Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

2005
Open to Public Inspection

Box Service	A F	or the 2	2005 calendar year, or tax year beginning ,	2005, and ending	
	B ch		Please C Name of organization		D Employer identification number
Number and street (or P O box if mails in not delivered to street address) Room/suite E Telephone number Telephone numb	х		I IDUIS & GIRLS CLUDS OF AMERICA		13-5562976
Treatment September 1275 PEACHTREE STREET, N.E. (404) 815-5700 (106) repeats) (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or country, and 40F +4 (107) or from, state or from,		Name cha	label or Number and street for D.O. have formed to not delivered to street address) Room/suite	E Telephone number
Secondary 1		Initial retu	■ Table 1		
Part		Final retur	1 1 275 DEXCHTDEE STOEET NE		(404)815-5700
Section 51 (c)(3) organizations and 4947(a)(1) nenexempt charitable frusts must attach a completed Schedule A (Form 990 or 990-EZ). H and tare not applicable to rection 227 organizations Yes No With BCCA ORG Yes Yes Yes No With BCCA ORG Yes			opecinic		F Accounting Cash X Accrual
Section 501(c)(3) organizations and 447(s)(1) nonexempt charitable frusts must stack a completed Schedule A (Form 990 or 990-EZ). H(s) by the fusts must stack a completed Schedule A (Form 990 or 990-EZ). H(s) by the sample reum for diffluster		Applicatio	tions ATLANTA, GA 30309-3506		
Weshels: ► WiW. BGCA.ORG		, penong		H and I are not ap	
Great public support Solicy Q Organization type (check only ome) X Solicy Q Q Organization type (check only ome) X Solicy Q Q Organization type (check only ome) X Solicy Q Q Organization			, , , , , -	H(a) Is this a grou	p return for affiliates? Yes X No
Create the Type (check only one) N Sol (e) (3) (neet no)	G 1	Nebsite:	▶ WWW.BGCA.ORG	1 ' '	
R Check here				-1 ''	
organization need not file a return with the SR, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return. Comparation Compara				(If "No," attac	h a list. See instructions.)
Cross receipts Add ines 50, 8b, 9b, and 10b to line 12					te return filed by an
Coross receipts Add ines 6b, 8b, 9b, and 10b to line 12		•	· · · · · · · · · · · · · · · · · · ·		
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions) 1 1 1 1 1 1 1 1 1	`				
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instructions.) 1	L	Gross rec	eipts. Add lines 6b. 8b. 9b. and 10b to line 12	1	<u> </u>
1 Contributions, gifts, grants, and similar amounts received a Direct public support 1 1 30,441,288, 1 1 1 1 1 1 1 1 1					
a Direct public support b Indirect public support c Government contributions (grants) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Total (add times 14 through 1c) (grash \$ 143,753,561, nonceash \$ 22,283,264.) d Membership dues and assessments			·		
b Indirect public support c Government contributions (grants) d Total (add lines 1 through to) (cash \$ 143,753,561. noncesh \$ 22,283,264.) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 S,5568,025. 4 Interest on savings and temporary cash investments STMT, 2 3 4 212,909. 5 Dividends and interest from securities STMT, 3 4 212,909. 5 Dividends and interest from securities STMT, 4 6 a 366,858. 6 Less' rental expenses 6 b Less' rental expenses 7 Other investment income (describe		1	·	90 441 288	
C Government contributions (grants) 1c 75,595,537. 1		1 .		20,441,200.	1
d Teal (add ines 1a brough 1:0 (cash s 143,753,561, noncash 22,283,264,) 2 Program service revenue including government fees and contracts (from Part VII, line 93). 3 Membership dues and assessments STMT, 2. 3 5,568,025, 4 Interest on savings and temporary cash investments STMT, 3. 4 212,909. 5 Dividends and interest from securities STMT, 4. 6 a Gross rents		i i		75 595 537	1
2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 5,568,025, 3 Membership dues and assessments STMT, 2 3 4 212,909, 4 Interest on savings and temporary cash investments STMT, 3 4 212,909, 5 Dividends and interest from securities STMT, 4 5 2,763,460, 6 a Gross rents 6a 366,858, b Less: rental expenses 6b 205,454, 7 Other investment income or (foss) (subtract line 6b from line 6a) 7 8 a Gross amount from sales of assets other than inventory 54,001,948, 8a 8a		1.			166 036 036
Numbership dues and assessments STMT 2 3 3 5,568,025					
Interest on savings and temporary cash investments STMT 3 4 212,909				,	
5 Dividends and interest from securities STMT 4 5 2,763,460.		1		3/33/33	
Second Parameter Second Par		1			——————————————————————————————————————
Description Contributions reported on line 1a) STMT 9		1 _	I I		2,763,460.
C Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe ►) 7 8 a Gross amount from sales of assets other than inventory					-
7 Other investment income (describe				161 404	
b Less cost or other basis and sales expenses	ā	I _	<u>.</u>	· • • • • • • • • • • • • • • • • • • •	
b Less cost or other basis and sales expenses	enc	1 _	· · · · · · · · · · · · · · · · · · ·		
b Less cost or other basis and sales expenses	ev.) Other	1
C Gain or (loss) (attach schedule)			, , , , , , , , , , , , , , , , , , ,	· 	1 1
d Net gain or (loss) (combine line 8c, columns (A) and (B))					1
9 Special events and activities (attach schedule) If any amount is from gaming, check here a Gross revenue (not including \$ 4,831,607. of STMT 8 contributions reported on line 1a)		1			11 026 002
a Gross revenue (not including \$ 4,831,607. of STMT 8 contributions reported on line 1a)		i			11,828,882.
Contributions reported on line 1a)				ere 🕨 🔼	
b Less direct expenses other than fundraising expenses 9b 1,085,150. c Net income or (loss) from special events (subtract line 9b from line 9a) 9c -709,150. 10 a Gross sales of inventory, less returns and allowances 10a 10b 10c 10c 10c 10c 10c 10c 10c 11 10c 10c		"		276 000	
C Net income or (loss) from special events (subtract line 9b from line 9a) 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 STMT 10 22 22,840,655. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282,941,590.		h			
10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 STMT 1,0 22 282, 941, 590.	' '				
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 STMT 10 22 282, 941, 590.	` '		· · · · · · · · · · · · · · · · · · ·		<u>-709,130.</u>
C Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) 11 Other revenue (from Part VII, line 103) 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282, 941, 590.	3				1 1
11 Other revenue (from Part VII, line 103) 1 1,055,675. 12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 186,916,030. 13 Program services (from line 44, column (B)) 13 110,146,471. 14 Management and general (from line 44, column (C)) 14 13,457,782. 15 Fundraising (from line 44, column (D)) 15 3,345,437. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 126,949,690. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 59,966,340. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 222,840,655. 20 Other changes in net assets or fund balances (attach explanation) STMT 10 20 134,595. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282,941,590.	?			Inc. 10a)	100
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 12 186, 916, 030. 13 Program services (from line 44, column (B)) 13 110,146,471. 14 Management and general (from line 44, column (C)) 14 13,457,782. 15 Fundraising (from line 44, column (D)) 15 3,345,437. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 126,949,690. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 59,966,340. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 222,840,655. 20 134,595. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282,941,590.	•	1		,	
13 Program services (from line 44, column (B)) 14 Management and general (from line 44, column (C)) 15 Fundraising (from line 44, column (D)) 16 Payments to affiliates (attach schedule) 17 Total expenses (add lines 16 and 44, column (A)) 18 Excess or (deficit) for the year (subtract line 17 from line 12) 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282, 941, 590.	j				
14 13,457,782. 15 Fundraising (from line 44, column (D)) 15 3,345,437. 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 126,949,690. 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 59,966,340. 19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 222,840,655. 20 Other changes in net assets or fund balances (attach explanation) STMT 10 20 134,595. 21 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21 282,941,590.	· —–	_			
17 Total expenses (add lines 16 and 44, column (A))	Ŋ		Management and report (from line 44, column (B))		13 110,140,471.
17 Total expenses (add lines 16 and 44, column (A))	nse				
17 Total expenses (add lines 16 and 44, column (A))	Хре	4			3 1
18 Excess or (deficit) for the year (subtract line 17 from line 12)	Ú)				 -
19 Net assets or fund balances at beginning of year (from line 73, column (A))	<u> </u>				
121 Tect assets of fully balances at end of year (combine lines 10, 10, and 20)	ets				
121 Tect assets of fully balances at end of year (combine lines 10, 10, and 20)	Ass				
121 Tect assets of fully balances at end of year (combine lines 10, 10, and 20)	et	I			
			Net assets or fund balances at end of year (combine lines 18, 19, and 20) · · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	[21] 282,941,590.

