are	
stop here. The organization qualifies as a publicly supported organization	\triangleright X
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this b	юх
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or,16b, and line 14 is 10% or r	nore,
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	ion
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶□
b 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	6 or
more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part VI how the	
organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization	▶Щ
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Schedule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0630667 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Sec	ction A. Public Support						
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						
	ınclude any "unusual grants ")		}	1			
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 bus- iness under section 513						
4	Tax revenues levied for the organ-						1
	ization'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						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	<u> </u>					
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						
c	: Add lines 7a and 7b					I .	
8	Public support. (Subtract line 7c from line 6.)	• • •				Î	
	ction B. Total Support	<u> </u>					
Cale	ndar 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						
c	: 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						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)		<u> </u>	L		<u> </u>	
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organi	zatıon,
_	check this box and stop here						<u> </u>
	ction C. Computation of Publ					T . T	
15	Public support percentage for 2017 (I	ine 8, column (f) d	livided by line 13,	column (f))		15	9
_	Public support percentage from 2016					16	
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage	<u>.</u>			
17	Investment income percentage for 20	117 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
18	Investment income percentage from 2	2016 Schedule A,	Part III, line 17			18	
19a	33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a						▶□
b	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
20	Private foundation. If the organization						
	Iodiidailolli li lilo orgaliizallo			_, _, _,, _, _, _, _, _, _, _, _, _,			

Schedule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0630667 Page 4

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

s

	tion 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			
	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			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported		.	i
	organization was described in section 509(a)(1) or (2)	2		'
За	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		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	<u> </u>	
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	<u> </u>	
þ	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	<u> </u>	
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	<u> </u>	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, 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		l	
	was accomplished (such as by amendment to the organizing document)	5a	1	
D	Type I or Type II only. Was any added or substituted supported organization part of a class already		\ 	
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control? Did the organization provide support (whether in the form of grants or the provision of services or facilities) to	5c		
6	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor		<u> </u>	
•	(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)	7		
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)	8		
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			l
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
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.	9b		
С	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.	9c		
0a	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	1		!

