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Positive State Changed B Exempt under Section Month of Color wow/int, gov/form@997 for instructions and the latest information. Decide the State manner on the form as it way be made public by per organization is a 501(c)(3). Month of Color Color Color	F	Form 990-T (and proxy tax under section 6033(e))						2017		
Described and the Section Section Committee Described Des			<u> </u>						2017	
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During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group Y'es, enter the name and identifying number of the parent corporation Telephone number* 907-770-7334 The books are increar of **CHARLOTTE DENNIS Telephone number* 907-770-7334 RarkI Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1		7,488,952			501(c	corporation5	i01(c) trust40	01(a) t	trust Other trust	
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Forr	m 990-T (2017) BOYS & GIRLS CLUBS OF	92-00	36082 Page 2
	rtillig Tax Computation		
35	Organizations Taxable as Corporations. See instructions for tax computation.		
	Controlled group members (sections 1561 and 1563) check here ▶ ☐ See instructions and	d.	
	a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that	order):	ž!
	(1) \$ (2) \$ (3) \$		
1	b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$		li
	(2) Additional 3% tax (not more than \$100,000) . \$		il
	c Income tax on the amount on line 34	► 35 c	0.
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amo	Tanah and a	4
	on line 34 from Tax rate schedule or Schedule D (Form 1041)	▶ 36	
37	•	. ▶ 37	
	Alternative minimum tax	. 38	
39	Tax on Non-Compliant Facility Income. See instructions	39	
40		40	<u> </u>
Pai	Tax and Payments		
41 a	a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).		
	b Other credits (see instructions)		
	c General business credit Attach Form 3800 (see instructions) . 41 c		
	d Credit for prior year minimum tax (attach Form 8801 or 8827)		
	e Total credits. Add lines 41a through 41d	41 6	0.
	Subtract line 41e from line 40	42	0.
43	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866		
44	Other (attach schedule)	43	
	Total tax. Add lines 42 and 43 . a Payments A 2016 overpayment credited to 2017	. 44	0.
	1 001 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i	ĺ
	b 2017 estimated tax payments		
	d Foreign organizations Tax paid or withheld at source (see instructions) 45d		
	e Backup withholding (see instructions).		
	f Credit for small employer health insurance premiums (Attach Form 8941) . 45f		
	g Other credits and payments Form 2439		
-	Form 4136 Other Total ► 45 g	l.	
46	Total payments. Add lines 45a through 45g.	46	1
47	Estimated tax penalty (see instructions). Check if Form 2220 is attached	► 1 47	<u> </u>
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	▶ 48	
49	Overpayment, If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	
50	Enter the amount of line 49 you want: Credited to 2018 estimated tax	Refunded ► 50	<u> </u>
	Statements Regarding Certain Activities and Other Information (see		
51			Yes No
	financial account (bank, securities, or other) in a foreign country? If YES, the organization may h		n 114,
	Report of Foreign Bank and Financial Accounts If YES, enter the name of the foreign coun	try here ►	<u>X</u>
52	During the tax year, did the organization receive a distribution from, or was it the grantor of	, or transferor to, a fore	eign trust? X
	If YES, see instructions for other forms the organization may have to file		
53	Enter the amount of tax-exempt interest received or accrued during the tax year ► \$	0.	
	Under genallies of perjury, I declare that I have examined this return, including accompanying schedules and state belief (it is trye correct, and complete, Declaration of preparer (other than taxpayer) is based on all information of	ments, and to the best of my l	nowledge and
Sign		May ti	ne IRS discuss this return with
Here	e Signatury of officer Date Date CFO Title	the pr	eparer shown below (see
			X Yes No
Paic	Print/Type preparer's name Preparer's eignature Date	LOUISEN I'II	PTIN
Pre-		self employed	P01621818
pare	er Firm's name ALTMAN, ROGERS & COMPANY	Firm's EIN ► 92-	0143182
Use	Firm's address 425 G. STREET, SUITE 800		
Only	ANCHORAGE, AK 99501	Phone no (9	907) 274-2992
BAA			Form 990-T (2017)

Schedule A — Cost of Good	s Sold. Enter method of I	nventory valuation							
1 Inventory at beginning of year	6 Ir	vento	ry at e	at end of year					
2 Purchases	2	7 C	ost of	of goods sold. Subtract					
3 Cost of labor	3				ne 5 Enter here	_			
4 a Additional section 263A costs (attach	schedule)	a	na in i	Part I,	line 2	7			- NI -
	4 a							Yes	No
b Other costs (attach sch)	4 b				of section 263A (wit				
5 Total. Add lines 1 through 4b	5				produced or acquired for resale) apply anization?				Х
Schedule C - Rent Income	(From Real Property a	nd Personal Prop	erty	Leas	ed With Real P	rope	rty) (see ir	struct	ons)
1 Description of property									
(1)	-								
(2)									
(4)	 								
	2 Rent received or accrued				3/a) Deduction	s dire	ctly connec	ted wit	h
(a) From personal property (if the percentage of rent for property is more than 10% more than 50%)	personal (if the personal property	n real and personal precentage of rent for peckeds 50% or if the sed on profit or incomination.	ersona rent i	al	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)					-				
(2)									
(3)									
(4)									
Total	Total				45-111				
(c) Total income. Add totals of colhere and on page 1, Part I, line 6,		>			(b) Total deductions here and on page 1, Pai I, line 6, column (B)	Enter rt •			
Schedule E - Unrelated De	bt-Financed Income (s	ee instructions)							
1 Description of debt	2 Gross income for allocable to de	oss income from		Deductions directly connected with or allocable to debt-financed property					
1 Description of debt		financed property depr				(b) Other deductions (attach schedule)			
(1)					-				
(2)							-		
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis or allocable to debt-finance property (attach schedule	ed divided by	divided by rep		7 Gross income reportable (column 2 x column 6)		8 Allocable deduction (column 6 x total of columns 3(a) and 3(b		of
(1)	_		<u> </u>						
(2)			%						
(3)			}	ļ					
(4)			%				-	_	
				Enter Part	here and on page I, line 7, column (A	1, Ent) Pa	ter here and irt I, line 7,	on pa columi	age 1, n (B)
Totals			•				_		_
Total dividends-received deduction	ons included in column 8					•			
BAA		TEEA0203L 10/04/17					Form	990-T	(2017)