Pa	rt il					and (D) are required for s sts but optional for others	
	Do n	ot include amounts reported on line Sb, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Gran (cash \$	its and allocations (attach schedule) 68,010,860. noncash \$ NONE amount includes foreign grants, here	22	68,010,860.	68,010,860.		
	Spec sched	cific assistance to individuals (attachdule)	23				
24		fits paid to or for members (attach	24				
25	Com	dule)	J	525,413.		525,413.	
26		r salaries and wages	26	23,942,271.	15,790,814.	6,089,305.	2,062,152.
27		ion plan contributions	27	20/3/272/27	10//30/0210	0,003,000.	
28		r employee benefits	28	6,112,382.	4,103,428.	1,581,810.	427,144.
29		oll taxes	29	1,606,057.	1,100,900.	367,937.	137,220.
30	Profe	essional fundraising fees	30				
31		unting fees	31				
32	Lega	l fees	32				
33	Supp	lies	33	2,006,241.	1,814,655.	121,156.	70,430.
34		phone	34	836,551.	768,726.		50,136.
35		age and shipping	35	1,009,777.	936,877.	44,964.	27,936.
36		pancy	36	1,824,507.	1,332,112.	492,395.	
37		oment rental and maintenance	37				
38	Printi	ng and publications	38	2,134,912.	1,786,764.	276,066.	72,082.
39		el	39	4,445,361.	3,768,599.	476,178.	200,584.
40		erences, conventions, and meetings .	40	1,964,493.	1,646,429.	281,558.	36,506.
41	Intere	est	41	114,510.		114,510.	
42		eciation, depletion, etc. (attach schedule)	42	618,976.	425,513.	162,091.	31,372.
43	Other	expenses not covered above (itemize)					
а	CON	TRACTUAL_SERVICES	43a	9,956,832.	7,365,416.	2,477,467.	113,949.
b	MEM	BERSHIP DUES	43b	95,867.	36,437.	54,710.	4,720.
c	SUP	PLY SERVICE EXPENSE	43c	535,907.	535,907.	NONE	NONE
d	MIS	CELLANEOUS	43d	1,119,024.	633,285.	374,533.	111,206.
е	INV	<mark>ESTMENT_INTERE</mark> ST_EXPEN_	43e	89,749.	89,749.	NONE	NONE
f			43f				<u> </u>
g			43g		····		
44	throug	functional expenses. Add lines 22 gh 43 (Organizations completing ins (B)-(D), carry these totals to lines).	44	126,949,690.	110,146,471.	13,457,782.	3,345,437.
Joi	nt Cos	sts. Check ▶ if you are follow	ving S				
Are	any jo	int costs from a combined educational	camp	aign and fundraising soli	citation reported in (B) Pro	ogram services?	Yes X No
If "Y	'es," er	iter (i) the aggregate amount of these j	oint co	sts \$, (ii) the amount alloc	ated to Program services	
(111)	the am	ount allocated to Management and ge	neral \$; and (iv) the amount a	Illocated to Fundraising \$,
_							Form 990 (2005)

Fo pa	rm 990 is available for public inspection and, for some people, serves as the primary or sole source of rticular organization. How the public perceives an organization in such cases may be determined by the its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part	information presented
	ograms and accomplishments	. III, the organizations
All of	organization's primary exempt purpose? SEE STATEMENT 12 organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) anizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
_	ON-SITE ASSISTANCE TO MEMBER CLUBS AND ESTABLISHMENT OF NEW CLUBS.	uners y
	(Grants and allocations \$ 54,254,184.) If this amount includes foreign grants, check here ▶	77,043,043.
b	LEADERSHIP TRAINING, DEVELOPMENT AND SUPPORT OF YOUTH PROGRAMS	
c	(Grants and allocations \$ 13,756,676.) If this amount includes foreign grants, check here ▶	33,103,428.
	(Grants and allocations \$) If this amount includes foreign grants, check here ▶	
ď		
•	(Grants and allocations \$) If this amount includes foreign grants, check here ▶ ☐	
	Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here > \[\begin{array}{c} \text{Total of Program Service Expenses} (should equal line 44, column (B), Program services)	110,146,471.
<u>:</u>	Total of Fregram of thee Expenses (should equal line 44, column (b), I rogiam services)	<u> </u>

Form 990 (2005)

P	art IV	Balance Sheets (See the instructions.)			
	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	1,293,487.	46	10,248,988
		t 1			
	47a	Accounts receivable	-B		
	þ	Less: allowance for doubtful accounts	9,054,280.	47c	8,317,403
		Pledges receivable			
	1	Less: allowance for doubtful accounts	30,133,559.	-	44,700,616
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees			
		(attach schedule)		50	
	51a	Other notes and loans receivable (attach		1	
ts		schedule)			
Assets		Less: allowance for doubtful accounts	197,186.	51c	255 866
Ä	53	Inventories for sale or use		1 - 1	<u>255,882</u>
	54	Investments - securities (attach schedule) STMT 1.3 ► Cost X FMV	350,828. 183,858,555.	-	566,136 220,409,904
		Investments - land, buildings, and	103,030,333.	134	_220,409,904
	"	equipment: basis			
	Ь	Less: accumulated depreciation (attach	1		
	~	schedule)	Ì	55c	
	56	Investments - other (attach schedule)		56	
		Land, buildings, and equipment: basis	<u> </u>		
		Less: accumulated depreciation (attach			
		schedule)	6,958,252.	57c	28,148,938
	58	Other assets (describe ► STMT 14)	12,171,029.	$_{\rm I}{\rm I}$	15,679,449
_	59	Total assets (must equal line 74). Add lines 45 through 58	244,017,176.	59	328,327,316.
	60	Accounts payable and accrued expenses	9,787,386.	60	17,894,024
	61	Grants payable		61	
	62	Deferred revenue		62	
ies	63	Loans from officers, directors, trustees, and key employees (attach		1	
Llabilities		schedule)	ļ	63	
E	64a	Tax-exempt bond liabilities (attach schedule)	ļ	64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe ► <u>STMT 15</u>)	11,389,135.	65	27,491,702.
	66	Total liabilities. Add lines 60 through 65	21,176,521.	66	AE 20E 726
_		nizations that follow SFAS 117, check here ► X and complete lines	21,176,521.	80	45,385,726.
	Joiga	67 through 69 and lines 73 and 74.			
s	67	Unrestricted	121,935,989.	67	142,932,576.
ce	68	Temporarily restricted	75,002,057.		106,705,905.
alaı	69	Permanently restricted	25,902,609.		_33,303,109.
or Fund Balances	L	nizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74.			
Ŧ	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
iet	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net Assets	73	Total net assets or fund balances (add lines 67 through 69 or lines		 - 	
et	-	70 through 72;			
z		column (A) must equal line 19; column (B) must equal line 21)	222,840,655.	73	282,941,590.
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73			328, 327, 316.

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Form 990	(2005)				556297			Page 5
Part I	V-A	Reconciliation of Revenue per Audited Fi instructions.)	nancial Statemer	nts With	Revenu	e per Retur	n (S	ee the
a Tot	al reve	enue, gains, and other support per audited financ	ial statements				a	133,155,401.
b Am	ounts	included on line a but not on Part I, line 12:						
1 Net	t unrea	alized gains on investments		<u>b</u> 1	<u> </u>	134,595.]	
2 Do	nated	services and use of facilities		<u>b</u> 2	<u> </u>			
3 Red	coverie	es of prior year grants		<u>b3</u>	<u> </u>		∤	
4 Oth	ner (sp	ecify). <u>SEE STATEMENT 16</u>						
		b1 through b4						-53,670,880.
		line b from line a	• • • • • • • • • •				C	186,826,281.
		included on Part I, line 12, but not on line a:		1	1	00 740		
		nt expenses not included on Part I, line 6b		1		<u>89,749.</u>	1	
2 Oth	ier (sp	ecify):			.]			
	lines	d1 and d2		[0.2	· L			89,749.
		enue (Part I, line 12). Add lines c and d					_	186,916,030.
Part IV	/-B	Reconciliation of Expenses per Audited F	inancial Stateme	nts With	Expens	ses per Retu	اترا	100,010,000.
a Tota		enses and losses per audited financial statements				<u></u>	a	73,243,297.
		included on line a but not on Part I, line 17:						
		services and use of facilities		b1				
2 Pric	nr veai	r adjustments reported on Part I, line 20]	
3 Los	ses re	eported on Part I, line 20		<u> D3</u>			1 1	
4 Oth	er (sp	ecify) SEE STATEMENT 17			1			
				<u>b4</u>	2	<u>,614,968.</u>	1 1	
Add	lines	b1 through b4					b	2,614,968.
		line b from line a					C	70,628,329.
d Am	ounts	included on Part I, line 17, but not on line a:		م د ا	1	00 740		
1 Inve	estme	nt expenses not included on Part I, line 6b		101	 	<u>89,749.</u>	1	
2 Oth	er (sp	ecify) <u>SEE_STATEMENT_IS</u>			1	,231,612.		
		J4 and J0					7.I	56,321,361.
e Tot	al exp	d1 and d2		· · · · · ·			e	126,949,690.
Part V		urrent Officers, Directors, Trustees, and K						
	or_	key employee at any time during the year even	if they were not com	pensated	.) (See tl	he instructions	s.)	
		(A) Name and address	(B) Little and average hours per	(C) Comp		(D) Contributions to benefit plans & d		(E) Expense account and other allowances
		, ,	week devoted to position	(11 1101 pa		compensation p		and other anomalies
			1	ŧ Į		1		
SEE S	<u>TATE</u>	MENT 19		525	<u>,413.</u>	343,1	91.	9,963.
			1			1		
			<u> </u>					
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								Form 990 (2005)