10a

10b

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

Sche	dule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0	<u>63066</u>	7 _{Ра}	age 5
Pa	rt IV Supporting Organizations (continued)			
	•		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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	A family member of a person described in (a) above?	11b		
С	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.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		3.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
,	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	14. The A.	1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	######################################	Cocception
2	Did the organization operate for the benefit of any supported organization other than the supported	37.7	<u> </u>	3000
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	7.32	13 m	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	N. 1867		
	supervised, or controlled the supporting organization.	2	and the same	and the second
Sec	tion C. Type II Supporting Organizations			
	ton or type in capperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	/5K.8300g	- 103	100
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
	or management of the supporting organization was vested in the same persons that controlled or managed		- 1 - 7	, S.,
	the supported organization(s)		نسست	ستنفذه
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	ton 217th Type in eapperting enganizations	I	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	V 1/2	· ′ ′	232
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	3.548	1691	1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		13.7. E	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	منسيب أد	2500
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		* ' { '	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			86 XX
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		233365
3	By reason of the relationship described in (2), did the organization's supported organizations have a	/ 4 X8000	7,3	17 k 49 c
3	· ·			1
	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 Part VI the role the organization's		2	
	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 yea(see instruction	<u></u>		
' a	The organization satisfied the Activities Test Complete line 2 below	3).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
C	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	etructions	:1	
2	Activities Test Answer (a) and (b) below.	31100110113	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		% 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		~~\$C	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		,	
	•			0.00
	how the organization was responsive to those supported organizations, and how the organization determined	22.23.28	*******	
	that these activities constituted substantially all of its activities	2a	15.3	3483
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more		た。 35%。引	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the	7		
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	ye ne weet	9 %,x
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	2.2	EAK.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	8 80 88 8	21a. ** ·
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		3/4/27	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	dule A (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF			52-0630667 Page 6
Pa	Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	on Nov 20, 1970 (explain in	Part VI.) See instructions. Al
	other Type III non-functionally integrated supporting organizations must of	omplete	Sections A through E	-r-
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	,	
2	Recoveries of prior-year distributions	2	:	
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		
. 4	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	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		
	Average monthly cash balances	1b		,
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	40.5%		
	factors (explain in detail in Part VI):			
2	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	发作课程的支撑机 (1986)	,
2	Enter 85% of line 1	2		1
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
5	Income tax imposed in prior year	5		X *
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1		•
	emergency temporary reduction (see instructions)	6		**************************************
7	Check here if the current year is the organization's first as a non-functional	ally integr	ated Type III supporting org	janization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Sche	dule A (Form 990 or 990 EZ) 2017 BOYS AND GIRL	S CLUB OF MORR	ISTOWN, INC. 6	2-0630667 Page 7
•	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizaτions _(continued) _	,,
Secti	on D - Distributions			Current Year '
1_	Amounts paid to supported organizations to accomplish exe			
2,	Amounts paid to perform activity that directly furthers exempted and the performance of t			
	organizations, in excess of income from activity		,	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns `	
4	Amounts paid to acquire exempt-use assets	-	<u> </u>	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			, <u></u>
7	Total annual distributions. Add lines 1 through 6	-		·
`8	Distributions to attentive supported organizations to which t	he organization is responsive	e ·	
	(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	<u> </u>
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			,
2	Underdistributions, if any, for years prior to 2017 (reason-		A CANAL A A CANAL AND AND A STANDARD	
	able cause required explain in Part VI) See instructions	7.7	, ,	
3	Excess distributions carryover, if any, to 2017			
				194-37 - William Co. 2012 197-197-197-197-197-197-197-197-197-197-
	From 2013			
	From 2014			2000
	From 2015			
	From 2016			50,550 J. C. 1998 M. 1997 J. C. 1997 J. 1997 J
· -		\$259660 kt;		
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount	SEE SON THE THE SECOND STATES OF THE SECOND STATES		\$-524447356555555555555555
<u> </u>	Carryover from 2012 not applied (see instructions)			
<u>.</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	\$2000E0097770 \dalabe@@&&&a.d.466000280		Mariana Albanda and Amerika
4	Distributions for 2017 from Section D,			
	line 7 \$			
	Applied to underdistributions of prior years		ALBRONG, SELVENSISS ALBRONG, SANS	\$240.0 752878780 V.S. \$864
	Applied to 2017 distributable amount		THE TANK THE PARTY OF THE PARTY	
<u>' c</u>	Remainder Subtract lines 4a and 4b from 4	AASTESS		
5	Remaining underdistributions for years prior to 2017, if			
¢	any. Subtract lines 3g and 4a from line 2 For result greater		•	
	than zero, explain in Part VI. See instructions	Commence of the Commence of th	Stoneouredn't destringssooddaraatuuraxoo.eenegaatr	
6	Remaining underdistributions for 2017 Subtract lines 3h	7997774		,,,,
	and 4b from line 1 For result greater than zero, explain in			, · · ·
	Part VI. See instructions		NAME AND ADDRESS OF THE PARTY O	Constitution of the consti
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c	2		
8	Breakdown of line 7			
а	Excess from 2013			
b.	Excess from 2014			
С	Excess from 2015			
4	Excess from 2016			

e Excess from 2017

Schedule A	(Form 990 or 990	-EZ) 2017 BC	DYS AND	GIRLS	CLUB	OF	MORR:	STOWN,	INC.	62-063066	7 Page 8
Part VI	Supplementa Part IV, Section	al Informat A, lines 1, 2, 3 ection D, lines 5, 6, and 8, an	t ion. Provid b, 3c, 4b, 4c 2 and 3, Par	e the explana , 5a, 6, 9a, 9 t IV, Section	ations requ b, 9c, 11a, E, lines 1c	red by 11b, ai , 2a, 2b	Part II, lir nd 11c, P , 3a, and	ne 10; Part II art IV, Section 3b, Part V, Ii	, line 17a or on B, lines 1 ne 1, Part V	17b, Part III, line 12 and 2, Part IV, Sec 7, Section B, line 1e	2, tion C,
	Toes mandenona	<u>, , , , , , , , , , , , , , , , , , , </u>				_			<u></u>		
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			· · · · · · · · · · · · · · · · · · ·		<u> </u>			_			·
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

Open to Public Inspection

Name of the organization

BOYS AND GIRLS CLUB OF MORRISTOWN, INC. Employer identification number 62-0630667

