

BATCHELOR, TILLERY & ROBERTS, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
POST OFFICE BOX 18068  
RALEIGH, NC 27619

MR. RALPH E. CAPPS  
BOYS CLUB OF WAKE COUNTY, INC.  
701 N. RALEIGH BOULEVARD  
RALEIGH, NC 27610

DEAR RALPH:

ENCLOSED ARE THE ORIGINAL AND ONE COPY OF YOUR INCOME TAX RETURNS  
FOR THE PERIOD ENDED JUNE 30, 2013 FOR:

BOYS CLUB OF WAKE COUNTY, INC. AS FOLLOWS...

2012 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX  
2012 SCHEDULE A - PUBLIC CHARITY STATUS AND PUBLIC SUPPORT  
2012 SCHEDULE B - SCHEDULE OF CONTRIBUTORS  
2012 SCHEDULE D - SUPPLEMENTAL FINANCIAL STATEMENTS  
2012 SCHEDULE G - SUPPLEMENTAL INFO. REGARDING FUNDRAISING/GAMING  
2012 SCHEDULE I - GRANTS & OTHER ASSIST. TO ORG/GOV/IND. IN THE U.S  
2012 SCHEDULE J - COMPENSATION INFORMATION  
2012 SCHEDULE M - NONCASH CONTRIBUTIONS  
2012 SCHEDULE O - SUPPLEMENTAL INFORMATION TO FORM 990 OR 990EZ  
2012 SCHEDULE R - RELATED ORGANIZATIONS AND UNRELATED PARTNERSHIPS  
2012 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH  
THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

WE SINCERELY APPRECIATE THIS OPPORTUNITY TO SERVE YOU. PLEASE CONTACT  
US IF YOU HAVE QUESTIONS CONCERNING THE RETURNS OR IF WE MAY BE OF  
FURTHER ASSISTANCE.

VERY TRULY YOURS,



RONALD A. BATCHELOR

BATCHELOR, TILLERY & ROBERTS, LLP  
CERTIFIED PUBLIC ACCOUNTANTS  
POST OFFICE BOX 18068  
RALEIGH, NC 27619

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INSTRUCTIONS FOR FILING  
BOYS CLUB OF WAKE COUNTY, INC.  
FORM 8879-EO - IRS E-FILE SIGNATURE AUTHORIZATION  
FOR THE PERIOD ENDED JUNE 30, 2013

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SIGNATURE...

THE ORIGINAL IRS E-FILE SIGNATURE AUTHORIZATION FORM SHOULD BE  
SIGNED (USE FULL NAME) AND DATED BY THE TAXPAYER.

FILING...

RETURN YOUR SIGNED FORM 8879-EO TO:

BATCHELOR, TILLERY & ROBERTS, LLP  
3605 GLENWOOD AVENUE, SUITE 350  
RALEIGH NC 27612

PAYMENT OF TAX...

NO PAYMENT OF TAX IS REQUIRED.

FORM 8879-EO SERVES AS A REPLACEMENT FOR YOUR SIGNATURE THAT WOULD BE  
AFFIXED TO FORM 990 IF YOU PAPER FILED YOUR RETURN.  
PLEASE DO NOT SEPARATELY FILE FORM 990 WITH THE INTERNAL REVENUE  
SERVICE. DOING SO WILL DELAY THE PROCESSING OF YOUR RETURN.

WE MUST RECEIVE YOUR SIGNED FORM BEFORE WE CAN ELECTRONICALLY  
TRANSMIT YOUR RETURN WHICH IS DUE ON MAY 15, 2014. WE  
WOULD APPRECIATE YOUR RETURNING THIS FORM AS SOON AS POSSIBLE  
AS THIS WILL EXPEDITE THE PROCESSING OF YOUR RETURN. THE INTERNAL  
REVENUE SERVICE WILL NOTIFY US WHEN YOUR RETURN IS ACCEPTED.  
YOUR RETURN IS NOT CONSIDERED FILED UNTIL THE INTERNAL REVENUE  
SERVICE CONFIRMS THEIR ACCEPTANCE, WHICH MAY OCCUR AFTER THE DUE  
DATE OF YOUR RETURN.

\*\*\*\*\*

# IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2012, or fiscal year beginning 07/01, 2012, and ending 06/30, 20 13

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

# 2012

Name of exempt organization BOYS CLUB OF WAKE COUNTY, INC. Employer identification number 56-0863051

Name and title of officer RALPH E. CAPPS, PRESIDENT/CEO

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a	Form 990 check here ▶	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>5,843,414.</u>
2a	Form 990-EZ check here ▶	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶	<input type="checkbox"/>	b	Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize BATCHELOR, TILLERY & ROBE to enter my PIN 

1	3	2	7	3
---	---	---	---	---

 as my signature  
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Ralph E. Capps Date ▶ 05/14/2014

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 

5	6	2	1	9	7	7	7	8	6	3
---	---	---	---	---	---	---	---	---	---	---

  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ [Signature] Date ▶ 05/15/14

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**

**Cumulative E-File History 2012**

**FED**

Locator: GCB0KY  
Taxpayer Name: BOYS CLUB OF WAKE COUNTY, INC.  
Return Type: 990, 990

**Submitted Date** 5/14/2014 3:21:29 PM  
**Acknowledgement Date** 5/14/2014 3:59:58 PM  
**Status** Accepted  
**Submission ID** 56219720141345000004

**Print**

**Close**

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- 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 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  BOYS CLUB OF WAKE COUNTY, INC.	Employer identification number (EIN) or  56-0863051
	Number, street, and room or suite no. If a P.O. box, see instructions.  701 N. RALEIGH BOULEVARD	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  RALEIGH, NC 27610	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► RALPH E. CAPPS,

Telephone No. ► 919 834-6282 FAX No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If 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 EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/17, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year 20\_\_\_\_ or

►  tax year beginning 07/01, 2012, and ending 06/30, 2013.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b> \$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b> \$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**.
- Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BOYS CLUB OF WAKE COUNTY, INC.	56-0863051
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	701 N. RALEIGH BOULEVARD City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
RALEIGH, NC 27610		

Enter the Return code for the return that this application is for (file a separate application for each return)  0  1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of  RALPH E. CAPPS,  
Telephone No.  919 834-6282 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If 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 EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 05/15, 2014 .
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01, 2012, and ending 06/30, 2013 .
- 6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- 7 State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ASSEMBLE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Ralph E. Capps Title  CPA Date  02/17/2014

<b>Cumulative E-File History 2012</b>	
<b>FED - EXT</b>	
Locator: GCB0KY Taxpayer Name: BOYS CLUB OF WAKE COUNTY, INC. Return Type: 990, 990	
<b>Submitted Date</b>	2/17/2014 12:08:05 PM
<b>Acknowledgement Date</b>	2/17/2014 12:26:58 PM
<b>Status</b>	Accepted
<b>Submission ID</b>	56219720140485000005
<a href="#">Print</a>	<a href="#">Close</a>

**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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization BOYS CLUB OF WAKE COUNTY, INC. Doing Business As			<b>D</b> Employer identification number 56-0863051
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telephone number (919) 834-6282
	701 N. RALEIGH BOULEVARD			<b>G</b> Gross receipts \$ 5,971,733. <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	City, town or post office, state, and ZIP code RALEIGH, NC 27610			
<b>F</b> Name and address of principal officer: RALPH E. CAPPS 701 N. RALEIGH BLVD, RALEIGH, NC 27610				<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527
<b>J</b> Website: ▶ WWW.WAKEBGC.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				<b>L</b> Year of formation: 1966 <b>M</b> State of legal domicile: NC

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO ASSIST YOUTH OF ALL BACKGROUNDS, WITH SPECIAL CONCERN FOR THOSE FROM DISADVANTAGED CIRCUMSTANCES, TO DEVELOP THE QUALITIES NEEDED TO BECOME RESPONSIBLE CITIZENS AND LEADERS.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	53.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	53.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	139.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	359.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	6,492,365.	5,723,421.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	118,348.	128,181.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,461.	2,960.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59.	-11,148.
		6,619,233.	5,843,414.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,311,671.	2,291,713.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,845,268.	1,848,633.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	28,677.	11,411.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 377,587.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,163,661.	1,314,023.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,349,277.	5,465,780.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,269,956.	377,634.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	8,983,113.	7,449,925.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	2,018,055.	103,946.
	6,965,058.	7,345,979.	