Pai	rt VI Other Information (See the instructions.)		Yes	No
76 77	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76 77	;	x
	If "Yes," attach a conformed copy of the changes.		,	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	ļ
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	, ,	x
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a	; x	,
ь	If "Yes," enter the name of the organization STMT 26	7	7	
	and check whether it is X exempt or nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions.)] ,		-
b	Did the organization file Form 1120-POL for this year?	81b	N/	lA

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Part VI Other Information (continued)		Yes	
2 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
or at substantially less than fair rental value?	82a		_x _
b If "Yes," you may indicate the value of these items here. Do not include this amount			
as revenue in Part I or as an expense in Part II (See instructions in Part III)			
3a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	_x	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	_x	
4a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		х
b If "Yes," did the organization include with every solicitation an express statement that such contributions			
or gifts were not tax deductible?	84b	_N/	A
5 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/	A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/	A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
received a waiver for proxy tax owed for the prior year	I		
c Dues, assessments, and similar amounts from members	I		
d Section 162(e) lobbying and political expenditures			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		-	
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		- 1	
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	_N/	A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable		T	
estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	_ N/	<u> </u>
6 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 N/A			,
b Gross receipts, included on line 12, for public use of club facilities	. [
7 501(c)(12) orgs Enter a Gross income from members or shareholders	. [
b Gross income from other sources (Do not net amounts due or paid to other		İ	
sources against amounts due or received from them)	. 1		
8 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or		ı	
partnership, or an entity disregarded as separate from the organization under Regulations sections	. [
301.7701-2 and 301 7701-3? If "Yes," complete Part IX	88	l	X
9 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under			
section 4911 ► N/A : section 4912 ► N/A , section 4955 ► N/A	. [
b 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction	,		
during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
a statement explaining each transaction	89b	i	<u>x</u>
c Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under			
sections 4912, 4955, and 4958		N/A	
d Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A	
0 a List the states with which a copy of this return is filed ► <u>SEE STATEMENT</u> 30			
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions)	90ь	341	
1 a The books are in care of ANAND S. MEHTA Telephone no (404) 4	87 - 5	713	
Located at 1275 PEACHTREE STREET NE ATLANTA, GA ZIP+4 30309-350	06		
	_		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		<u>X</u>
If "Yes," enter the name of the foreign country ▶		- 1	
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
and Financial Accounts	-		
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		X
If "Yes," enter the name of the foreign country			
2 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		. •	\cdot
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92		N/A	
	Form	990 (2005)

Part VII	Analysis of Income-Produc					(F)
Note: Enter g indicated	ross amounts unless otherwise		lated business income		section 512, 513, or 514	(E) Related or
	m control royanta	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	exempt function income
•	m service revenue	<u> </u>				income
e						
f Medicar	e/Medicaid payments	<u> </u>				
g Fees an	d contracts from government agencies .	<u></u>				
	ership dues and assessments					5,568,025
	n savings and temporary cash investments	ļ		14	212,909.	·····
	nds and interest from securities ital income or (loss) from real estate			14	2,763,460.	······································
	nanced property	532000	161,90	5. 16	-501.	···
	ot-financed property	332000				
	Income or (loss) from personal property					
	nvestment income					
100 Gain or (le	oss) from sales of assets other than inventory			18	11,826,882.	
01 Net inc	ome or (loss) from special events .			01	-709,150.	
102 Gross p	rofit or (loss) from sales of inventory					
	evenue a					
	ALTY INCOME	}		15	85,584.	706 005
	PLY SERVICE	F35000	15.26	-		706, 985
e <u>MISC</u>	CELLANEOUS REV.	525990	-15,36	3.		278,471
	al (add columns (B), (D), and (E))	·	146,54		14,179,184.	6,553,481
	add line 104, columns (B), (D), and (E)					
Part VIII	D5 plus line 1d, Part I, should equal the Relationship of Activities t			empt Purpos	es (See the instruction	ons)
	Explain how each activity for which ii					
	of the organization's exempt purpose	•				
	STMT 31					
					·	
Dort IV	Information Regarding Tax	oblo Subo	idiaries and Diares	arded Entitie	See the instruction	<u> </u>
Part IX	(A)	able Subs	(B)	(C)	(D)	
N	ame, address, and EIN of corporation, partnership, or disregarded entity			ure of activities	Total income	(E) End-of-year assets
	STMT 32		%			ussets
	51111 32		%		 	
			%			
			%			
Part X	Information Regarding Tran	nsfers Ass	ociated with Perso	nal Benefit C	ontracts (See the ins	structions)
(a) Did the	organization, during the year, receive any	funds, directly o	or indirectly, to pay premiums	s on a personal bene	efit contract?	Yes X No
• •	e organization, during the year			rectly, on a pe	rsonal benefit contract	? 💹 Yes 🔣 No
Note: If "	(es" to (b), file Form 8870 and Fo					
	Under penalties of perjury, I declare and belief it is true, correct, and con	mplete Declara	amined this return, including ation of preparer (other than	accompanying sche officer) is based on a	edules and statements, and to the sall information of which prepare	rne best of my knowledge er has any knowledge
Please	Doxame	1000	ort -		1 08	15-loh
Sign	Signature of officer	/ Am			Date	(- 0
Here	ROXANN	ϵU S	PILLETT .	PRES	IDENT	
	Type or print name and title		- 1 1			
	Preparer's TUIC IC A CI		INC SCHEDULE	Date		parer's SSN or PTIN (See Gen Inst V
Paid	signature THIS IS A St	UPPUKI	ING SCHEDULE		self- employed ▶ 1	200187991
Preparer's	Firm's name (or yours KPM	G LLP				13-5565207
Use Only	if self-employed), 301	N. ELM	STREET, SUITE	700	Phone Phone	
	address, and ZIP + 4 GRE	ENSBORO	, NC	27401	no 🕨	336-275-3394
						Form 990 (2005)

JSA 5E1050 1 000

SCHEDULE A

(Form 990 or 990-EZ)

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Organization Exempt Under Section 501(c)(3)
(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

BOYS & GIRLS CLUBS OF AMERICA					13-5	5562976
Compensation of the Five Higher (See page 1 of the instructions. List e	st Paid Employe ach one. If there a	es O re no	ther Than Off ne, enter "Non-	fi cers, Direc e.")	tors, a	and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average h per week devoted to po		(c) Compensation	(d) Contribution employee benefit deferred compe	t plans &	(e) Expense account and other allowances
SEE STATEMENT 33				····		
			:			
Total number of other employees paid over \$50,000 ▶	163			····		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part II-A Compensation of the Five Higher (See page 2 of the instructions. List of	st Paid Independ	dent indiv	Contractors fiduals or firms)	or Professi If there are	onal S	ervices enter "None.")
(a) Name and address of each Independent contractor paid	more than \$50,000		(b) Type of ser	vice	(c) Compensation
SEE STATEMENT 34						
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Total number of others receiving over \$50,000 for professional services ▶	34					
Part II-B Compensation of the Five Highe (List each contractor who performed firms If there are none, enter "None."	services other tha	n pro	fessional service	for Other Seces, whether	ervices individu	s ials or
(a) Name and address of each independent contractor paid r			(b) Type of ser	vice	(c) Compensation
SEE STATEMENT 35				•		
Total number of other contractors receiving over \$50,000 for other services	NONE				. , , , , , , , , , , , , , , , , , , ,	
For Paperwork Reduction Act Notice, see the Instructions for For	m 990 and Form 990-EZ.			Sched	ule A (Fo	rm 990 or 990-EZ) 2005