Schedule F — Interest, A					rolled Or			Ji gui	· · · · · · · · · · · · · · · · · · ·	(300 1110	, actions	,	
organization ide		entification income		me (nrelated (loss) ructions)		4 Total of specifie payments made				n c	Deductions directly connected with come in column 5	
(1)													
(2)						1						-	
(3)													
(4)						Ī							
Nonexempt Controlled Organiz	ations												
7 Taxable Income 8 N					nts made included in		column 9 that is n the controlling in's gross income			11 Deductions directly connected with income in column 10			
(1)		·				7							
(2)		-				丁							
(3)													
(4)						丁						•	
Totals							•	age 1 lumn	, Part I, line (A)	here	and on p 8, col	6 and 11 Enter age 1, Part I, line umn (B)	
Schedule G - Investme	nt Inco	me of a Sec	ction 5	01(c)(7), (9), o	r (17) Orga	nizat	i on (see ins	struction	ıs)		
1 Description of income		2 Amount of income		е	3 Deductions directly connected (attach schedule)		4 Set-asides (attach schedule)			set-as	I deductions and sides (column 3 us column 4)		
(1)													
(2)													
(3)												-	
(4)						*****	annon outside the second second	Water State College	A MATHEMATICA VA SANCONINO	CX. Name (III CONTOUR)			
T-1.1		Enter here and Part I, line 9,					and Cons				Enter he Part I, III	re and on page 1 ne 9, column (B)	
Totals	-	A A adiraidra Im		<u> </u>	or The	*****	**************************************	1000	24 Maria 188		-\		
Schedule I – Exploited I	xemp					1		r					
1 Description of exploited activity		2 Gross unrelated business income fro trade or business	ted conne		nected with front or		tet income (loss) in unrelated trade ousiness (column inus column 3) a gain, compute imns 5 through 7	activ	s income from ity that is not ated business income	attribu	enses table to mn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)	
(1)						\vdash							
(2)							_						
(3)							·						
(4)						T							
Totals		Enter here on page Part I, line column (/	ge 1, on p ne 10, Part I		r here and page 1, t I, line 10, lumn (B)				Andrews (1997) (Enter here and on page 1, Part II, line 26		
Schedule J – Advertisir	a Inco	me (See instr	ructions))		13535	V-1-201 20 202024 1889000	ookyyouto.x	2 748 945 AVI 1808	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	K/V K2 1 22	<u>-</u>	
Part I Income From Pe					solida	ted	Basis		-				
manage meeting to the		2 Gross			rect	4 /	Advertising gain or	5 C	irculation	6 Rea	dership	7 Excess readership	
1 Name of periodical		advertisin income	sing adver		vertising (oss) (col 2 minus col 3) If a gain, compute cols 5 through 7	income		costs		costs (col 6 minus col 5, but not more than col 4)	
(1)													
(2)													
(3)		1				188							
(4)			-			3.		<u> </u>					
Totals (carry to Part II, line (5)))	•											
BAA			•	TEE	A0204 L	10/04	1/17		'		F	orm 990-T (2017)	

Enter here and

on page 1, Part II, line 27

Totals from Part I

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, 7 Excess readership costs (col 6 minus col 5, but not more than col 4) 5 Circulation income 2 Gross 3 Direct 6 Readership advertising advertising costs 1 Name of periodical income costs compute cols 5 through 7 (1) (2) (3) (4)

Enter here and

on page 1, Part I, line 11,

column (B)

Enter here and

on page 1, Part I, line 11,

column (A)

Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 1 Name 2 Title time devoted to business to unrelated business 왐 왕 읭 옿 Total. Enter here and on page 1, Part II, line 14 • BAA TEEA0204 L 10/04/17 Form 990-T (2017)

2017	FEDERAL STATEMENTS BOYS & GIRLS CLUBS OF	PAGE 1
CLIENT BGCLUBS	SOUTHCENTRAL ALASKA	92-0036082
10/23/18		10 28AM
STATEMENT 1 FORM 990-T, PART I, LINE OTHER INCOME NET INCOME (LOSS) FROM	1	\$ 154,831. TOTAL \$ 154,831.
STATEMENT 2 FORM 990-T, PART II, LINE CHARITABLE CONTRIBUTI CHARITABLE CONTRIBUTION INCOME PERCENT LIMIT	IONS	0. 0. <u>\$</u> 0.
STATEMENT 3 FORM 990-T, PART II, LINE OTHER DEDUCTIONS	28	
PROCEEDS USED FOR EXE	MPT PURPOSES	TOTAL \$ 154,831.
	N N	:
		,
		-

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