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	▶ Signature of officer	Date
	▶ Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	RONALD A. BATCHELOR	<i>Ronald A. Batchelor</i>	05/15/14		P00077863
	Firm's name ▶ BATCHELOR, TILLERY & ROBERTS, LLP	Firm's EIN ▶ 56-1750124			
Firm's address ▶ 3605 GLENWOOD AVENUE, SUITE 350 RALEIGH, NC 27612			Phone no. 919-787-8212		

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**For Paperwork Reduction Act Notice, see the separate instructions.**



Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

TO ASSIST YOUTH OF ALL BACKGROUNDS, WITH SPECIAL CONCERN FOR THOSE FROM DISADVANTAGED CIRCUMSTANCES, TO DEVELOP THE QUALITIES NEEDED TO BECOME RESPONSIBLE CITIZENS AND LEADERS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 3,716,331. including grants of \$ 2,291,713. ) (Revenue \$ 113,782. )

ATTACHMENT 1

4b (Code: ) (Expenses \$ 699,460. including grants of \$ ) (Revenue \$ 14,399. )

EDUCATIONAL OPPORTUNITIES: THIS SERVICE HELPS YOUTH EXPLORE THEIR INTERESTS, BUILD FUNDAMENTAL SKILLS AND THINK ABOUT CONTINUING EDUCATION BEYOND HIGH SCHOOL. PROGRAMS SUCH AS POWER HOUR, A COLLABORATIVE STEM INITIATIVE, THE ARTS, AND TARGETED LITERACY EDUCATION HELP CHILDREN EXCEL IN THE CLASSROOM AND PREVENT SUMMER LEARNING LOSS DURING OUR-OF-SCHOOL TIME. MORE THAN 1,300 CLUB MEMBERS PARTICIPATE IN SPECIALIZED LEARNING PROGRAMS DURING THE YEAR.

4c (Code: ) (Expenses \$ 286,162. including grants of \$ ) (Revenue \$ )

DAY CAMP: CAMP BTI IS A 162 ACRE OUTDOOR RECREATION CAMP THAT PROVIDES HUNDREDS OF CLUB MEMBERS THE OPPORTUNITY TO EXPERIENCE TRADITIONAL SUMMER CAMP ACTIVITIES SUCH AS SWIMMING, FISHING, ARCHERY, CANOEING, HIKING AND OTHER OUTDOOR ACTIVITIES.

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 4,701,953.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) . . . . .		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .	X	
<b>24 a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i> . . . . .	X	
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a (53), 1b (53), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RALPH E. CAPPS, 701 N. RALEIGH BLVD, RALEIGH, NC 27610 919-834-6282

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CARLA P. HOLLIS CHAIR	2.00	X		X				0	0	0
(2) JAMES M. TANNER, III VICE CHAIR	2.00	X		X				0	0	0
(3) J. MICHAEL DICKINSON TREASURER	2.00	X		X				0	0	0
(4) JULIAN R. WILLIAMSON SECRETARY	2.00	X		X				0	0	0
(5) KIRK PARKER PAST CHAIR	2.00	X		X				0	0	0
(6) R. MARKS ARNOLD DIRECTOR	1.00	X						0	0	0
(7) AUSTIN BARNHILL DIRECTOR	1.00	X						0	0	0
(8) KATHARINE BELLOIR DIRECTOR	1.00	X						0	0	0
(9) DHAMIAN BLUE DIRECTOR	1.00	X						0	0	0
(10) MARTIN W. BORDEN DIRECTOR	1.00	X						0	0	0
(11) M.S. "BRICK" BROWN, III DIRECTOR	1.00	X						0	0	0
(12) GORDON BROWN DIRECTOR	1.00	X						0	0	0
(13) KEVIN CARLIN DIRECTOR	1.00	X						0	0	0
(14) JEFF COBB DIRECTOR	1.00	X						0	0	0

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) JOSEPH "BO" DEMPSTER, JR. DIRECTOR	1.00	X					0	0	0	
16) WILLIAM DUNLAP DIRECTOR	1.00	X					0	0	0	
17) GRANT FISHER DIRECTOR	1.00	X					0	0	0	
18) STUART FRANTZ DIRECTOR	1.00	X					0	0	0	
19) JUSTIN HOWARD DIRECTOR	1.00	X					0	0	0	
20) TIMOTHY L. HUMPREY DIRECTOR	1.00	X					0	0	0	
21) EARL JOHNSON, III DIRECTOR	1.00	X					0	0	0	
22) GARY JOYNER DIRECTOR	1.00	X					0	0	0	
23) BENJAMIN W. KILGORE, IV DIRECTOR	1.00	X					0	0	0	
24) MARK LEE DIRECTOR	1.00	X					0	0	0	
25) NOEL LICHTIN DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							255,720.	0	29,702.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							255,720.	0	29,702.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **2**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **1**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) STEVEN LILLY ----- DIRECTOR	1.00	X					0	0	0	
27) JIM LITTLE ----- DIRECTOR	1.00	X					0	0	0	
28) GUY LUCAS ----- DIRECTOR	1.00	X					0	0	0	
29) TOM LYON ----- DIRECTOR	1.00	X					0	0	0	
30) HOOKER MANNING ----- DIRECTOR	1.00	X					0	0	0	
31) EASTER MAYNARD ----- DIRECTOR	1.00	X					0	0	0	
32) MARK MEDLIN ----- DIRECTOR	1.00	X					0	0	0	
33) GWINN MOSS ----- DIRECTOR	1.00	X					0	0	0	
34) TOM O'CONNOR ----- DIRECTOR	1.00	X					0	0	0	
35) STEVEN R. OGBURN ----- DIRECTOR	1.00	X					0	0	0	
36) MAJOR JOE PERRY ----- DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**



**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) BRIGGS PETWAY ----- DIRECTOR	1.00	X					0	0	0	
( 38) W. TRENT RAGLAND, III ----- DIRECTOR	1.00	X					0	0	0	
( 39) MARK REDMOND ----- DIRECTOR	1.00	X					0	0	0	
( 40) FORD ROBERTSON ----- DIRECTOR	1.00	X					0	0	0	
( 41) WILLIAM SALMON ----- DIRECTOR	1.00	X					0	0	0	
( 42) JIM SCOTT ----- DIRECTOR	1.00	X					0	0	0	
( 43) C. HAMILTON SLOAN, JR ----- DIRECTOR	1.00	X					0	0	0	
( 44) ALTON SMITH, III ----- DIRECTOR	1.00	X					0	0	0	
( 45) LORRAINE G. STEPHENS ----- DIRECTOR	1.00	X					0	0	0	
( 46) KIMBERLY QUARLES SWINTOSKY ----- DIRECTOR	1.00	X					0	0	0	
( 47) SAMUEL G. THOMPSON ----- DIRECTOR	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
( 48) TISH TURNER DIRECTOR	1.00	X						0	0	0	
( 49) RICHARD A. URQUHART, III DIRECTOR	1.00	X						0	0	0	
( 50) JOHN W. WARD DIRECTOR	1.00	X						0	0	0	
( 51) THAD WOODARD DIRECTOR	1.00	X						0	0	0	
( 52) HAL V. WORTH, IV DIRECTOR	1.00	X						0	0	0	
( 53) ROBERT WYATT, III DIRECTOR	1.00	X						0	0	0	
( 54) RALPH E. CAPPS PRESIDENT/CEO	40.00			X				146,548.	0	16,074.	
( 55) HUGH A. MCLEAN VICE PRESIDENT OF OPERATIONS	40.00					X		109,172.	0	13,628.	
<b>1b Sub-total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 2

