		000 T	Ex	kempt Organ	nization E	Buşir	ness Inc	come T	ax Return	ĺ	OMB N	No 1545-0047	
	Fo	orm 990-T		•	proxy tax ι				141 J		2	019	
			,	ear 2019 or other tax y				•	,			013	
D	enart	ment of the Treasury	1	Go to www.irs.gov							Onen to Bul	blic Inspection fo	
În	terna	I Revenue Service	► Do not	t enter SSN numbers							501(c)(3) O	rganizations Only	y
A		Check box if address changed		BOYS & GIR	L		changed and so	ee instructions	)	<b>"</b> (E	<b>mployer iden</b> Employees' tri structions )	ntification numbe ust, see	r
В		xempt under sectio	n Print	COLUMN						(	92-003	6082	
	F	501( C ) (/3 ) 408(e)   220(	Type							Fυ	nrelated bus	iness activity co	de
	۲	408A 530(		ANCHORAGE,	AK 9951	7				- (	See instructio	ins )	
		529(a)	>							-	713940		
C		ok value of all assets end of year	F Grou	ip exemption number	er (See instruct	tions.)	•	-	-				_
	aı	9,027,612	G Chec	ck organization typ	oe ► X	501(c	) corporation	on 50	)1(c) trust	401(a)	trust	Other trus	t
H	E	nter the number of t		n's unrelated trades			<u>► 1</u>		Describe the only	or first)	unrelated		_
		ade or business he										ete Parts I-\	
		more than one, de					previous s	sentence, d	complete Parts I a	and II, o	omplete a	a Schedule M	1
-		or each additional to						rant aubai	diani controlled a			/os [V] No	_
•		'Yes,' enter the na						arem-subsi	diary controlled g	roup	- U	∕es XNo	
_		he books are in care		RLOTTE DENNI		poratio	JIL -		Telephone numb	er <b>⊳</b> 0.0	7-770-	7224	_
F	ar		<u> </u>	Business Inco			(A) II	ncome	(B) Expens		1	- / 3 3 4 C) Net	-
Ŀ		Gross receipts or s		2,284,133.	T	Т	(7).		(D) Expens	-	<del>                                     </del>	<del></del>	$\leq$
_		Less returns and allowa		_2,204,133.	c Balance ►	1 c	2.2	284,133					1
7		Cost of goods sold		line 7)	J	2		.01,155	<u> </u>				i
707		Gross profit. Subtr	•	•		3	2.2	284,133			/2	,284,133	
<b>∞</b>	4 a	Capital gain net in	come (attach	Schedule D)		4a							_
23	b	Net gain (loss) (Form 4	797, Part II, line	17) (attach Form 4797)	)	4b							_
d L		Capital loss deduc		4c					25.05	-11.755	_		
		Income (loss) from (attach statement)		or an S corporation		5				_!	KEUK	VED	
ANNED	6	Rent income (Sche				6				8	1 0	5	ሄ
7	7	Unrelated debt-fina	=	e (Schedule E)		7				4	NOV &	<b>3</b> 2020	ĬĞ
Z	8	Interest, annuities, roya	Ities, and rents f	rom a controlled organi	ization (Schedule F)	8		-/		<u>iu</u>			ď
Κ	9	Investment income of a	section 501(c)(7	'), (9), or (17) organiza	tion (Schedule G)	9					Chi	AL LIT	
S.		Exploited exempt	activity incom	ne (Schedule I)		10		•			MAL		
	11	Advertising income	e (Schedule J	J)		11							_
•	12	Other income (See	e instructions,	, attach schedule)									
						12							_
_		Total. Combine lin			<u> </u>	13		84,133		<u>0.</u>		<u>, 284, 133</u>	<u>-</u>
L	ar			en Elsewhere tith the unrelate				ations of	n aeauctions.)	(Deal	uctions	must be	
_	14	Compensation of o				3 11100	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			14	Π		_
		Salaries and wage								15			-
-	16	Repairs and maint	enance							16			_
-	17	Bad debts					-			17		·	_
•	18	Interest (attach sci	hedule) (see	instructions)						18			_
-	19	Taxes and licenses	s							19			_
2	20	Depreciation (attac	ch Form 4562	5				20					
2	21	Less depreciation	claimed on S	schedule A and els	ewhere on ref	turn		21a		21 b			
		Depletion								22			_
	23	Contributions to de	,	ensation plans						23			_
		Employee benefit								24			_
		Excess exempt ex								25			_
		Excess readership						SEE	STATEMENT	26 27		204 122	_
	27 28	Other deductions ( Total deductions.								28		, 284, 133. , 284, 133.	
	20 29	Unrelated business		_	erating loss de	eductio	on, Subtrac	t line 28 fr	om line 13	29	<u> </u>	204,133.	<u>-</u>
	30/	Deduction for net opera								30		<del></del>	-
	31	Unrelated business								31		0.	_
В	AA	For Paperwork Re	duction Act I	Notice, see instru	ctions.						Form	990-T (2019)	_