		(Form 990 or 990-EZ) 2005 13-5562976			age
'a	rt III	Statements About Activities (See page 2 of the instructions.)		Yes	N
		ing the year, has the organization attempted to influence national, state, or local legislation, including any			l
		mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			ļ
		icurred in connection with the lobbying activities > \$ 612,207. (Must equal amounts on line 38,			1
	Paπ	VI-A, or line i of Part VI-B)	1	X	ļ
	_	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other			Ì
	_	inizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
		lobbying activities			
		ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any			
		stantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or			
		any taxable organization with which any such person is affiliated as an officer, director, trustee, majority			
		er, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
		sactions)			Ι.
		e, exchange, or leasing of property?	2a	 -	-
		ding of money or other extension of credit?	2b	-	-
		nishing of goods, services, or facilities?	2c	 , _	-3
		ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d 2e	X	Η,
		nsfer of any part of its income or assets?	20	 	-
		you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how	3.	v	
		determine that recipients qualify to receive payments)	3a	X];
		rou have a section 403(b) annuity plan for your employees?	3b 3c		
		ng the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	30		-
		use or distribution of funds?	4a		١,
		you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		1
	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)		_	
		Teason for Non-1 fivate i outdation otatus (See pages 5 through o of the instructions.)			
1	organ	ization is not a private foundation because it is: (Please check only ONE applicable box.)			
	Ш	A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)			
		A school Section 170(b)(1)(A)(ii) (Also complete Part V)			
	\square	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)			
		A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)			
	لــا	A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name,	city,		
	$\overline{}$	and state			
		An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(IV)	
		(Also complete the Support Schedule in Part IV-A)			
	<u>X</u>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public S	ection	1	
	$\overline{}$	170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
	\vdash	A community trust Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)			
		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gros			
		receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3%			
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acqu	ired		
		by the organization after June 30, 1975 See section 509(a)(2) (Also complete the Support Schedule in Part IV-A.)			
	Ш	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organization			
		described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) Check the box that describes the type of supporting organization			
		the box that describes the type of supporting organization Type 1			
			numb		
		(a) Name(s) of supported organization(s) (b) Line from a		EI	
		The state of the s			
					
					

Schedule A (Form 990 or 990-EZ) 2005

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

-110	ter for may add the workeredt in the instruction	no for converting in	om the accidante	ne cadi memed er	accounting	
Ca	lendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15	Gifts, grants, and contributions received (Do					
	not include unusual grants See line 28)	138048226.	122546775.	109427409.	99,958,789.	469981199
16	Membership fees received	5,536,508.		4,403,771.		19,172,893
17	Gross receipts from admissions, merchandise					
	sold or services performed, or furnishing of		}			
	facilities in any activity that is related to the					
	organization's charitable, etc., purpose	-4.141.408.	-2,034,366.	4,625,774.	2,373,126.	823,126
18	Gross income from interest, dividends,					
	amounts received from payments on securities					
	loans (section 512(a)(5)), rents, royalties, and		,			
	unrelated business taxable income (less					
	section 511 taxes) from businesses acquired					
	by the organization after June 30, 1975	2,616,911.	2,291,943.	2,534,315.	3.231.305	10,674,474
19	Net income from unrelated business	2,010,011.	2,231,343.	2,334,313.	3,231,303.	10,0/4,4/4
	activities not included in line 18					
20	Tax revenues levied for the organization's	<u> </u>				
	benefit and either paid to it or expended on					
	its behalf					
21	The value of services or facilities furnished to					
	the organization by a governmental unit					
	without charge Do not include the value of					•
	services or facilities generally furnished to the					
	public without charge					
22	Other income Attach a schedule Do not	STMT 38		· ·		
	include gain or (loss) from sale of capital assets	1,263,811.	1,363,790.	1,413,090.	1,605,261.	5,645,952
23	Total of lines 15 through 22					506297644
_	Line 23 minus line 17					505474518
	Enter 1% of line 23					
	Organizations described on lines 10 or 11 a					10,109,490
	Prepare a list for your records to show the r					
_	governmental unit or publicly supported organi				1 1	
	amount shown in line 26a Do not file this lis		-	_		
	: Total support for section 509(a)(1) test Enter line 24					505474518
	Add Amounts from column (e) for lines 18 10					300171010
		6,645,952. 26			▶ 26d	16,320,426
e	Public support (line 26c minus line 26d total)				▶ 26e	489154092
f	Public support percentage (line 26e (numerator) d	livided by line 26c (d	enominator))		▶ 26f	
	Organizations described on line 12: a For	amounts include	d in lines 15, 1	6, and 17 that	were received from	om a "disqualifie
	person," prepare a list for your records to sho Do not file this list with your return. Enter the sum			received in each	year from, each *c	lisqualified person
	NOT APPLICABLE	or sacri amounts for	caon year			
	(2004) (2003)		(2002)		(2001)	
b	For any amount included in line 17 that was re	eceived from each	person (other than	"disqualified persor	ns"), prepare a list	for your records to
	show the name of, and amount received for each	n year, that was me	ore than the larger	of (1) the amount	on line 25 for the	year or (2) \$5,000
	(Include in the list organizations described in line the difference between the amount received an					
	amounts) for each year.	o the larger amou	int described in (1)) or (2), either the	sum of these unite	siences (the excess
	(2004)(2003)		(2002)		(2001)	
	, , , , , , , , , , , , , , , , , , , ,					
С	Add Amounts from column (e) for lines: 15	10	6			
_	Add Amounts from column (e) for lines: 15 20	2	1		27c	
d		and line 27h total			27d	
<u>د</u>	Public support (line 27c total minus line 27d total).					
f	Total support for section 509(a)(2) test Enter amount			1 1		
g	Public support percentage (line 27e (numerator) d					9/
h h	Investment income percentage (line 18, column (e	•	• • • • • • • • • • • • • • • • • • • •			9/
28	Unusual Grants: For an organization describer					
	prepare a list for your records to show, for	each year, the na	ime of the contrib	outor, the date and		
	description of the nature of the grant Do not file this	s list with Your retur	n. Do noi include in	ese grants in line 15		

Pai	Private School Questionnaire (See page 7 of the instructions.) NOT APPLIC (To be completed ONLY by schools that checked the box on line 6 in Part IV)	ABL	2	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,		Yes	No
	other governing instrument, or in a resolution of its governing body?	29		1
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its			
	brochures, catalogues, and other written communications with the public dealing with student admissions,		1	1
	programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during	}		
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way			1
	that makes the policy known to all parts of the general community it serves?	31	 	<u> </u>
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	l		1
				1
32	Does the organization maintain the following:			
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	•	Ì
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory			
	basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
	with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		ļ
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
		[
33	Does the organization discriminate by race in any way with respect to:	1		
	The state of the s			l
а	Students' rights or privileges?	33a		L
b	Admissions policies?	33b		L
				ĺ
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	224		
u	Scholarships of other illiandal assistance:	33d		_
е	Educational policies?	33e		
	Educational policies:	000		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)			
				,
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Roy. Prog. 75.50, 1075.2.0. P. 587, except a registration of the complete section and the complete secti		1	
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	1 35	. I	

Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.) (To be completed ONLY by an eligible organization that filed Form 5768) NOT APPLICABLE if the organization belongs to an affiliated group Check ▶ b If you checked "a" and "limited control" provisions apply Check ▶ a **Limits on Lobbying Expenditures** Affiliated group To be completed for ALL electing totals (The term "expenditures" means amounts paid or incurred.) organizations 36 Total lobbying expenditures to influence public opinion (grassroots lobbying) 37 Total lobbying expenditures to influence a legislative body (direct lobbying) 37 38 Total lobbying expenditures (add lines 36 and 37) 38 39 40 Total exempt purpose expenditures (add lines 38 and 39) 40 41 Lobbying nontaxable amount. Enter the amount from the following table -If the amount on line 40 is -The lobbying nontaxable amount is -Over \$500,000 but not over \$1,000,000 ... \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . \$175,000 plus 10% of the excess over \$1,000,000 41 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 42 Grassroots nontaxable amount (enter 25% of line 41) 42 43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 43 44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 44 Caution: If there is an amount on either line 43 or line 44, you must file Form 4720. 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal (a) (b) (c) (d) (e) 2004 year beginning in) ▶ 2005 2003 2002 Total Lobbying nontaxable **45** amount Lobbying ceiling amount 46 (150% of line 45(e)) . . 47 Total lobbying expenditures Grassroots nontaxable Grassroots ceiling amount (150% of line_48(e)) __-Grassroots lobbying 50 expenditures. Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.) During the year, did the organization attempt to influence national, state or local legislation, including any Yes No **Amount** attempt to influence public opinion on a legislative matter or referendum, through the use of: X b Paid staff or management (Include compensation in expenses reported on lines c through h.) Х Х d Mailings to members, legislators, or the public Х 7,488 e Publications, or published or broadcast statements f Grants to other organizations for lobbying purposes Х g Direct contact with legislators, their staffs, government officials, or a legislative body Х 604,719 h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means 612,207 If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. Schedule A (Form 990 or 990-EZ) 2005 JSA 5F1240 1 000