Par			s or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		0.5
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's		└── Yes └── No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
	impermissible private benefit?		└── Yes └── No
Pai			Part IV, line 7
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualit	fied conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	1 1
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organization during the tax
	year >	<u>.</u>	
4	Number of states where property subject to conservation ear	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements r		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
_	* * * * * * * * * *		0.00.00
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		└ Yes └ No
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
Da	conservation easements t III Organizations Maintaining Collections o	f Art Historical Treasures or (Other Similar Assets
Pai	<u>t III</u> Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form		other Sillinai Assets.
			most and balance about warks of art
та	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ext		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri		
D	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	ublic service, provide the following amounts
	relating to these items		. •
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		ai gairi, provide
	the following amounts required to be reported under SFAS 1	10 (ASC 938) relating to these items	•
a	Revenue included on Form 990, Part VIII, line 1		~ ~ ~ ~ ~ ~ ~ ~ ~ ~
b	Assets included in Form 990, Part X		> \$

		D GIRLS CL				62-06			age 2
-									
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	tollowing that are a	significan	t use of its	collectio	n item	ıs
	(check all that apply)	_		L					
a	Public exhibition	d		hange programs					
b	Scholarly research	е	Other						
C	Preservation for future generations					_			
4	Provide a description of the organization's co	•	-	-		pose in Par	t XIII		
5	During the year, did the organization solicit o				lar assets		٦.,		٦
Do	to be sold to raise funds rather than to be ma						<u></u> Yes		<u> No</u>
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	n answered "Yes"	on Form 9	90, Part IV,	line 9, oi		
4-									
та	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	is or other assets h	ot include	·	7 v	<u></u>	٦.,
	on Form 990, Part X?		U				Yes	Ц.	J No
D	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing table			1	A		
_	Decision halana				4.		Amoun	<u> </u>	
C	Beginning balance				1c				
	Additions during the year				1d				
e	Distributions during the year				1e 1f	+			
f O-	Ending balance Did the organization include an amount on Fe	arm 000 Bart V Iraa	01 for approve or a	interdial account lie		1	Yes	\neg	No
	If "Yes," explain the arrangement in Part XIII	•	•		•		ı res	<u> </u>	
Par									
	t v Endownient i drider complete	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four		hack
10	Paginning of year balance	107,589.	106,148.	106,804		107,827.	(e) i oui		510.
	Beginning of year balance Contributions	4,603.	331.	200,001	+	107,027.			000.
b		747.	2,963.	345	1	186.			767.
c	Net investment earnings, gains, and losses	3,846.	1,603.	751		959.	-		200.
a	Grants or scholarships	3,010.	2,003.	732	+	,,,,			
е	Other expenditures for facilities and programs								
	Administrative expenses	268.	250.	250	1	250.			250.
f	End of year balance	108,825.	107,589.	106,148	4	106,804.	,	107	827.
g 2	Provide the estimated percentage of the curr		•		<u>:L</u>	,			
ے a	Board designated or quasi-endowment	rem year end balanc	%	i)) ricia as					
b	Permanent endowment	%							
	Temporarily restricted endowment	^~ %							
·	The percentages on lines 2a, 2b, and 2c sho								
32	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the organ	uzation			
Oa	by.	Solon of the organiza	attori triat are nele a	na administered to	i inc organ	ii.Zatioii		Yes	No
	(i) unrelated organizations						3a(i)	103	X
	(ii) related organizations						3a(ii)		X
h	If "Yes" on line 3a(ii), are the related organization	itions listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the								
	t VI Land, Buildings, and Equipm		William Tarias.						
	Complete if the organization answere). Part IV. line 11a S	See Form 990. Part	X. line 10				
_	Description of property	(a) Cost or o			Accumula	ted	(d) Boo	k valu	
	besonption of property	basis (investr			lepreciatio		(4, 500	, vaid	•
1a	Land	, , , ,	,	3,000.	<u> </u>			3,0	00.
	Buildings		1.15	5,403.	893,5	561.		$\frac{1}{1,8}$	
	Leasehold improvements				<u> </u>				
d	Equipment		3	9,308.	36,3	364.		2,9	44.
	Other			2,444.	130,8			1,5	
	Add lines 1a through 1a (Column (d) must a	qual Form 990 Part						9.3	