Form	n 990-T	(2019) BOYS & GIRLS CLUBS OF		92	-00360	82 Page 2
Par	t III	Total Unrelated Business Taxable Income				
32	Total	of unrelated business taxable income computed from all unrelated trades o	r businesses (se	e		
	ınstru	ections)			32	0.
33	Amou	ints paid for disallowed fringes			33	
34	Chari	table contributions (see instructions for limitation rules)			34	<u> </u>
35		unrelated business taxable income before pre-2018 NOLs and specific dedu	uction, Subtract I	ine 34 from	35	
26		um of lines 32 and 33			35	0.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instr.)	26.4	\ <del>-</del>	36	
37		of unrelated business taxable income before specific deduction. Subtract lin		55	37	0.
38 39	•	ific deduction (Generally \$1,000, but see line 38 instructions for exceptions) lated business taxable income. Subtract line 38 from line 37 If line 38 is gr		7	38	
33		the smaller of zero or line 37	eater than line 5	,	39	0.
<b>IPar</b>	t IV	Tax Computation			<u>,</u>	
40	Orgai	nizations Taxable as Corporations. Multiply line 39 by 21% (0.21)		<b>•</b>	40	Ō.
41	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax	on the amount			
	on lin	e 39 from Tax rate schedule or Schedule D (Form 1041)		•	41	
		/ tax. See instructions		•	42	
		native minimum tax (trusts only).			43	
		n Noncompliant Facility Income. See instructions			44	
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies			45	0.
Par		Tax and Payments				,,,,
	•	gn tax credit (corporations attach Form 1118, trusts attach Form 1116)	46 a 46 b		4	
		redits (see instructions) ral business credit. Attach Form 3800 (see instructions)	46 c		-	
		t for prior year minimum tax (attach Form 8801 or 8827).	46 d		1	
		credits. Add lines 46a through 46d	13.0		46 e	0.
47	Subtr	act line 46e from line 45			47	0.
48		taxes. Check if from. Form 4255 Form 8611 Form 8697 Form	8866			
		Other (attach schedule)			48	
49		tax. Add lines 47 and 48 (see instructions)			49	0.
50		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k	k), line 3		50	
	-	ents A 2018 overpayment credited to 2019	51 a		1	
		estimated tax payments	51 b			
		leposited with Form 8868 gn organizations Tax paid or withheld at source (see instructions)	51 c		<del> </del>	
		up withholding (see instructions)	51 e	<u> </u>	1 1	
		t for small employer health insurance premiums (attach Form 8941)	51 f		1	
		credits, adjustments, and payments Form 2439			1	
	F	orm 4136 Other Total	51 g			
52	Total	payments. Add lines 51a through 51g-			52	- 0.
53	Estim	nated tax penalty (see instructions). Check if Form 2220 is attached		▶ 🗌	53	
54		lue. If line 52 is less than the total of lines 49, 50, and 53, enter amount own		•	54	
55	-	payment. If line 52 is larger than the total of lines 49, 50, and 53, enter amo	ount overpaid	•	55	
56		the amount of line 55 you want Credited to 2020 estimated tax		Refunded ►	56	
Par		Statements Regarding Certain Activities and Other Informa	-			
57		$\gamma$ time during the 2019 calendar year, did the organization have an interest in or a				Yes No
		cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization		o file FinCE	N Form 114	<u> </u>
		t of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign of	<del>-</del>	<b></b>		X
58		g the tax year, did the organization receive a distribution from, or was it the	grantor of, or tr	ansferor to,	a foreign t	trust? X
		s,' see instructions for other forms the organization may have to file.				
_59_	Enter	the amount of tax-exempt interest received or accrued during the tax year	S fules and statements	0.	of my knowled	foe and
Sig	n	Under penalties of perjury, I declare that I have examined this return, including accompanying sched belief, it is to, correct, and complete Declaration of preparer (other than taxpayer) is based on all		preparer has any		
Her			FO		the preparer	discuss this return with shown below (see
		Signature of officer Date Titl	ie		instructions)	´ X Yes ☐ No
D.:			ate	Check If	PTIN	
Paid Pre-		TOM J. DOMAGALA, CPA Ting Company CVA	10-29-2020	self-employed	P00:	122688
pare		Firm's name ALTMAN ROGERS & CO		Firm's EIN	92-014	
Use	•	Firm's address 3000 C STREET SUITE 201				
Onl	y	ANCHORAGE, AK 99503		Phone no	(907)	274-2992
BAA		TEEA0202L 02/21/20		-		Form <b>990-T</b> (2019)