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Part VII		Transfers To and Transactions and (See page 12 of the Instructions.)	d Relationships With Noncharitable	
51 Did the r	eporting organization direct	ly or indirectly engage in any of the follo	owing with any other organization described	in section
501(c) o	f the Code (other than section	on 501(c)(3) organizations) or in section	n 527, relating to political organizations?	
a Transfer	s from the reporting organiz	ation to a noncharitable exempt organiz	ration of:	Yes No
(i) Cas	sh		51a(i) <u>x</u>
(ii) Oth	ner assets		a(ii)	Х
b Other tra				
(i) Sal	les or exchanges of assets v	with a noncharitable exempt organization	b(i)	X
(ii) Pui	rchases of assets from a no	ncharitable exempt organization	b(ii)	X
(iii) Rei	ntal of facilities, equipment,	or other assets	b(iii)	X
(iv) Rei	imbursement arrangements		b(iv)	x
(v) · Loa	ans or loan guarantees		<u>b(v)</u>	l x
(vi) Pei	rformance of services or me	embership or fundraising solicitations		X
c Sharing	of facilities, equipment, mail	ing lists, other assets, or paid employees	s	<u> </u>
d If the ans	wer to any of the above is "Yes	," complete the following schedule Column	(b) should always show the fair market value of the	
•		the reporting organization If the organization	•	
transactio	on or sharing arrangement, sho	w in column (d) the value of the goods, other	assets, or services received	
(a)	(b)	(c)	(d)	
Line no	Amount involved	Name of noncharitable exempt organization	Description of transfers, transactions, and sharing an	angements
	 			
N/A				
				
· 	 			
	 	 		
				
 	<u> </u>			
				
				
describe	ed in section 501(c) of the C complete the following sch		section 527? Ye	s X No
Na	(a) ame of organization	(b) Type of organization	(c) Description of relationship	··
N/A				
				
			· · · · · · · · · · · · · · · · · · ·	
				
		 		
				
	·	 		
				
				

FORM 990 - GENERAL EXPLANATION ATTACHMENT

DEPRECIATION FORM 990 PART II, LINE 42

PROPERTY, PLANT, AND EQUIPMENT ARE STATED AT COST AND DONATED PLANT AND EQUIPMENT ARE RECORDED AT ESTIMATED FAIR VALUE AT THE TIME OF CONTRIBUTION. BUILDINGS AND EQUIPMENT ARE DEPRECIATED USING THE STRAIGHT-LINE METHOD OVER THE USEFUL LIVES OF THE RESPECTIVE ASSETS (25 TO 80 YEARS AND 5 TO 30 YEARS, RESPECTIVELY). DEPRECIATION EXPENSE FOR THE FISCAL YEAR ENDED 12/31/2005 WAS \$618,976.

FORM	990,	PART	Ι	-	MEMBERSHIP	DUES	AND	ASSESSMENTS
=====	=====	=====	-==	===				

DESCRIPTION

AMOUNT

MEMBERSHIP DUES AND ASSESSMENTS

TOTAL

5,568,025. -----5,568,025.

==========

FORM 990	, PART	I -	INTEREST	ON	SAVINGS	AND	TEMPORARY	CASH	INVESTMENTS
									

DESCRIPTION

TOTAL

AMOUNT

AMOUNT

212,909.

212,909.

FORM	990,	PART	Ι	-	DIVIDENDS	AND	INTEREST	FROM	SECURITIES

DESCRIPTION

DIVIDENDS AND INTEREST FROM SECURITIES/INVESTMENTS

2,763,460.

TOTAL

2,763,460.

\$E7000 1 000	REI	NA TN	D R	OY	ALTY INC	OME			
Taxpayer's Name								-	ing Number
BOYS & GIRLS CL	UBS OF AMER	RICA					<u> 13</u>	<u> 55</u>	62976
DESCRIPTION OF PROPERTY									
RENTAL INCOME		41							
	actively participate in				·		C 050		
RENTAL INCOME			·	• • •		36	6 <u>,858.</u>	4	
OTHER INCOME						i			
								-	
								-	266 252
TOTAL GROSS INCOME		• • • • • • •		···	• • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • • • •	 	<u>366,858</u>
OTHER EXPENSES:	C					144	0 040	ł	
MANAGEMENT FEES OTHER INTEREST	5						8,949. 9,361.	1	
OTHER EXPENSES							774.	┪	
OTHER EXPENSES							//4.	1	
					·			1	
			 -					1	
						···		1	
								1	
							<u> </u>	†	
								1	
DEPRECIATION (SHOWN BELO	DW)				26,3	370		1	
LESS: Beneficiary's Portion								1	
AMORTIZATION							11111111111	1	
LESS: Beneficiary's Portion								1	
DEPLETION								1	
LESS: Beneficiary's Portion								1	
TOTAL EXPENSES								1	205,454
TOTAL RENT OR ROYALTY INC	OME (LOSS)	<u> </u>	<u> </u>			· · · · · · · · · · ·			161,404
Less Amount to		_						· •	
Rent or Royalty								_	
Depreciation								_	
Depletion	. <i></i>				· · · · · · · · · · ·			_	
Investment Interest Expense	·	<i>.</i> .						_	
Other Expenses	. <i></i> .					· · · <u></u>		_	
Net Income (Loss) to Others									
Net Rent or Royalty Income (Los	ss)								161,404
Deductible Rental Loss (if Applie			• • • •	• • •	<u></u>	<u></u>	· · · · · ·		
SCHEDULE FOR DEPREC	IATION CLAIMED)	T	т	, 	·			
(a) Description of property	(b) Cost or	(c) Date	(d) ACRS	(e) Bus	(f) Basis for	(g) Depreciation	(h) ((ı) Lıfe or	(j) Depreciation
(6)	unadjusted basis	acquired	des	%	depreciation	prior years	Method	rate	for this year
SEE STATEMENT	 		 	+-		 	 		
SEE STATEMENT	<u> </u>		 	╁			+ +		
			 	 			 		
			 	 			 		
	 		<u> </u>	†			 -		
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	 	<u> </u>		 		 	 		
							$\dagger - \dagger$	-	5
JSA Totals	 	<u> </u>			· · · · · · · · · · ·			†	26,370

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER DEDUCTIONS

BOND AMORTIZATION

774.

774.

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RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
RENTAL INCOME	366,858.	26,370.	179,084.	161,404.
	,			
TOTALS	366,858.	26,370.	179,084.	161,404.
	========	========	========	

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
PACIFIC DINNERS	416 220
	416,320.
SOUTHWEST GOLF & DINNER	2,084,450.
MIDWEST GOLF & DINNER	923,035.
SOUTHEAST GOLF & DINNER	667,604.
NORTHEAST DINNERS	740,198.
TOTAL	4,831,607.
	=======================================

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- SPECIAL FUNDRAISING EVENTS AND ACTIVITIES FORM 990, PART I

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PACIFIC DINNERS SOUTHWEST GOLF & DINNER MIDWEST GOLF & DINNER SOUTHEAST GOLF & DINNER	14,000. 99,400. 129,800. 85,800.	143,946. 275,353. 283,690. 151,848. 230,313.	-129,946. -175,953. -153,890. -66,048.
TOTALS	376,000.	1,085,150.	-709,150.

STATEMENT

FORM	990,	PART	I	_	OTHER	INCREASES	IN	FUND	BALANCES

DESCRIPTION

AMOUNT

NET UNREALIZED GAINS ON INVESTMENTS 134,595.

TOTAL 134,595. ==========

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

GRANTS PAID 2005=====

AMOUNT -

> FOR LEADERSHIP TRAINING, DEVELOPMENT AND SUPPORT GRANTS TO AFFILIATED BOYS AND GIRLS CLUBS

OF YOUTH PROGRAMS

PURPOSE OF GRANT OR CONTRIBUTION

68,010,860.

TOTAL CONTRIBUTIONS PAID

68,010,860.

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STATEMENT 11

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE BOYS AND GIRLS CLUBS OF AMERICA (BGCA) WAS FORMED TO PROMOTE THE HEALTH, SOCIAL EDUCATION, AND VOCATIONAL AND CHARACTER DEVELOPMENT OF YOUNG PEOPLE THROUGHOUT THE UNITED STATES. BGCA, THROUGH ITS NATIONAL, REGIONAL AND GOVERNMENT RELATIONS OFFICE, DEVELOPS INNOVATIVE PROGRAM SERVICES FOR YOUNG PEOPLE, PROVIDES TRAINING, MANAGEMENT CONSULTING, AND RESOURCE MATERIAL TO CLUBS, PROMOTES GREATER PUBLIC AWARENESS OF CLUB WORK, AND ADDRESSES SOCIAL, EDUCATIONAL, VOCATIONAL, AND ECONOMIC ISSUES AFFECTING YOUNG PEOPLE.

BGCA ASSESSES AND COLLECTS MEMBERSHIP DUES FROM THE LOCAL CLUBS.
THESE DUES ARE USED TO SUPPORT BGCA'S MISSION, VISION, AND VALUES AND ALLOW BGCA TO PROVIDE USEFUL RESOURCES AND SERVICES TO LOCAL CLUBS.

FINALLY, BGCA'S OTHER REVENUE IS DERIVED MAINLY FROM EVENTS AND NATIONAL CONFERENCES, WHICH PROVIDE LEADERSHIP TRAINING, DEVELOPMENT, AND SUPPORT OF YOUTH PROGRAMS.