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	393,772.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	158,390.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>	76,237.					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	2,650,881.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	2,444,141.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		182,387.					
	<b>h Total.</b> Add lines 1a-1f . <b>ATTACHMENT 8</b> . . . . .			5,723,421.				
	<b>Program Service Revenue</b>	<b>Business Code</b>						
<b>2a</b> PROGRAM FEES			713990	99,383.	99,383.			
<b>b</b> MEMBERSHIP DUES			713990	28,798.	28,798.			
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .			128,181.					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . <b>ATTACHMENT 3</b> . . . . .			4,348.			4,348.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0				
	<b>5</b> Royalties . . . . .			0				
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		98,016.						
		<b>b</b> Less: cost or other basis and sales expenses . . . . .			99,404.			
		<b>c</b> Gain or (loss) . . . . .			-1,388.			
	<b>d</b> Net gain or (loss) . . . . .			-1,388.				
	<b>8a</b> Gross income from fundraising events (not including \$ 158,390. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	<b>ATCH 4</b>		6,861.			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>		28,915.			
		<b>c</b> Net income or (loss) from fundraising events . <b>ATCH 5</b> . . . . .			-22,054.			-22,054.
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>							
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from gaming activities . . . . .			0				
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> CONCESSIONS			900099	3,597.			3,597.	
	<b>b</b> MISCELLANEOUS		900099	7,309.			7,309.	
	<b>c</b>							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				10,906.				
<b>12 Total revenue.</b> See instructions . . . . .				5,843,414.	128,181.		-6,800.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	2,278,531.	2,278,531.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	13,182.	13,182.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	0			
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	167,671.	117,370.	33,534.	16,767.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,329,975.	983,187.	148,230.	198,558.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	68,310.	57,215.	8,180.	2,915.
9 Other employee benefits . . . . .	165,006.	136,697.	18,780.	9,529.
10 Payroll taxes . . . . .	117,671.	96,314.	15,365.	5,992.
11 Fees for services (non-employees):				
a Management . . . . .	0			
b Legal . . . . .	0			
c Accounting . . . . .	24,501.		21,438.	3,063.
d Lobbying . . . . .	0			
e Professional fundraising services. See Part IV, line 17 . . . . .	11,411.			11,411.
f Investment management fees . . . . .	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	0			
12 Advertising and promotion . . . . .	50,377.	490.	3,519.	46,368.
13 Office expenses . . . . .	170,618.	135,058.	7,990.	27,570.
14 Information technology . . . . .	34,642.		27,965.	6,677.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	373,109.	367,821.	3,368.	1,920.
17 Travel . . . . .	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
19 Conferences, conventions, and meetings . . . . .	11,977.	9,222.	1,318.	1,437.
20 Interest . . . . .	26,717.	26,717.		
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	290,427.	203,298.	58,086.	29,043.
23 Insurance . . . . .	10,881.	10,555.	218.	108.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a REPAIRS & MAINTENANCE -----	112,081.	103,817.	5,485.	2,779.
b VEHICLE EXPENSE -----	47,161.	41,316.	3,189.	2,656.
c STAFF DEVELOPMENT -----	15,170.	12,439.	2,124.	607.
d MEMBERSHIP DUES -----	20,442.	20,442.		
e All other expenses -----	125,920.	88,282.	27,451.	10,187.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	5,465,780.	4,701,953.	386,240.	377,587.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)	
				Beginning of year		End of year	
<b>Assets</b>	<b>1</b>	Cash - non-interest-bearing		0	<b>1</b>	0	
	<b>2</b>	Savings and temporary cash investments		2,114,362.	<b>2</b>	822,444.	
	<b>3</b>	Pledges and grants receivable, net		2,773,135.	<b>3</b>	2,719,618.	
	<b>4</b>	Accounts receivable, net		0	<b>4</b>	0	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	<b>5</b>	0	
	<b>6</b>	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		0	<b>6</b>	0	
	<b>7</b>	Notes and loans receivable, net		0	<b>7</b>	0	
	<b>8</b>	Inventories for sale or use		0	<b>8</b>	0	
	<b>9</b>	Prepaid expenses and deferred charges		22,750.	<b>9</b>	32,025.	
	<b>10a</b>	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	6,965,779.			
	<b>b</b>	Less: accumulated depreciation	<b>10b</b>	3,110,380.	4,054,125.	<b>10c</b>	3,855,399.
	<b>11</b>	Investments - publicly traded securities	<b>ATCH 6</b>		17,152.	<b>11</b>	20,439.
	<b>12</b>	Investments - other securities. See Part IV, line 11			0	<b>12</b>	0
	<b>13</b>	Investments - program-related. See Part IV, line 11			0	<b>13</b>	0
	<b>14</b>	Intangible assets			0	<b>14</b>	0
	<b>15</b>	Other assets. See Part IV, line 11			1,589.	<b>15</b>	0
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			8,983,113.	<b>16</b>	7,449,925.	
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses		51,953.	<b>17</b>	39,196.	
	<b>18</b>	Grants payable		150,082.	<b>18</b>	64,750.	
	<b>19</b>	Deferred revenue		0	<b>19</b>	0	
	<b>20</b>	Tax-exempt bond liabilities		0	<b>20</b>	0	
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D		0	<b>21</b>	0	
	<b>22</b>	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	<b>22</b>	0	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties <b>ATCH 7</b>		1,816,020.	<b>23</b>	0	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties		0	<b>24</b>	0	
<b>25</b>	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		0	<b>25</b>	0		
<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25		2,018,055.	<b>26</b>	103,946.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>						
	<b>27</b>	Unrestricted net assets		2,473,691.	<b>27</b>	4,186,094.	
	<b>28</b>	Temporarily restricted net assets		4,491,367.	<b>28</b>	3,159,885.	
	<b>29</b>	Permanently restricted net assets		0	<b>29</b>	0	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>						
	<b>30</b>	Capital stock or trust principal, or current funds			<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds			<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b>		6,965,058.	<b>33</b>	7,345,979.		
<b>34</b>	<b>Total liabilities and net assets/fund balances.</b>		8,983,113.	<b>34</b>	7,449,925.		

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	5,843,414.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	5,465,780.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	377,634.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,965,058.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	3,287.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	7,345,979.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> BOYS CLUB OF WAKE COUNTY, INC.	<b>Employer identification number</b> 56-0863051
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
11g(i)		
- (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Percentage, %. Rows include: 14 Public support percentage for 2012; 15 Public support percentage from 2011 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2012; b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; b 10%-facts-and-circumstances test - 2011; 18 Private foundation.