Schedule D (Form 990) 2017

(a) Description of security or category (including name of security)	(b) Book value	11b See Form 99 (c) Method o		end-of-year market value
1) Financial derivatives				
2) Closely-held equity interests				,
3) Other	v		·	
(A)			•	
(B) ·			,	
(C) .				
(D)	*			
(E) ,				
(F)		•	·	
(G)	• ,			
(H) '(D) (D) (D) (D) (D) (D) (D) (D) (D) (D)				**************************************
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	F	11 . 0 5 00	, 0 D: 13 L 40	,
Complete if the organization answered "Yes" o (a) Description of investment	(b) Book value			end-of-year market value
	(W) DOOK VAILE , .	(S) MELIOU U	. valuation Oust of e	major your market value
(1) ENDOWMENT TO PROVIDE (2) SCHOLARSHIPS	108,825.	END-OF-	YEAR MARKE	T VALUE
(3)	100,025.			
(4)	*			
(5)				r
(6)		· · · · · · · · · · · · · · · · · · ·		
(7)				,
(8)				
(9)				,
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	108,825.		了了这个数据的	
				•
Complete if the organization answered "Yes" o (a) D	n Form 990, Part IV, line escription	11d See Form 99	0, Part X, line 15	(b) Book value
. (a) D		11d See Form 99	0, Part X, line 15	(b) Book value
(a) D		11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2)		11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5)		11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5)	escription	11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7)		11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8)	escription	11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9)	escription	11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line	escription	11d See Form 99	0, Part X, line 15	(b) Book value
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X, Other Liabilities.	escription			
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability	n Form 990, Part IV, line			
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part: X. Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part:X, Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	n Form 990, Part IV, line	11e or 11f See Fo		
(a) D (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	escription 15) n Form 990, Part IV, line	11e or 11f See Fo	orm 990, Part X, line	25

	dule D (Form 990) 2017 BOYS AND GIRLS CLUB OF MORRIST			30667	Page 4
Pa	t XI. Reconciliation of Revenue per Audited Financial Statements W	ith Revenue per R	eturn.		
<u>.</u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		····	C17	063
1	Total revenue, gains, and other support per audited financial statements		1	21/	063.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	-4394			
a	Net unrealized gains (losses) on investments 2a Donated services and use of facilities 2b	9,000.			
b	Donated services and use of facilities Recoveries of prior year grants 2b 2c	3,000.			
c d			.		
e		·	2e	8.	561.
3	Subtract line 2e from line 1		3	508	561. 502.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.				
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII) 4b	7,259.			
С	Add lines 4a and 4b		4c	7,	259. 761.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5		761.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements V	With Expenses per	Return.	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements		1	607,	695.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				•
а	Donated services and use of facilities 2a	9,000.			
b	Prior year adjustments 2b				
С	Other losses 2c				
	Other (Describe in Part XIII)			^	000
_	Add lines 2a through 2d		2e	. 9,	000.
3	Subtract line 2e from line 1		3	390,	095.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII) 4b	7,259.			
		1,235.	40	7	259.
	Add lines 4a and 4b Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		4c	605	954.
Pai	rt XIII Supplemental Information.		3.]	005,	754.
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional in		4, Part X, I	ine 2, Part)	(I,
	RT XI, LINE 4B - OTHER ADJUSTMENTS:	TOWN			
DI	RECT FUNDRAISING EXPENSE RECLASSIFIED TO FUNCT	TONAL			
EXI	PENSE		<u> </u>	7,	259.
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
DII	RECT FUNDRAISING EXPENSE RECLASSIFIED TO FUNCT	IONAL		•	
EXI	PENSE			7,	259.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2017

Open to Public

Name of the organization

Attach to Form 990 or Form 990-EZ.

Go to www.lrs.gov/Form990 for the latest instructions.