TOTAL (2013) DOTS & G	IKES CHODS OF				000	70002		uge 🗸
Schedule A — Cost of Good	s Sold. Enter method of I	nventory valuation		<del></del>				
1 Inventory at beginning of year	ar 1	6 Invento	ory at	end of year	6			
2 Purchases	2	7 Cost o	of good	<b>ls sold.</b> Subtract				
3 Cost of labor	3			ne 5. Enter here	7			
4 a Additional section 263A costs (attach	·   .	and in	rait i	, line 2			Yes	No
<b>b</b> Other costs	4 a   4 b	8 Do the	rules	of section 263A (wi	th resp	pect to		
(attach sch)				duced or acquired fo	or resa	ile) apply		X .
5 Total. Add lines 1 through 4b Schedule C — Rent Income	<u> </u>			zation?	rone	rtv) (see ir	etruct	<u></u>
1 Description of property	(From Real Froperty a		Leas		Tope	(See ii	istruct	
(1)	<u>.                                    </u>	•						
(2)								
(3)	<del></del>							
(4)	2 Dant recovered or accrued			1				
(a) From personal prop	2 Rent received or accrued	roal and percenal propert	hu	3(a) Deduction				
(a) From personal property (if the percentage of rent for property is more than 10% more than 50%)	personal (if the perbut not property	i real and personal propert rcentage of rent for person exceeds 50% or if the rent ed on profit or income)	ńal	the income ii (at	nd 2(b)	)		
(1)								
(2)					_			
(3)								
(4)								
Total	Total					-		
(c) Total income. Add totals of collhere and on page 1, Part I, line 6,		•	,	(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter rt			
Schedule E - Unrelated De	bt-Financed Income (s	ee instructions)						
1 Description of debt		2 Gross income from or allocable to debt-	3 De	eductions directly co debt-fina			allocab	le to
i Bessription of desic	maneca property	financed property		(a) Straight line eciation (attach sch		(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 of allocable to debt-finance property (attach schedule)	d divided by column 5	rep	7 Gross income ortable (column 2 x column 6)	- 1 - 1	Allocable d (column 6 ) lumns 3(a)	total	of
(1)		8						
(2)		8						
(3)		- %						
(4)		%						
•			Enter Part	r here and on page I, line 7, column (A	1,Ent Par	er here and rt I, line 7,	l on pa columr	ige 1, 1 (B).
Totals		•	<u> </u>					
Total dividends-received deduction	ons included in column 8				<u> </u>			
BAA		TEEA0203L 09/19/19				Form 9	990-T (	(2019)