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,593,690.	5,265,688.	7,051,535.	6,492,365.	5,723,421.	29,126,699.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	110,008.	103,345.	95,343.	118,348.	128,181.	555,225.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	4,703,698.	5,369,033.	7,146,878.	6,610,713.	5,851,602.	29,681,924.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .					646,043.	646,043.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b. . . . .					646,043.	646,043.
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						29,035,881.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .	4,703,698.	5,369,033.	7,146,878.	6,610,713.	5,851,602.	29,681,924.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	2,370.	2,918.	3,388.	9,413.	4,348.	22,437.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	2,370.	2,918.	3,388.	9,413.	4,348.	22,437.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) <b>ATCH 1</b> . . . . .	32,925.	33,851.	41,790.	25,705.	10,906.	145,177.
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	4,738,993.	5,405,802.	7,192,056.	6,645,831.	5,866,856.	29,849,538.
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	97.27%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	99.34%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	.08%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	.08%

- 19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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ATTACHMENT 1

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
CONCESSIONS	8,638.	6,774.	4,889.	5,111.	3,597.	29,009.
MISCELLANEOUS	24,287.	27,077.	36,901.	20,594.	7,309.	116,168.
TOTALS	<u>32,925.</u>	<u>33,851.</u>	<u>41,790.</u>	<u>25,705.</u>	<u>10,906.</u>	<u>145,177.</u>

# Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

**2012**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) ( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

### Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MR. R. MARKS ARNOLD 2701-201 GLENWOOD GARDENS LANE RALEIGH, NC 27608-1398	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MR. R. MARKS ARNOLD 2701-201 GLENWOOD GARDENS LANE RALEIGH, NC 27608-1398	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	THE ASHA AND SAJJAN AGARWAL FOUNDATION 2516 CHELMSFORD COURT CARY, NC 27518	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BAKER ROOFING COMPANY 517 MERCURY STREET RALEIGH, NC 27603	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BAKER ROOFING COMPANY 517 MERCURY STREET RALEIGH, NC 27603	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BANK OF AMERICA ONE BANK OF AMERICA PLAZA RALEIGH, NC 27601-1755	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BB&T - BE THE ONE PO BOX 1290 WINSTON-SALEM, NC 27102	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	THE BELL FAMILY FOUNDATION PO BOX 17274 RALEIGH, NC 27619-7274	\$ 500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	THE BELL FAMILY FOUNDATION PO BOX 17274 RALEIGH, NC 27619-7274	\$ 20,550.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702-2291	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	CAL RIPKEN SR. FOUNDATION, INC. 1427 CLARKVIEW ROAD, #100 BALTIMORE, MD 21209	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	CAPITOL BROADCASTING COMPANY PO BOX 12000 RALEIGH, NC 27605	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MR. RALPH E. CAPPS 2400 KENNINGTON ROAD RALEIGH, NC 27610-1121	\$ 1,425.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	MR. RALPH E. CAPPS 2400 KENNINGTON ROAD RALEIGH, NC 27610-1121	\$ 5,510.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	MR. KEVIN P. CARLIN 1909 CRAIG STREET RALEIGH, NC 27608	\$ 100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	MR. KEVIN P. CARLIN 1909 CRAIG STREET RALEIGH, NC 27608	\$ 9,830.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	CBC/WRAL COMMUNITY FUND 2619 WESTERN BOULEVARD RALEIGH, NC 27606	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	CENTRO 106 S. WILMINGTON STREET RALEIGH, NC 27601	\$ 5,604.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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19	CHRIST EPISCOPAL CHURCH ----- PO BOX 25778 ----- RALEIGH, NC 27611-5778 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
20	CITY OF RALEIGH ----- PO BOX 590 ----- RALEIGH, NC 27602 -----	\$ 46,486.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
21	MR. STEPHEN C. CLARK ----- 1125 HOLT ROAD ----- APEX, NC 27502 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
22	MR. FRANK A. DANIELS, JR. ----- PO BOX 671 ----- RALEIGH, NC 27602-0671 -----	\$ 20,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
23	DUKE ENERGY PROGRESS ----- 4690 SIMMS CREEK ROAD ----- RALEIGH, NC 27616 -----	\$ 1,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
24	DUKE ENERGY PROGRESS ----- 4690 SIMMS CREEK ROAD ----- RALEIGH, NC 27616 -----	\$ 88,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	DUKE RALEIGH HOSPITAL 3400 WAKE FOREST ROAD RALEIGH, NC 27609	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	DR. WILLIAM M. DUNLAP 1906 STONE STREET RALEIGH, NC 27611-5778	\$ 1,450.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	DR. WILLIAM M. DUNLAP 1906 STONE STREET RALEIGH, NC 27608	\$ 8,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	WILLIAM C. ETHRIDGE FOUNDATION PO BOX 18347 RALEIGH, NC 27619-8347	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	EXTRON ELECTRONICS 1025 E. BALL ROAD ANAHEIM, CA 92805	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	FENWICK FOUNDATION 5200 TOWN CENTER CIRCLE, SUITE 500 BOCA RATON, FL 33486	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	FIFTH THIRD BANK 201 N. TRYON STREET, FLOOR 16 CHARLOTTE, NC 28202-1393	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
32	FIFTH THIRD BANK 201 N. TRYON STREET, FLOOR 16 CHARLOTTE, NC 28202-1393	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
33	FIRST CITIZENS BANK 4400 SIX FORKS ROAD RALEIGH, NC 27609	\$ 750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
34	FIRST CITIZENS BANK 4400 SIX FORKS ROAD RALEIGH, NC 27609	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
35	MR. STUART M. FRANTZ 2426 E. LAKE DRIVE RALEIGH, NC 27609	\$ 11,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
36	GENWORTH FOUNDATION 8325 SIX FORKS ROAD RALEIGH, NC 27615	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	GLAXOSMITHKLINE 5 MOORE DRIVE, PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
38	GOBBLERS RUN 1045 F. LIGON MILL ROAD WAKE FOREST, NC 27587	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
39	GOODNIGHT EDUCATIONAL FOUNDATION PO BOX 3557 RALEIGH, NC 27519-3557	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
40	MRS. CARLA HOLLIS 5145 TERRA COTTA DRIVE RALEIGH, NC 27613	\$ 1,185.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
41	MRS. CARLA HOLLIS 5145 TERRA COTTA DRIVE RALEIGH, NC 27613	\$ 6,175.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
42	MR. FENTON N. HORD 8808 MARINER DRIVE RALEIGH, NC 27615-2600	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	MR. AND MRS. CRAIG C. HUGGINS 3309 BELSPRING LANE RALEIGH, NC 27612-4139	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
44	IBM 10330 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
45	INVESTORS MANAGEMENT CORP 5151 GLENWOOD AVENUE, SUITE 300 RALEIGH, NC 27612	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
46	ISAAC HUNTER FOUNDATION 112 FAYETTEVILLE STREET RALEIGH, NC 27601	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
47	MR. GARY JOYNER 308 MARLOWE ROAD RALEIGH, NC 27509	\$ 50.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
48	MR. GARY JOYNER 308 MARLOWE ROAD RALEIGH, NC 27609	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	THE JUNIOR LEAGUE OF RALEIGH PO BOX 26821 RALEIGH, NC 27611-6821	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
50	MRS. DOROTHY KERR 5510 HOMEWOOD BANKS DRIVE RALEIGH, NC 27612-4456	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
51	LENOVO GROUP 1009 THINK PLACE BUILDING ONE MORRISVILLE, NC 27560	\$ 3,740.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
52	LENOVO GROUP 10009 THINK PLACE BUILDING ONE MORRISVILLE, NC 27560	\$ 14,040.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
53	MR. STEVEN C. LILLY 3030 RANDOLPH DRIVE RALEIGH, NC 27609	\$ 24,205.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
54	MR. STEVEN C. LILLY 3030 RANDOLPH DRIVE RALEIGH, NC 27609	\$ 500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	MR. JAMES C. LITTLE III 112 PERQUIMANS DRIVE RALEIGH, NC 27609	\$ 200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
56	MR. JAMES C. LITTLE III 112 PERQUIMANS DRIVE RALEIGH, NC 27609	\$ 11,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
57	THE LONGLEAF FUND 220 NORTH TRYON STREET CHARLOTTE, NC 28202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
58	DR. J. TIFT MANN III 3409 WILLIAMSBOROUGH COURT RALEIGH, NC 27609-6368	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
59	MR. ALBERT JAY MARTIN 140 CRESCENT DRIVE COLLIERVILLE, TN 38017	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
60	MS. EASTER MAYNARD 300 W. AYCOCK STREET RALEIGH, NC 27608	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	MS. EASTER MAYNARD ----- 300 W. AYCOCK STREET ----- RALEIGH, NC 27608 -----	\$ 74,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
62	MILLER FAMILY FOUNDATION OF WAKE COUNTY ----- 4208 SIX FORKS ROAD, #1700 ----- RALEIGH, NC 27609 -----	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
63	MR. AND MRS. JOHN C. MORISEY JR. ----- 3601 WILLIAMSBOROUGH COURT ----- RALEIGH, NC 27609-6355 -----	\$ 26,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
64	MS. GWINN MOSS ----- 2838 EXETER CIRCLE ----- RALEIGH, NC 27608-1116 -----	\$ 12,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
65	MS. GWINN MOSS ----- 2838 EXETER CIRCLE ----- RALEIGH, NC 27608-1116 -----	\$ 6,775.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)
66	MR. AND MRS. JAMES MAYNARD ----- PO BOX 29502 ----- RALEIGH, NC 27626-9502 -----	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>  (Complete Part II if there is a noncash contribution.)