Inspection Employer identification number

BOYS AN	D GIRLS CLUB OF MC	RRI	STO	WN, INC.	62-0630	667
Part I Fundraising Activities required to complete this par	• Complete if the organization answer	ered "Y	'es" o	n Form 990, Part IV,	line 17 Form 990-E2	Z filers are not
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		-	
				- 1-11		<u> </u>

	p. 1			<u></u>	7.00	
						 -
				·		100
-,,,						
Total 3 List all states in which the organization or licensing	on is registered or licensed to solicit of	contrib	utions	or has been notified	d it is exempt from re	egistration
5. 1105.115111g						
- 10-20 TA 1			<u> </u>			
· · · · · · · · · · · · · · · · · · ·					<u> </u>	
						
						
						

Pa	rt I!	Fundraising Events. Complete if the of fundraising event contributions and great properties.	_		·	
		······································	(a) Event #1	(b) Event #2 CHRISTMAS CARD SALES	(c) Other events	(d) Total events (add col (a) through
ø			(event type)	(event type)	(total number)	col. (c))
Revenue						
Re	1	Gross receipts		 		
	2	Less: Contributions			_	
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect E	7	Food and beverages				
D	8	Entertainment				
		Other direct expenses				
		Direct expense summary Add lines 4 through			>	
Бэ	11 rt	Net income summary Subtract line 10 from li Gaming. Complete if the organization	ne 3, column (d)	m 000 Port IV line 10 or	rangeted more than	
٠٠		\$15,000 on Form 990-EZ, line 6a	answered res only or	in 550, r art iv, line 15, or	reported more trian	
σ.			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Dirigo	bingo/progressive bingo	(c) Other garming	col (a) through col (c))
Rev	1	Gross revenue			51,750.	51,750.
,	•					
ses	2	Cash prizes			6,000.	6,000.
tpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs			5,827.	5,827.
۵		-			1 202	1 202
	5	Other direct expenses	Yes %	Yes %	1,293. Yes %	1,293.
	6	Volunteer labor	No No	No 765	X No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	13,120.
	я	Net gaming income summary Subtract line 7	from line 1. column (d)		•	38,630.
	_	The state of the s				
		er the state(s) in which the organization condu	-			
		ne organization licensed to conduct gaming a				X Yes No
D	11 1	No," explain				
						······································
			عم الممامممممما ما المعامد	terminated during the tay	LIBOT?	Yes X No
		re any of the organization's gaming licenses re		_		Tes LALINO
		re any of the organization's gaming licenses re /es," explain		_		Tes A No

Schedule G (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0630667 Page 2

Sch	edule G (Form 990 or 990-EZ) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC. 62-0	630667	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	X No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		₩
40	to administer charitable gaming?	└── Yes	X No
	Indicate the percentage of gaming activity conducted in The organization's facility	_{13a}	%
	o An outside facility	13ь 100	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name LORNA WATKINS, BOOKKEEPER		
	Address ▶ P.O. BOX 1461 - MORRISTOWN, TN 37816		
	Address F.O. Box 1401 Morrislown, IN 57010		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
k	o if "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
C	If "Yes," enter name and address of the third party		
	Name ▶		
	Name P		
	Address >		
16	Gaming manager information		
	Name ► EXEC DIR & 1 BOARD MEMBER		
	Gaming manager compensation > \$		
	Description of services provided ADMINISTERING RAFFLE		
	A Appendix		
	X Director/officer Employee Independent contractor		
17	Mandatory distributions		
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	X Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
			
	,		
		•	

Schedule G	(Form 990 or 990-EZ)	BOYS AND	GIRLS	CLUB	OF	MORRISTOWN,	INC.	62-0630667	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)						
•									
		 							
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· ·	<u>, J</u> <u> </u>								
								· <u>·······</u>	
									
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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. Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Inspection

Name of the organization

BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Employer identification number 62-0630667

FORM 990, PART VI, SECTION A, LINE 2:
RUSSELL FOUST, HUSBAND, AND NELLIE FOUST, WIFE.
CRAMPTON HELMS, HUSBAND, AND MARY MOFFAT HELMS, WIFE.
FORM 990, PART VI, SECTION B, LINE 11B:
FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR BEFORE FILING.
FORM 990, PART VI, SECTION B, LINE 15:
REVIEWED AND APPROVED PERIODICALLY BY THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
TRANSFER OF SATELLITE FACILITY'S NET ASSETS -677,188.
FORM 990 PAGE 1
2017 FORM 990 AMENDED, SEE EXPLANATION OF CHANGES BELOW.
FORM 990 PAGE 4 PART IV LINE 34
ORGANIZATION RECEIVED CONTRIBUTIONS FROM RELATED TAX EXEMPT
ORGANIZATION DURING 2017 TAX YEAR.
SCHEDULE R PAGE 1 PART II
IDENTIFICATION OF TAX EXEMPT ORGANIZATION DUE TO LINE 34 ON PAGE 4 OF