12

FORM 990, PART IV - INVESTMENTS - SECURITIES

	ENDING
DESCRIPTION	BOOK VALUE
SHORT-TERM INVESTMENTS	2,410,085.
MUTUAL FUNDS	· ·
	64,851,019.
INVESTMENT IN LIM PARTNERSHIP	54,096,521.
CORPORATE BONDS	8,104.
CORPORATE STOCKS	40,850,219.
US GOVERNMENT SECURITIES	22,877,426.
PRIVATE EQUITY INVESTMENTS	37,660,335.
INTERNATIONAL REITS	9,254,643.
LESS: CUSTODIAL FUND	
INVESTMENTS	-11,598,448.
TOTALS	220,409,904.
TOTALIS	220,409,904.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
SPLIT INTEREST AGREEMENTS DEFERRED COMP. ACCOUNTS ASSETS HELD IN CUSTODY FOR OTH DEFERRED BOND ISSUANCE COST	3,389,411. 464,985. 11,598,448. 226,605.
TOTALS	15,679,449.

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION	ENDING BOOK VALUE
ANNUITIES PAYABLE DEFERRED COMP. AGREEMENTS ASSETS HELD IN CUSTODY FOR OTH BONDS PAYABLE	428,269. 464,985. 11,598,448. 15,000,000.
TOTALS	27,491,702.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION			AMOUNT
GOVERNMENT GRANTS TO			
AFFILIATED CLUBS			-55,695,175.
EXPENSE RECLASS NET REVENUE OF ALLIANCES			-536,437.
INCLUDED IN CONSOLIDATED		,	2,426,137.
	3		
	TOTAL		-53,805,475.

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION AMOUNT

EXPENSES OF ALLIANCES INCLUDED IN CONSOLIDATED STATEMENTS

2,614,968.

TOTAL

2,614,968.

FORM 990, PART IV-B - OTHER EXPENSES ON RETURN BUT NOT ON BOOKS

DESCRIPTION

GOVERNMENT GRANTS TO

AFFILIATED CLUBS

EXPENSE RECLASS

TOTAL

AMOUNT

55,695,175.

536,437.

56,231,612.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	9, 963.	NONE	NONE	NONE	NONE	NONE	NONE .	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	343,191.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	525,413.	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	PRESIDENT/GOVERNOR 50+ HOURS	HONORARY CO-CHAIRMAN < 1 HOUR	HONORARY CO-CHAIRMAN < 1 HOUR	CHAIR. EMERITUS/GOV 2-4 HOURS	CHAIRMAN BOARD/GOV. 6-8 HOURS	CHAIRMAN-ELECT/GOV. 4-6 HOURS	VICE CHAIR/GOVERNOR 2-4 HOURS	VICE CHAIRMAN 2-4 HOURS
NAME AND ADDRESS	ROXANNE SPILLETT 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	PRESIDENT GEORGE BUSH 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	FIRST LADY LAURA BUSH 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	EDWARD M. LIDDY 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	M. ANNE SZOSTAK 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	RICK GOINGS 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JOHN F. ANTIOCO 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ANN M. FUDGE 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

BOYS & GIRLS CLUBS OF AMERICA

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE .	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	VICE CHAIR/GOVERNOR 4-6 HOURS	VICE CHAIR/GOVERNOR 2-4 HOURS	VICE CHAIR/GOVERNOR 2-4 HOURS	TREASURER/GOVERNOR 2-4 HOURS	SECRETARY 2-4 HOURS	REG.CHAIR/GOVERNOR 2-4 HOURS	REG.CHAIR/GOVERNOR 2-4 HOURS	REG. CHAIR/GOVERNOR 2-4 HOURS
NAME AND ADDRESS	RONALD T. LEMAY 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	REV. EDWARD A. MALLOY, C.S.C. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	MICHAEL E. TENNENBAUM 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	GARY C. WENDT 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	RONALD J. GIDWITZ 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DON H. DAVIS, JR. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DANA G. MEAD 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DANIEL R. HESSE 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	ONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	REG. CHAIR/GOVERNOR 2-4 HOURS	REGIONAL CHAIRMAN 2-4 HOURS	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR
NAME AND ADDRESS	MARTIN E. HANAKA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	MATTHEW K. ROSE 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	HANK AARON 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	WAYNE ALLEN 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DAVID W. ANDERSON 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ROBERT J. BACH 1275 PEACHTREE STREET NE ATLANTA, GA 27302	JOHN M. BELL 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	GERALD W. BLAKELY, JR. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	GOVRENOR 2-4 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 4-6 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 2-4 HOUR
NAME AND ADDRESS	EMIL J. BROLIK 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	THE HONORABLE ARNOLD I. BURNS 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	MICHAEL D. CAPELLAS 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	HAYS CLARK 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ANTHONY P. CONZA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JEAN C. CRYSTAL 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DON H. DAVIS, JR. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	THOMAS J. FALK 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

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AND TRUSTEES	
DIRECTORS,	
OFFICERS,	
A - CURRENT	
, PART V-A	
FORM 990,	

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR
NAME AND ADDRESS	GARY J. FERNANDES 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DONALD G. FISHER 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	THOMAS P. FLANAGAN 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ROBERT W. FOWLER 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	EUGENE FREEDMAN 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	MOORE GATES, JR. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	RONALD J. GIDWITZ 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	KEN GRIFFEY, JR. 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR 2-4 HOUR	GOVERNOR < 1 HOUR	GOVERNOR 4-6 HOUR
NAME AND ADDRESS	GEORGE V. GRUNE 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	PETER L. HAYNES 1275 PEACHTREE STREET NE ATLANTA, GA 30306-3506	PEDRO LICHTINGER 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JEREMIAH MILBANK 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JEREMIAH MILBANK, III 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	PETER C. MORSE 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	J. CHRISTOPHER REYES 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	WAYNE R. SANDERS 1275 PEACHTREE STREET NE ATLANTA, GA 30309

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TRUSTEES
AND
DIRECTORS,
OFFICERS,
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PART
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FORM

EXPENSE ACCT AND OTHER ALLOWANCES	NONE	NONE	NONE	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE	NONE	NONE	NONE
COMPENSATION	NONE	NONE	NONE	NONE
TITLE AND TIME DEVOTED TO POSITION	GOVERNOR < 1 HOUR	GOVERNOR < 1 HOUR	GOVERNOR < 1 HOUR	GOVERNOR < 1 HOUR
NAME AND ADDRESS	C.J. SILAS 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JACK L. STAHL 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ALLAN R. TESSLER 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	DENZEL WASHINGTON 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506

9,963.

343,191.

525,413.

GRAND TOTALS

25

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: ALABAMA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ARIZONA ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ARKANSAS ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CALIFORNIA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: COLORADO ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: CONNECTICUT ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: FLORIDA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: GEORGIA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: ILLINOIS ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: INDIANA ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: IOWA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: KANSAS ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: KENTUCKY ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: LOUISIANA ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MARYLAND ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MASSACHUSETTS ALLIANCE OF BOYS &

GIRLS CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MICHIGAN ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MINNESOTA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MISSISSIPPI ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MISSOURI ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: MONTANA ALLIANCE OF BOYS & GIRLS

CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NEVADA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS

RELATED ORGANIZATION NAME: NEW HAMPSHIRE ALLIANCE OF BOYS &

GIRLS CLUBS, INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NEW JERSEY ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NEW MEXICO ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NEW YORK ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: NORTH CAROLINA ALLIANCE OF BOYS &

GIRLS CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: OHIO ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: OKLAHOMA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: OREGON ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: PENNSYLVANIA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: RHODE ISLAND ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: SOUTH CAROLINA ALLIANCE OF BOYS &

GIRLS CLUBS INC.

FORM 990, PART VI - NAMES OF RELATED ORGANIZATIONS ______

RELATED ORGANIZATION NAME: SOUTH DAKOTA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

TENNESSEE ALLIANCE OF BOYS & GIRLS RELATED ORGANIZATION NAME:

CLUBS INC.

EXEMPT: X NONEXEMPT:

TEXAS ALLIANCE OF BOYS & GIRLS RELATED ORGANIZATION NAME:

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: UTAH ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: VIRGINIA ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: WASHINGTON ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: WEST VIRGINIA ALLIANCE OF BOYS &

GIRLS CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: WISCONSIN ALLIANCE OF BOYS & GIRLS

CLUBS INC.

EXEMPT: X NONEXEMPT:

RELATED ORGANIZATION NAME: BOYS & GIRLS CLUBS IN INDIAN

COUNTRY INC.