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(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	MR. AND MRS. MARC NOEL 10729 TREGO TRAIL RALEIGH, NC 27614-9660	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
68	NOEL GROUP/NOMACO 501 NMC DRIVE ZEBULON, NC 27597	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
69	NORTH CAROLINA COMMUNITY FOUNDATION 4601 SIX FORKS ROAD, SUITE 524 RALEIGH, NC 27609	\$ 35,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
70	NORTH CAROLINA PUBLIC HEALTH 5505 SIX FORKS ROAD RALEIGH, NC 27609-3809	\$ 17,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
71	MR. KIRK PARKER 1829-125 CAPITAL BOULEVARD RALEIGH, NC 27604	\$ 1,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
72	MR. KIRK PARKER 1829-125 CAPITAL BOULEVARD RALEIGH, NC 27604	\$ 6,400.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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73	MR. AND MRS. MICHAEL S. PATTERSON 3328 GRANVILLE DRIVE RALEIGH, NC 27609	\$ 29,605.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
74	MR. AND MRS. MICHAEL S. PATTERSON 3328 GRANVILLE DRIVE RALEIGH, NC 27609	\$ 20,395.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
75	MR. DAVID PERKINS 1000 WATERSMEET LANE RALEIGH, NC 27614-8338	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
76	THE PNC FINANCIAL SERVICES GROUP 301 FAYETTEVILLE STREET, SUITE 1000 RALEIGH, NC 27601	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
77	THE PNC FINANCIAL SERVICES GROUP 301 FAYETTEVILLE STREET, SUITE 1000 RALEIGH, NC 27601	\$ 25,800.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
78	POYNER & SPRUILL, LLP 301 FAYETTEVILLE STREET, SUITE 1900 RALEIGH, NC 27601	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



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79	POYNER & SPRUILL, LLP 301 FAYETTEVILLE STREET, SUITE 1900 RALEIGH, NC 27601	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
80	MR. W. TRENT RAGLAND III 2424 GLENWOOD AVENUE, SUITE 105 RALEIGH, NC 27608-1369	\$ 1,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
81	MR. W. TRENT RAGLAND III 2424 GLENWOOD AVENUE, SUITE 105 RALEIGH, NC 27608-1369	\$ 30,300.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
82	MR. WILLIAM M. RAGLAND ONE WEST FOURTH ST, 2ND FLOOR, MAC D4000 WINSTON-SALEM, NC 27101	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
83	RALEIGH KIWANIS FOUNDATION, INC. PO BOX 12 RALEIGH, NC 27602-0012	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
84	MR. PAUL REYNOLDS III 3709 WILLIAMSBOROUGH COURT RALEIGH, NC 27608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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85	RITE AID FOUNDATION PO BOX 3165 HARRISBURG, PA 17105	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
86	SAS INSTITUTE INC. SAS CAMPUS DRIVE CARY, NC 27513	\$ 5,150.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
87	SCANA CORPORATION 229 OPERATION WAY, D 302 CAYCE, SC 29033	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
88	MR. JAMES E. SCOTT 2515 SANDERSON DRIVE RALEIGH, NC 27608-1337	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
89	SEARS CONTRACT, INC. PO BOX 33429 RALEIGH, NC 27636-3429	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
90	MR. LAWRENCE B. SHUPING JR. 2441 WEST LAKE DRIVE RALEIGH, NC 27609-7656	\$ 5,108.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	THE SLOMO & CINDY SILVIAN FOUNDATION INC 150 BROADHOLLOW ROAD, SUITE 304 MELVILLE, NY 11747-4907	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
92	MR. C. HAMILTON SLOAN JR. 2635 EAST MILLBROOK ROAD RALEIGH, NC 27604	\$ 42,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
93	ANN C. & C. HAMILTON SLOAN FOUNDATION P.O. BOX 26006 RALEIGH, NC 27611	\$ 130,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
94	MR. ALTON L. SMITH, III 3529 CARLTON SQUARE PLACE RALEIGH, NC 27612	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
95	SOUTHLAND CHARITABLE TRUST 1701 CHESTER ROAD RALEIGH, NC 27608	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
96	MR. JAMES M. TANNER III 2715 ANDERSON DRIVE RALEIGH, NC 27608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	MR. JAMES M. TANNER III 2715 ANDERSON DRIVE RALEIGH, NC 27608	\$ 76,020.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
98	MR. AND MRS. DENNIS L. THOMPSON 13850 BALLANTYNE CORP PLACE, SUITE 450 CHARLOTTE, NC 28277-2829	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
99	MR. SAMUEL G. THOMPSON 2116 BANBURY ROAD RALEIGH, NC 27608	\$ 16,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
100	GOOD SPORTS 1515 HANCOCK STREET, SUITE 301 QUINCY, MA 02169	\$ 58,113.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
101	TIME WARNER CABLE 4200 PARAMOUNT PARKWAY MORRISVILLE, NC 27560	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
102	TOWN OF WAKE FOREST 301 BROOKS STREET WAKE FOREST, NC 27587-2901	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
103	TRIANGLE COMMUNITY FOUNDATION 324 BLACKWELL STREET, SUITE 1220 DURHAM, NC 27701	\$ 10,480.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
104	THE TRINITY INSURANCE CONSULTING GROUP 7401 CARMEL EXECUTIVE PARK DR, STE 320 CHARLOTTE, NC 28226	\$ 2,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
105	THE TRINITY INSURANCE CONSULTING GROUP 7401 CARMEL EXECUTIVE PARK DR, STE 320 CHARLOTTE, NC 28226	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
106	MR. WILLIAM F. TROXLER JR. 1100 MARLOWE ROAD RALEIGH, NC 27609	\$ 20.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
107	MR. WILLIAM F. TROXLER JR. 1100 MARLOWE ROAD RALEIGH, NC 27609	\$ 9,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
108	SUMMER REST FOUNDATION PO BOX 1330 WRIGHTSVILLE BEACH, NC 28480-1330	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109	U.S. SOCCER FOUNDATION 1211 CONNECTICUT AVENUE NW, STE 500 WASHINGTON, DC 20036	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
110	WAKE COUNTY BOARD OF ALCOHOLIC CONTROL 1212 WICKER DRIVE RALEIGH, NC 27604-1428	\$ 95,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
111	WAKEMED HEALTH & HOSPITALS 2610 NEW BERN AVENUE RALEIGH, NC 27610	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
112	J.H. WALKER LEGACY FOUNDATION 1889 PIERCE STREET CHARLESTON, SC 29492	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
113	WALMART 702 S.W. 8TH STREET BENTONVILLE, AR 72716	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
114	WELLS FARGO MAC D1053-251 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115	WELLS FARGO MAC D1053-251 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
116	MRS. LIBBY W. WENDT 504 FOXHALL STREET RALEIGH, NC 27609-5607	\$ 10,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
117	MS. ANNA B. WHITE 2807 KITTRELL DRIVE RALEIGH, NC 27608	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
118	MR. SYDNOR MONTGOMERY WHITE JR. PO BOX 98265 RALEIGH, NC 27624	\$ 26,650.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
119	MR. AND MRS. WILLIAM M. WHITE 1029 MARLOWE ROAD RALEIGH, NC 27609	\$ 19,710.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
120	WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608-2091	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121	MR. RICHARD PEYTON WOODSON III PO BOX 12346 RALEIGH, NC 27605	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
122	ZEBULON BOYS & GIRLS CLUB PO BOX 1036 ZEBULON, NC 27597	\$ 1,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
123	ZEBULON BOYS & GIRLS CLUB PO BOX 136 ZEBULON, NC 27597	\$ 17,664.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
124	MR. STEPHEN P. ZELNAK 409 DRUMMOND DRIVE RALEIGH, NC 27609-7003	\$ 25,350.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
125	NC DIVISION OF SOCIAL SERVICES 2410 MAIL SERVICE CENTER RALEIGH, NC 27699-2410	\$ 2,455,281.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
126	OFFICE JUVENILE JUSTICE/DELINQUENCY PREV B&G CLUBS AMERICA, 1275 W PEACHTREE ST N ATLANTA, GA 30309	\$ 16,843.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)



Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
127	NC DEPT OF HHS - FOOD SERVICE PROGRAM 1913 MAIL SERVICE CENTER RALEIGH, NC 27699-1914	\$ 12,271.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
128	BOYS CLUB OF WAKE COUNTY FOUNDATION 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	\$ 76,237.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
129	NC ALLIANCE OF BOYS & GIRLS CLUBS, INC. 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	\$ 105,491.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
130	TRIANGLE UNITED WAY 1100 PERIMETER PARK DRIVE, SUITE 112 MORRISVILLE, NC 27560	\$ 393,772.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
131	MRS. BLANCHE R. BACON 2200 WHITE OAK ROAD RALEIGH, NC 27608-1454	\$ 1,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
132	MRS. BLANCHE R. BACON 2200 WHITE OAK ROAD RALEIGH, NC 27608-1454	\$ 12,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part II** Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
52	COMPUTERS, TABLETS AND PRINTERS	\$ 14,040.	04/16/2013
53	1000 SHS TRIANGLE CAPITAL CORPORATION	\$ 24,205.	VARIOUS
64	191 SHS DUKE POWER	\$ 12,168.	10/01/2012
73	500 SHS ROYAL BANK OF CANADA	\$ 29,605.	12/19/2012
90	57 SHS LOCKHEED MARTIN CORPORATION	\$ 5,108.	12/03/2012
100	JERSEYS AND SPORTS SUPPLIES FOR ALL CLUBS	\$ 58,113.	01/24/2013

Name of organization **BOYS CLUB OF WAKE COUNTY, INC.**

Employer identification number

56-0863051

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
119	1,000 SHS BLACKROCK EQUITY DIVIDEND FUND	\$ 19,710.	01/03/2013
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----
-----	-----	\$ -----	-----

Name of organization **BOYS CLUB OF WAKE COUNTY, INC.**

Employer identification number  
56-0863051

**Part III** *Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.* Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
---	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
---	----- ----- -----	----- ----- -----	----- ----- -----
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: BOYS CLUB OF WAKE COUNTY, INC. Employer identification number: 56-0863051

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions, 3 Aggregate grants, 4 Aggregate value, 5 Did the organization inform all donors..., 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... Table with 2 columns: Held at the End of the Tax Year. Rows include: a Total number of conservation easements, b Total acreage restricted, c Number of conservation easements on a certified historic structure, d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations... 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year... 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year... 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?... 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1... (ii) Assets included in Form 990, Part X... 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1... b Assets included in Form 990, Part X...

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g: Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows for 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other, Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶		

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	5,846,701.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 3,287.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	3,287.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,843,414.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	5,843,414.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	5,465,780.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	5,465,780.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	5,465,780.

**Part XIII Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

UNCERTAIN TAX POSITIONS UNDER FIN 48 (ASC 740)

SCHEDULE D, PART X, LINE 2

MANAGEMENT OF THE CLUB DOES NOT BELIEVE THE FINANCIAL STATEMENTS INCLUDE

ANY UNCERTAIN TAX POSITIONS. TAX YEARS ENDED JUNE 30, 2010 THROUGH JUNE

30, 2013 REMAIN OPEN FOR EXAMINATION BY TAXING AUTHORITIES AS OF THE DATE

OF THIS REPORT.