Schedule F - Interest, Ar	nnuiti	es, Royalti			nts Fro			Orga	nizations	(see in	struction	s)	
organization identi		Employer httlication number	3 Net unr income (see instru		(loss)		4 Total of specific payments mad				in in	Deductions directly connected with come in column 5	
(1)			-										
(2)													
(3)													
(4)													
Nonexempt Controlled Organiza	itions								•				
incon		et unrelated ome (loss) instructions)	me (loss) payme		of specified ents made		10 Part of colun included in the organization's gr		he controlling		connecte	ctions directly d with income olumn 10	
(1)													
(2)		<u> </u>											
(3)													
(4)													
							Add columns here and on p 8, co		, Part I, line		e and on	s 6 and 11 Enter page 1, Part I, line olumn (B)	
Totals							<u> </u>						
Schedule G — Investment  1 Description of income	t Inco	me of a Se 2 Amount			3 dire	De ctly	or (17) Organ eductions connected schedule)		on (see ins 4 Set-aside ttach schedi	3	5 Tota	al deductions and asides (column 3 lus column 4)	
<u></u>					(alla	2011	scriedule)				ļ - P	——————————————————————————————————————	
(1)													
(3)													
(4)		-											
Totals	•	Enter here an Part I, line 9,										ere and on page 1 line 9, column (B).	
Schedule I - Exploited Ex	xemp	t Activity li	ncon	ne, Otl	ner Tha	n /	Advertising	Incor	ne (see ins	ruction	ıs)		
1 Description of exploited ac	ctivity	2 Gross unrelate busines income fr trade o busines	ed is om r	conne prod of u	ises directly ected with duction nrelated ess income	fro or 2 i	Net income (loss) om unrelated trade business (column minus column 3). f a gain, compute lumns 5 through 7.	activ	s income from ty that is not ated business income	attribu	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)			-			T							
(2)						Г							
(3)													
(4)				-									
		Enter here on page Part I, line column	: 1, e 10,	on p Part I	here and page 1, I, line 10, mn (B).							Enter here and on page 1, Part II, line 25.	
Totals			<del></del>	L									
Schedule J - Advertising		-					<del> </del>				_		
Part I Income From Per	iodica					_			· . 1			<u> </u>	
1 Name of periodical		2 Gross advertisi income	ng	adve	Direct ertising osts	1 (	Advertising gain or loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		rculation ncome		adership osts	7 Excess readership costs (col 6 minus col. 5, but not more than col. 4).	
(1)						Γ							
(2)						1						_	
_(3)		<del> </del>	-			-						4	
(4)						1	-					+	
Totals (carry to Part II, line (5))	•	-									_		

Page 5

Foull 330-1 (2013) BOLS & GIKTS					92-0036082	
Part II Income From Periodica 7 on a line-by-line basis )	Is Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in co	lumns 2 through
1 Name of periodical	2 Gross advertising income	<b>3</b> Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col. 5, but not more than col. 4).
(1)						
(2)						
(4)						_
Totals from Part I						
-	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ►						
Schedule K - Compensation of	Officers, Dire	ctors, and Tru	istees (see instri	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
				9	8	
	-		•	- 9	8	·- <del>-</del>
				۶	5	
•				٩	र्व	
<b>Total.</b> Enter here and on page 1, Part II	, line 14			·	<b>•</b>	
BÀA		TEEA0204 L (	09/19/19		F	orm <b>990-T</b> (2019)

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## 2019

## **FEDERAL STATEMENTS BOYS & GIRLS CLUBS OF**

PAGE 1

SOUTHCENTRAL ALASKA

92-0036082

## **STATEMENT 1** FORM 990-T, PART II, LINE 27 OTHER DEDUCTIONS

GAMING CASH PRIZES GAMING NONCASH PRIZES GAMING RENT/FACILITY COST GAMING OTHER DIRECT EXPENSES ALASKA STATUTE SEC. 05.15.150 EXPENSES

1,688,511. 64,758. 52,500. 280,840. 197,524. 2,284,133. \$

TOTAL \$