FORM 990, PART VI, LINE 90A - STATES

AL, AZ, AR, CA, CO, CT, DE, FL, GA,
IN, KS, KY, LA, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM,
NY, NC, OH, OK, OR, PA, RI, SC, SD, TX, UT, WA, WV,

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FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME LINE IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED NO. IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES

94, BOYS & GIRLS CLUBS OF AMERICA (BGCA) IS A FEDERATION OF LOCAL BOYS & GIRLS CLUBS SERVING AROUND 4.4 MILLION YOUTH IN A NATIONAL NETWORK OF 3935 LOCATIONS. HEADQUARTERED IN ATLANTA, WITH REGIONAL SERVICE CENTERS IN NEW YORK, CHICAGO, LOS ANGELES, DALLAS, AND ATLANTA, BGCA PROVIDES TECHNICAL ASSISTANCE AND SUPPORT FOR CLUBS TO STRENGTHEN THEIR OVERALL EFFECTIVENESS AND PROGRAM QUALITY.

MORE THAN 15 MILLION YOUNG PEOPLE IN AMERICA LIVE BELOW THE POVERTY LEVEL. GANGS, DRUG TRAFFIC AND VIOLENCE ARE A FACT OF LIFE FOR MANY OF THESE YOUNGSTERS. IF THEY ARE TO GROW UP AND BECOME PRODUCTIVE CITIZENS - OFTEN IF THEY ARE TO GROW UP AT ALL - THEY NEED A PLACE WHERE THEY CAN JUST BE KIDS. THEY NEED CARING ADULTS TO HELP THEM DEVELOP THE SKILLS AND SELF-CONFIDENCE TO SAY NO TO DANGEROUS PASTIMES. THAT'S WHY BGCA IS OPENING CLUBS IN PLACES OTHER ORGANIZATIONS HAVEN'T GONE, PLACES WHERE YOUNGSTERS NEED US MOST: INDIAN RESERVATIONS, HOMELESS SHELTERS AND PUBLIC HOUSING. WE OFFER ACTIVITIES PRIMARILY DURING AFTER-SCHOOL HOURS, WHEN YOUNGSTERS ARE MOST IN NEED OF POSITIVE PURSUITS.

OVER THE LAST FIVE YEARS THE BOYS & GIRLS CLUB MOVEMENT HAS EXPERIENCED UNPRECEDENTED GROWTH, CHARTERING MORE THAN 1300 CLUBS. A PLANNED SUSTAINABLE GROWTH STRATEGY IS BEING IMPLEMENTED TO HELP CLUBS DETERMINE THEIR STATE OF READINESS TO EXPAND SERVICES, ALONG WITH A PHILOSOPHY OF ADDING MORE CLUBS BUT FEWER ORGANIZATIONS.

THE CLUBS ARE UNITING AS NEVER BEFORE BEHIND A COMMON AGENDA COMFORTING OUR CHILDREN; SUPPORTING MILITARY FAMILIES, PROMOTING PATRIOTISM, DEMOCRACY AND FREEDOM; ENCOURAGING

COMFORTING OUR CHILDREN; SUPPORTING MILITARY FAMILIES, PROMOTING PATRIOTISM, DEMOCRACY AND FREEDOM; ENCOURAGING UNITY AND COORDINATING COMMUNITY RESOURCES TO BETTER SERVE CHILDREN.

BY IMPLEMENTING AN EFFECTIVE AND PROVEN YOUTH DEVELPOMENT STRATEGY, BGCA HELPS YOUNGSTERS DEVELOP THE SELF-CONFIDENCE THEY NEED TO ACHIEVE THEIR FULL POTENTIAL. OUR PROGRAMS TEACH YOUNG PEOPLE TO AVOID DRUGS, ALCOHOL AND PREMATURE SEXUAL ACTIVITY; REJECT GANGS AND DELINQUENT BEHAVIOR; RESOLVE CONFLICTS PEACEFULLY; ADOPT FITNESS AS A WAY OF LIFE; BUILD BETTER RELATIONSHIPS WITH THEIR FAMILIES; DEVELOP LEADERSHIP SKILLS; EXPLORE THEIR OWN CREATIVITY; AND PURSUE ADVANCED EDUCATION AND CAREER OPPORTUNITIES.

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FORM

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TOTAL	BUSINESS ACTIVITIES	OWNERSHIP INTEREST	NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER
	NATURE OF	PERCENTAGE	

ENDING ASSETS

N/A

TOTAL INCOME

32

STATEMENT

- COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES SCHEDULE A, PART I

BOYS & GIRLS CLUBS OF AMERICA

EXPENSE ACCOUNT 932.	2,444.	1,825.	NONE	NONE	5,201.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	54,642.	52,575.	59,477.	37,480.	258,766.
COMPENSATION 346,366.	311,121.	345,040.	233,032.	181,303.	1,416,862.
TITLE AND TIME DEVOTED TO POSITIONSENIOR V.P. 40 HRS/WK	SENIOR V.P. 40 HRS/WK	SENIOR V.P. 40 HRS/WK	SENIOR V.P. 40 HRS/WK	SENIOR V.P. 40 HRS/WK	TOTAL COMPENSATION
NAME AND ADDRESS ROBBIE A. CALLAWAY 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	GLENN PERMUY 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	KURT A. ASCHERMANN 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	ANAND S. MEHTA 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	JUDITH J. PICKENS 1275 PEACHTREE STREET NE ATLANTA, GA 30309-3506	

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STATEMENT

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
JOHN M. WILSON (LAKESIDE CONSULTANTS) 9180 LAKESIDEWAY GAINSVILLE, GA 30506	SOFTWARE CONSULTING	440,773.
CLEMSON UNIVERSITY 501 SIKES HALL CLEMSON, SC 29634	TECH. CONSULTANTS	796,574.
FIRSTPIC INC. 2127 SPESPEY COURT, SUITE 302 CROFTON, MD 21114	ASST. CLUB ESTABMNT.	389,999.
KING & SPALDING PO BOX 116133 ATLANTA, GA 30368	CONSULTING	1,080,943.
NAT'L CTR FOR MISSING & EXPLOITED CHILDR 699 PRINCE STREET ALEXANDRIA, VA 22314	INTERNET SAFETY PGM.	500,000.
TOTAL COMPENSATI	ON	3,208,289.

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
HUMPHRIES & COMPANY 1890 MAIN STREET, SUITE 200 SMYRNA, GA 30080	OFFICE RENOVATION	1,247,815.
MINDSHARE USA, INC. PO BOX 601689 CHARLOTTE, NC 28260	ADVERTISING	204,939.
AVW TELAV-AUDIO VISUAL SOLUTIONS PO BOX 650519 DALLAS, TX 75265	EQUIPMENT RENTAL	103,493.
NOVATIONS GROUP, INC. 10 GUEST STREET, SUITE 300 BOSTON, MA 02135	TRAINING	90,833.
EVED SERVICES 2917 WEST CHASE CHICAGO, IL 60645	EQUIPMENT RENTAL	57,675.
TOTAL COMPENSAT	ION	1,704,755.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

SEE FORM 990, PART V

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

INDIVIDUALS RECEIVING SCHOLARSHIPS FROM THE ORGANIZATION'S CHARITABLE PROGRAMS ARE SELECTED BY AN APPOINTED INDEPENDENT COMMITTEE. THE SCHOLARSHIPS ARE GIVEN TO THE QUALIFYING RECIPIENT BASED ON CRITERIA ESTABLISHED BY THE BOARD OF DIRECTORS.

SCHEDULE A, PART IV-A - OTHER INCOME

BOYS & GIRLS CLUBS OF AMERICA

DESCRIPTION	2004	2003	2002	2001	TOTAL
MISCELLANEOUS REVENUE	1,263,811.	1,363,790.	1,363,790. 1,413,090.	1,605,261.	5,645,952.
TOTALS	1,263,811	1,363,790.	1,363,790. 1,413,090.	261	645,952

13-5562976

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

BOYS & GIRLS CLUBS OF AMERICA CONTRACTS WITH PARTIES WHICH ASSIST THEM IN KEEPING ABREAST OF THE LATEST LEGISLATIVE DEVELOPMENTS AND ISSUES THAT MAY AFFECT THE ORGANIZATION AND IN RESPONDING TO THE APPROPRIATE GOVERNMENT AGENCY ON THESE DEVELOPMENTS AND ISSUES. BOYS & GIRLS CLUBS AMERICA ALSO CONTRACTS WITH PARTIES WHICH ARE INVOLVED IN LOBBYING FOR STATE FUNDING FOR THE ORGANIZATION. THE EXPENSES FOR LINE D AND G INCLUDE THE PAYMENTS TO THE OUTSIDE FIRM AND THE INTERNAL COSTS FOR LOBBYING EXPENSES GENERATED BY THE GOVERNMENT RELATIONS OFFICE.