**Part XIII** Supplemental Information *(continued)*

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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		SIGNATURE EVENT (event type)	APPETITE 4 ART (event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	120,450.	44,801.		165,251.
	<b>2</b> Less: Contributions . . . . .	120,450.	37,940.		158,390.
	<b>3</b> Gross income (line 1 minus line 2). . . . .		6,861.		6,861.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		3,625.		3,625.
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .		725.		725.
	<b>9</b> Other direct expenses . . . . .	15,439.	9,126.		24,565.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 28,915.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				-22,054.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOYS & GIRLS CLUB OF BEAUFORT COUNTY INC. PO BOX 2331 WASHINGTON, NC 27889-2331	56-1728315	501(C)(3)	29,118.				SEE PART IV
(2)	BOYS & GIRLS CLUB OF CABARRUS COUNTY INC. PO BOX 1405 CONCORD, NC 28026-1405	56-0577630	501(C)(3)	102,474.				SEE PART IV
(3)	BOYS & GIRLS CLUB OF CLEVELAND COUNTY INC. PO BOX 2001 SHELBY, NC 28151-2001	56-0858863	501(C)(3)	41,214.				SEE PART IV
(4)	BOYS & GIRLS CLUB OF COASTAL CAROLINA 601 MULBERRY STREET BEAUFORT, NC 28516	31-1516947	501(C)(3)	92,929.				SEE PART IV
(5)	BOYS & GIRLS CLUB OF CUMBERLAND COUNTY INC. PO BOX 48155 FAYETTEVILLE, NC 28301	56-0896317	501(C)(3)	37,305.				SEE PART IV
(6)	BOYS & GIRLS CLUB OF EASTERN PIEDMONT 107 JOHNSON STREET CHAPEL HILL, NC 27516	26-0100585	501(C)(3)	34,195.				SEE PART IV
(7)	BOYS & GIRLS CLUB OF EDEN, INC. PO BOX 4628 EDEN, NC 27289-4628	56-0711026	501(C)(3)	34,425.				SEE PART IV
(8)	BOYS & GIRLS CLUB OF EDENTON CHOWAN COUNTY 824 N. OAKUM STREET EDENTON, NC 27932-1423	61-1546080	501(C)(3)	33,530.				SEE PART IV
(9)	BOYS & GIRLS CLUB OF GREATER GASTON PO BOX 23 GASTONIA, NC 28052	56-1419498	501(C)(3)	71,716.				SEE PART IV
(10)	BOYS & GIRLS CLUB OF GREATER HIGH POINT INC PO BOX 2834 HIGH POINT, NC 27261-2834	56-2094591	501(C)(3)	86,934.				SEE PART IV
(11)	BOYS & GIRLS CLUB OF GREATER ONSLOW COUNTY 900 GUM BRANCH ROAD JACKSONVILLE, NC 28540	58-1953679	501(C)(3)	70,201.				SEE PART IV
(12)	BOYS AND GIRLS CLUB OF HALIFAX COUNTY INC. 116C W. 3RD ST. ROANOKE RAPIDS, NC 27870	56-1900740	501(C)(3)	16,226.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOYS & GIRLS CLUB OF HENDERSON COUNTY INC. PO BOX 1460 HENDERSONVILLE, NC 28793-1460	56-1803125	501(C)(3)	103,458.				SEE PART IV
(2)	BOYS & GIRLS CLUB OF LENOIR COUNTY INC. 606 TOWER HILL ROAD KINSTON, NC 28501-5141	58-1742627	501(C)(3)	35,033.				SEE PART IV
(3)	BOYS & GIRLS CLUB OF LUMBERTON/ROBESON COUN PO BOX 2067 LUMBERTON, NC 28359-2067	56-1943784	501(C)(3)	33,434.				SEE PART IV
(4)	BOYS & GIRLS CLUBS OF NASH EDGEcombe COUNTI 301 S CHURCH ST #290 ROCKY MOUNT, NC 27804	56-0934910	501(C)(3)	114,526.				SEE PART IV
(5)	BOYS & GIRLS CLUBS OF NORTH CENTRAL NORTH C P.O. BOX 5094 HENDERSON, NC 27536	56-2525793	501(C)(3)	58,593.				SEE PART IV
(6)	BOYS & GIRLS CLUBS OF THE PIEDMONT INC. 1001 COCHRAN STREET STATESVILLE, NC 28677	20-3237215	501(C)(3)	58,667.				SEE PART IV
(7)	BOYS & GIRLS CLUB OF PITT COUNTY INC. 621 W. FIRE TOW WINTERVILLE, NC 28590	56-0927694	501(C)(3)	118,716.				SEE PART IV
(8)	BOYS & GIRLS CLUBS OF THE SANDHILLS P.O. BOX 1761 SOUTHERN PINES, NC 28388	91-1877405	501(C)(3)	34,621.				SEE PART IV
(9)	BOYS & GIRLS CLUB OF SANFORD LEE COUNTY INC PO BOX 2027 SANFORD, NC 27331-2027	56-1923703	501(C)(3)	62,269.				SEE PART IV
(10)	BOYS & GIRLS CLUB OF TRANSYLVANIA COUNTY PO BOX 1360 BREVARD, NC 28712	56-2142829	501(C)(3)	59,614.				SEE PART IV
(11)	BOYS & GIRLS CLUBS OF WAYNE COUNTY INC. PO BOX 774 GOLDSBORO, NC 27533-0774	56-0706013	501(C)(3)	78,508.				SEE PART IV
(12)	BRIGADE BOYS & GIRLS CLUB 2759 VANCE ST. WILMINGTON, NC 28412	56-0529939	501(C)(3)	107,846.				SEE PART IV

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHEROKEE YOUTH CENTER BOYS & GIRLS CLUB INC PO BOX 455 CHEROKEE, NC 28719-0455	56-2053463	501(C)(3)	19,900.				SEE PART IV
(2)	COMMUNITY BOYS & GIRLS CLUB 901 NIXON STREET WILMINGTON, NC 28401-2965	56-0636247	501(C)(3)	52,332.				SEE PART IV
(3)	JOHN AVERY BOYS & GIRLS CLUB INC. PO BOX 446 DURHAM, NC 27702-0446	56-6001906	501(C)(3)	59,493.				SEE PART IV
(4)	SEYMOUR JOHNSON AFB YOUTH PROGRAMS 1540 GOODSON SEYMORE JOHNSON AFB, NC 27531	56-0928222	501(C)(3)	19,900.				SEE PART IV
(5)	SALV ARMY BOYS & GIRLS CLUB OF BUNCOMBE COU 750 HAYWOOD RD. ASHEVILLE, NC 28806	58-0660607	501(C)(3)	45,005.				SEE PART IV
(6)	SALV ARMY BOYS & GIRLS CLUB OF BURLINGTON 807 STOCKARD STREET BURLINGTON, NC 27217	58-0660607	501(C)(3)	48,296.				SEE PART IV
(7)	SALV ARMY BOYS & GIRLS CLUBS DAVIDSON COUNT 16 PINE ST. THOMASVILLE, NC 27360	58-0660607	501(C)(3)	42,542.				SEE PART IV
(8)	SALVATION ARMY BOYS & GIRLS CLUB OF DURHAM 810 N. ALSTON STREET DURHAM, NC 27701	58-0660607	501(C)(3)	57,157.				SEE PART IV
(9)	SALV ARMY BOYS & GIRLS CLUB OF GASTON COUNT P.O. BOX 1094 GASTONIA, NC 28053	58-0660607	501(C)(3)	26,040.				SEE PART IV
(10)	SALV ARMY BOYS & GIRLS CLUB GREATER CHARLOT PO BOX 31128 CHARLOTTE, NC 28231	58-0660607	501(C)(3)	145,265.				SEE PART IV
(11)	SALV ARMY BOYS & GIRLS CLUBS OF GREENSBORO 1311 SOUTH EUGENE ST. GREENSBORO, NC 27406	58-0660607	501(C)(3)	68,813.				SEE PART IV
(12)	SALV ARMY-HICKORY CORP, BOYS & GIRLS CLUB 750 3RD AVE PL SE HICKORY, NC 28602-4115	58-0660607	501(C)(3)	51,171.				SEE PART IV

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SALV ARMY BOYS & GIRLS CLUB OF HIGH POINT 1215 W. CLOVERLEAF PL. HIGH POINT, NC 27263	58-0660607	501(C)(3)	42,858.				SEE PART IV
(2)	SALVATION ARMY BOYS & GIRLS CLUB OF WILSON PO BOX 96 WILSON, NC 27894	58-0660607	501(C)(3)	20,708.				SEE PART IV
(3)	SALV ARMY BOYS & GIRLS CLUB OF WINSTON-SALEM PO BOX 1205 WINSTON-SALEM, NC 27102	58-0660607	501(C)(3)	63,499.				SEE PART IV
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 39

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2012)



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 OTHER GRANTS	5.	13,182.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I SUPPLEMENTAL INFORMATION

PART I, LINE 2 AND PART II, COLUMN H

THE BOYS CLUB OF WAKE COUNTY, INC. RECEIVES FUNDS FROM THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN RESOURCES AND THE NORTH CAROLINA DEPARTMENT OF JUVENILE JUSTICE/DELINQUENCY PREVENTION AS THE LEAD AGENCY FOR THE NORTH CAROLINA ALLIANCE OF BOYS AND GIRLS CLUBS. THESE FUNDS ARE DISTRIBUTED TO OTHER BOYS & GIRLS CLUB ORGANIZATIONS THROUGHOUT THE STATE FOR SPECIFIC PROGRAMS. EACH PARTICIPATING ORGANIZATION AGREES THAT THEY WILL IMPLEMENT THE SPECIFIC PROGRAMS AND SUBMITS TWO PROGRAM REPORTS ANNUALLY. THE REPORTS INCLUDE DEMOGRAPHIC INFORMATION ON TOTAL

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

REGISTERED MEMBERS AND ACADEMIC ACHIEVEMENT, AND MUST BE LOCALLY SUPPORTED BY DOCUMENTS AND RECORDS (SUCH AS PROGRAM CALENDARS, ATTENDANCE SHEETS, REPORT CARDS, AND POST-TESTS, ETC.) THAT ARE AVAILABLE FOR REVIEW.