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BOYS AND GIRLS CLUB OF MORRISTOWN, INC.	Employer identification number 62-0630667
990 BEING ANSWERED "YES".	
	<u></u>
SCHEDULE R PAGE 3 PART V	
ORGANIZATION RECEIVED CONTRIBUTIONS, GIFTS, AND/OR GRANTS	FROM RELATED
TAX EXEMPT ORGANIZATION IDENTIFIED IN PART II OF SCHEDULE	R.
	Anna sa
	
<u></u>	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2017

OMB No 1545-0047

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

BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Employer identification number 62-0630667Open to Públic Inspection

Direct controlling End-of-year assets <u>e</u> Total income € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year PartII

) 2(hV13)	iz(b), is)	ty?	S _o			×					
b)	controlled	entity?	Yes								
()	Direct controlling	entity									
(e)	Public charity	status (if section	501(c)(3))			LINE 7					
(g)	Exempt Code	section				501(C)(3)					
(0)	Legal domicile (state or	foreign country)				TENNESSEE					
(a)	Primary activity			ENHANCE THE QUALITY OF THE	PROGRAMS OF THE BOYS AND	GIRLS CLUB OF MORRISTOWN					
(a)	Name, address, and EIN	of related organization		BOYS AND GIRLS CLUB FOUNDATION OF	MORRISTOWN, INC 62-1843718, P.O. BOX	1461, MORRISTOWN , TN 37816					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

62-0630667 Page 2

Schedule R (Form 990) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

General or Percentage managing ownership partner? 3 Code V-UBI general of Pramount in box pariner? 20 of Schedule K-1 (Form 1065) Ves No Disproportionate Yes No allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
| Direct controlling | entity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

	,	<u>(6</u> 8	رم	No										
		512(b)(13)	entity	Yes					_				_	
	(H)	a	di le la											
	(6)	Share of	assets											
	(J)	Share of total	ם ב											
	(e)	Type of entity	or frist)	(1991)										
	(p)	Direct controlling Type of entity	מווווא											
	(၁)	Legal domicile	foreign	country)										
	(q)	Primary activity												
l organizations treated as a corporation or trust during the tax year.	(a)	Name, address, and EIN	טן ופומנפט טוטמוווגמווטו											

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Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Makes Order and the control of the production of the control of th				N CON
Note: Complete line in any entity is listed in raits in, or to this schedule 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II-IV?	-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				1e X
				1
f Dividends from related organization(s)				1f A
g Sale of assets to related organization(s)				1g X
h Purchase of assets from related organization(s)				th X
i Exchange of assets with related organization(s)				ti X
j Lease of facilities, equipment, or other assets to related organization(s)				Tj.
k Lease of facilities, equipment, or other assets from related organization(s)				
l Performance of services or membership or fundraising solicitations for related organization(s)	ınızatıon(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			Tm X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			1n X
o Sharing of paid employees with related organization(s)				10 X
p Reimbursement paid to related organization(s) for expenses				1p X
q Reimbursement paid by related organization(s) for expenses				19 X
r Other transfer of cash or property to related organization(s)				1r X
s Other transfer of cash or property from related organization(s)				1s X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete the	is line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	volved
(1)				
(2)				
(3)				
(4)				
(6)				
732163 09-11-17			Schedule	Schedule R (Form 990) 2017

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Schedule R (Form 990) 2017 BOYS AND GIRLS CLUB OF MORRISTOWN, INC.

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

itage ship				2017
(j) (k) General or Percentage managing partner? ves No				(066 u
(j) General or managing partner? Yes NO				 3 (Form
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				 Schedule R (Form 990) 2017
(h) Disproportionate allocations?				
<u> </u>	 -			
(g) Share of end-of-year assets				
(f) Share of total income			:	
Are all partners sec 501(c)(3) ords 7		 		
Predominant income pate (related, unrelated, excluded from tax under sections 512-514)				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

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Part VII	(Form 990) 2017 Supplemental Info	rmation.				_		•		
,	Provide additional inform	nation for resi	oonses	to auestion	s on Sche	dule R	R See instructions.			
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