BOYS & GIRLS CLUBS OF AMERICA Schedule D Detail of Long-term Capital Gains and Losses

Acquired Sold Price Basis AL GAINS (LOSSES) FROM SECURITIES URITIES CAPITAL CAINS (LOSSES) FROM SECURITIES CAPITAL CAINS (LOSSES) FROM SECURITIES S4,001,948, 42,175,066.		Date	Date	Gross Sales	Cost or Other	Long-term
AL CALINS (LOSSES) FROM SECURITIES 54,001,948, 42,175,066. CAPITAL CAINS (LOSSES) FROM SECURITIES 54,001,948, 42,175,066.	Description	Acquired	PloS	Price	Basis	Gain/Loss
URITIES CAPITAL GAINS (LOSSES) FROM SECURITIES 54,001,948, 42,175,066.	(LOSSES) FROM					
CAPITAL GAINS (LOSSES) FROM SECURITIES 54,001,948, 42,175,066.	SECURITIES			001,948	42,175,066	11,826,882.
	FROM SECURITI	ES		948	42,175,066	11 826
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1.000 (C) I (3E) (100 (E)	Totals			54,001,948.	42,175,066.	11,826,882.

Form

(Rev December 2004)

Application for Extension of Time To File an Exempt Organization Return

> F	ile	а	separate	application	for	each	return

OMB No. 1545-1709

# If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form) ## If you are filing for an Automatic 3-Month Extension, complete only Part II (on page 2 of this form) ## Power form form of the complete Part fundess you have siready been granted an automatic 3-month extension on a previously filed From 8868. ### Power form 990-1 corporations requesting an automatic 5-month extension - check this box and complete Part 1 only. ### Automatic 3-Month Extension of Time - Only submit original (no copies needed) ### Automatic 3-Month Extension and automatic 5-month extension - check this box and complete Part 1 only. ### Automatic 3-Month Extension and automatic 5-month extension of time to file one of the Part 1 only. ### Automatic 3-Month Extension and 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1878 to request an extension of time to file one of the form 1865. The form 1879 to the	Internal Revenue S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		➤ File a sepa	rate application for each	return			•		
If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8886. Part J Automatic 3-Month Extension of Time - Only submit original (no copies needed) All other corporations requesting an automatic 6-month extension - check his box and complete Part I only. All other corporations (including Form 990-C filers) must use Form 8738 to request an extension of time to file noeme tex returns Partnerships, REMICs, and trusts must use Form 8738 to request an extension of time to file noeme tex returns Partnerships, REMICs, and trusts must use Form 8738 to request an extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want at Season of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want at the fully completed signed page 2 (Part II) of Form 8886 For more details on the electronic filing of this form, visit www.irs.gov/efile Type or Print Row Form 100 file of the form 100 file one of the full of the f			Automatic 3-Moi	nth Extension, com	plete only Part I and	check this b	oox			▶ X	
Form 990-T corporations requesting an automatic 8-month extension of Time - Only submit original (no copies needed) Form 990-T corporations requesting an automatic 8-month extension - check this box and complete Part I only	• If you are f	iling for a	n Additional (not a	utomatic) 3-Month	Extension, complete	e only Part I	l (on pag	e 2 of this	form).	,	
Form 990-T corporations requesting an automatic 8-month extension - check this box and complete Part I only .	Do not comple	te Part II u	nless you have air	eady been granted	an automatic 3-mont	th extension	on a pre	viously file	ed Form 8868	J .	
All other corporations (including Form 990-C kilers) must use Form 7004 to request an extension of time to file moome tax returns Partnerships, REMICS, and trusts must use Form 8736 to request an extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional float submatic/3-month extension, instead you must submit the fully completed signed page 2 (Part II) from 866 For more details on the electronic filing of this form, visit www.ris.gov/en/le Type Or Print Name of Exemption Graphization BOYS & GTRLS CLUBS OF AMERICA 1275 PEACHTREE STREET, N. E. City town or post office, side, and 21P oode, For a foreign address, see instructions ATLANTAR, GA 30399-3506 Check type of return to be filed (file a separate application for each return): Form 990-BF Form 990-BF Form 990-BF Form 990-FF Form	Part Auto	matic 3-	Month Extensio	n of Time - Only s	ubmit original (no c	copies need	led)				
Partnerships, REMICs, and trusts must use Form 873 to request an extension of time to file Form 1055, 1066, or 1041 Electronic Filing (c-file), Form 8686 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, misted you must submit the fully completed signed page 2 (Part II) of Form 8686 For more details on the electronic filing of this form, visit www.rs.gov/shile Type or print Type or Name of Exempl Organization Port Boyts & CIRLS CTUBS OF AMERICA Number, street, and room or sulte no if a PO. box, see instructions **Number, street, and room or sulte no if a PO. box, see instructions **Number, street, and room or sulte no if a PO. box, see instructions **ATTANTA, GA 30309-3506 Check type of return to be filled (file a separate application for each return): **Form 990-BL **Form	Form 990-T co	orporation	ıs requesting an a	utomatic 6-month ex	dension - check this	box and con	nplete Pa	art I only.		▶ □	
returns noted below (6 months for corporate Form 990-T (filers). However, you cannot file it electronically if you want the additional (not automatic). 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8685 For more details on the electronic filing of this form, visit www.rs.gov/efile Type or Print Number of Exemptor (Partiation BOYS & GIRLS CLUBS OF AMERICA Number, street, and room or suite no If a P.O. box, see instructions 1.275 PEACHTREE STREET, N.E. City, town or post office, state, and ZIP odds, For a foreign address, see instructions **TLANTA, CA, 30399-3506 **TLANTA, CA, 30399-3506 **The books are in the care of Perm 890-Form										is	
Print Fine by the day of the state of the whole group, check this box	returns noted (not automatic	below (6 c) 3-mont	months for corpo h extension, inste	rate Form 990-T file ad you must subm	ers). However, you c it the fully complete	cannot file it	t electroi	nically if y	ou want the	additional	
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1275 PEACHTREE STREET, N.E. City, town or post office, state, and 2IP code. For a foreign address, see instructions instructions ATLANTA, CA 3039-3506	print	BOYS & GIRLS CLUBS OF AMERICA							13-5562976		
City, town or post office, state, and ZIP code. For a foreign address, see instructions ATLANTA, GA 30309-3506 Check type of return to be filed (file a separate application for each return): Form 990-BL		Number,	street, and room or	suite no If a P.O. box, s	ee instructions						
The books are in the care of ► ANAND MEHTA Telephone No ► 404 487-5713 If the organization does not have an office or place of business in the Unique and this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EliNs of all members the extension return for the organization is for Form 990-T, corporation) If this is polication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable or reduits a polication is for Form 990-T center any refundable credits and estimated tax payments with FID coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions FOR Privacy Act and Paperwork Reduction Act Notice, see Instructions.											
Check type of return to be filed (file a separate application for each return): Form 990	return See	City, tow	n or post office, stat	e, and ZIP code. For a t	foreign address, see inst	ructions					
Form 990 Form 990-BL Form 990-T (corporation) Form 990-BL Form 990-TE Form 990-TE (trust other than above) Form 990-EZ Form 990-FF Form 1041-A Telephone No ANAND MEHTA Telephone No Other organization does not have an office or place of business in the Walt Testing Service S	instructions	ITA	ANTA, GA 303	09-3506					 		
Form 990-BL Form 990-EZ Form 990-T (see 401(a) or 408(a) trust) Form 990-EZ Form 990-EZ Form 990-T (trust other than above) Form 990-EX Form 990-PF Form 1041-A Internal Research **Research **The books are in the care of **ANAND MEHTA Telephone No ** 404 487-5713 FAX No **No **No **No **No **No **No **No	Check type o	f return te	o be filed (file a se	parate application fo	or each return):						
Form 990-EZ Form 990-PF Form 1041-A Form 1	X Form 990)	<u> </u>	Form 990-T (corpora	ation)		Fo.	rm 4720			
The books are in the care of ANAND MEHTA Telephone No 404 487-5713 FAX NO 15 Group 60 If the organization does not have an office or place of business in the Unique Calegorial Withis box If this is for a Group Return, enter the organization's four digit Group Exempted Number (GEN) If this is for the whole group, check this box If it is for part of the group of time until 08/15 If it is for part of the group, check this box If it is for part of the group of the group of the group, check this box If it is for part of the group of the g	Form 990	-BL		Form 990-T(sec 40	1(a) or 408(a) trust)	.108	Foi	rm 5227			
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions. Form 8868 (Rev. 12-2004) FORM 8868 (Rev. 12-2004)	Telephone If the organ If this is for for the whole gnames and ElM I request to file the X If this tax If this appropriate the series of the the series of the the series of the the series of the thing appropriate t	No ▶ 4 Initial and the state of the state	es not have an off Return, enter the o ck this box embers the extens atic 3-month (6-mo rganization return year 2005 or beginning r less than 12 mon s for Form 990-B its See instruction s for Form 990-PF prior year overpay ract line 3b from or, if required, to make an electr	ice or place of busing anization's four disconsuli cover on the organization of the or	FAX No No No. (F) ness in the Unique of the group Exemption of the group, check to the group extends and ending the group of the gr	Final retentation or, if Tax Payme	e until_for the o	O8/15 organization Change less any ayments deposit m) See	h a list with n's return for e in accounting \$ \$ most selected by the sele	ng period N/A N/A	
					structions.		3-5565: orth Card	207 Al	Form 8868 (R	un user	