OTHER SUPPLEMENTAL INFORMATION

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART III - GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS IN THE UNITED STATES

PART III, LINE 1 REPRESENTS SCHOLARSHIPS/GRANTS EARNED BY FIVE BOYS & GIRLS CLUB MEMBERS. RECIPIENTS ARE YOUNG PEOPLE SELECTED BASED UPON A COMBINATION OF ACADEMIC ACHEIVEMENT, COMMUNITY SERVICE AND INVOLVEMENT IN THEIR INDIVIDUAL BOYS & GIRLS CLUB. EACH HONOREE IS SELECTED BY A PANEL OF JUDGES MADE UP OF COMMUNITY VOLUNTEERS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees   |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**  **4b**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**  **5b**
- b** Any related organization? **5b**
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**  **6b**
- b** Any related organization? **6b**
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III **7**  **8**

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III **8**  **9**

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<input checked="" type="checkbox"/>
<b>4b</b>		<input checked="" type="checkbox"/>
<b>4c</b>		<input checked="" type="checkbox"/>
<b>5a</b>		<input checked="" type="checkbox"/>
<b>5b</b>		<input checked="" type="checkbox"/>
<b>6a</b>		<input checked="" type="checkbox"/>
<b>6b</b>		<input checked="" type="checkbox"/>
<b>7</b>		<input checked="" type="checkbox"/>
<b>8</b>		<input checked="" type="checkbox"/>
<b>9</b>		<input type="checkbox"/>

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RALPH E. CAPPS PRESIDENT/CEO	(i)	145,115.	0	1,433.	10,021.	8,335.	164,904.	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization  
**BOYS CLUB OF WAKE COUNTY, INC.**

Employer identification number  
**56-0863051**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .	X	1 .	575 .	FAIR MARKET VALUE
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	12 .	99,404 .	FAIR MARKET VALUE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( <u>ATCH 1</u> ) . . . . .		11 .	82,408 .	
26 Other ▶ ( _____ ) . . . . .				
27 Other ▶ ( _____ ) . . . . .				
28 Other ▶ ( _____ ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2012)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I - TYPES OF PROPERTY

COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED IN

PART I, COLUMN (B).



**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
COMPUTER SYSTEMS	X	3.	16,040.	FAIR MARKET VALUE
GIFT CARDS	X	2.	3,225.	FAIR MARKET VALUE
SPORTS EQUIPMENT	X	1.	58,113.	FAIR MARKET VALUE
COPIER	X	1.	1,850.	FAIR MARKET VALUE
ENTERTAINMENT SYSTEM	X	1.	500.	FAIR MARKET VALUE
AIR HOCKEY TABLE	X	1.	1,200.	FAIR MARKET VALUE
SCHOOL BOOKBAGS	X	1.	700.	FAIR MARKET VALUE
CIRCUS TICKETS	X	1.	780.	FAIR MARKET VALUE
TOTALS		<u>11.</u>	<u>82,408.</u>	

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

FORM 990 REVIEW

FORM 990, PART VI, LINE 11B:

PRIOR TO FILING, ACCOUNTING FIRM RESPONSIBLE FOR COMPLETION OF FORM 990 SENDS DRAFT TO PRESIDENT/CEO OF ORGANIZATION FOR REVIEW. IF NEEDED, BOTH PARTIES MEET TO CLARIFY QUESTIONS. RETURN IS THEN PREPARED BY ACCOUNTING FIRM FOR FINAL REVIEW AND SIGNATURE BY PRESIDENT.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12C:

MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO SIGN THE FORMAL CONFLICT OF INTEREST POLICY AT THE START OF THEIR BOARD TERM STATING THAT THEY UNDERSTAND THE POLICY. MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO DISCLOSE RELATIONSHIPS THAT THEY OR PERSONS RELATED TO THEM HAVE WITH COMPANIES DOING BUSINESS WITH THE ORGANIZATION.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15B:

COMPENSATION FOR THE PRESIDENT/CEO IS DETERMINED AFTER AN ANNUAL JOB PERFORMANCE REVIEW BY THE H/R COMMITTEE. H/R COMMITTEE REQUESTS, ON REGULAR BASIS, UPDATES TO A JOB CLASSIFICATION AND COMPENSATION MANAGEMENT PLAN AVAILABLE THROUGH BOYS & GIRLS CLUBS OF AMERICA TO GUIDE COMPENSATION DECISIONS. H/R COMMITTEE ESTABLISHES THE SALARY OF THE PRESIDENT/CEO AND VP OF OPERATIONS, AND DETERMINES A POOL OF FUNDS AVAILABLE FOR MERIT INCREASES FOR REMAINDER OF FULLTIME POSITIONS. BOTH

Name of the organization BOYS CLUB OF WAKE COUNTY, INC.	Employer identification number 56-0863051
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THE ACTUAL COMPENSATION OF THE PRESIDENT/CEO AND VP OF OPERATIONS AND THE POOL OF FUNDS AVAILABLE FOR OTHER STAFF POSITIONS IS REPORTED TO AND APPROVED BY THE BOARD OF DIRECTORS.

MAKING DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART VI, LINE 19:

THE ORGANIZATION'S AUDITS, 990S, OTHER FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND OTHER GOVERNING DOCUMENTS ARE AVAILABLE FOR THE PUBLIC TO SEE. PERSONS ASKING TO REVIEW 990S ARE ASKED TO COME TO THE ADMINISTRATIVE OFFICE; OTHER DOCUMENTS HAVE BEEN DISTRIBUTED BY EITHER MAILED HARD COPIES OR BY ELECTRONIC MAIL. 990S ARE ROUTINELY PRESENTED TO THE UNITED WAY AND FUNDING SOURCES AS PART OF AN APPLICATION PROCESS. SOME FINANCIAL STATEMENTS ARE ALSO ON THE ORGANIZATION'S WEBSITE.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

SOCIAL AND GROUP ADJUSTMENT: WE OPERATE 7 CLUBS ACROSS WAKE COUNTY TO PROVIDE A SAFE PLACE FOR SCHOOL-AGED YOUTH TO LEARN AND GROW. THIS CATEGORY OF SERVICE INCLUDES PROGRAMS INTENDED TO INSTILL GOOD CHARACTER AND CITIZENSHIP AND TO PROMOTE HEALTHY LIFESTYLES. PROGRAMS LIKE YOUTH OF THE YEAR, YOUTH FOR UNITY, KIDS VOTING, KEYSTONE AND TORCH LEADERSHIP CLUBS HELP YOUTH BUILD A SENSE OF CONNECTION WITH THEIR COMMUNITY AND BUILD LEADERSHIP SKILLS. PROGRAMS LIKE HEALTHY HABITS, AND SMART MOVES DRUG RESISTANCE TRAINING, AND HEALTHY PLACES/ACTIVE SPACES GIVE KIDS A POSITIVE

Name of the organization BOYS CLUB OF WAKE COUNTY, INC.	Employer identification number 56-0863051
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ATTACHMENT 1 (CONT'D)

OUTLET FOR FUN, CONSTRUCTIVE ACTIVITIES WHILE BUILDING HEALTHY FOUNDATIONS THAT WILL FOLLOW THEM FOR THE REST OF THEIR LIVES. 4,540 YOUTH ARE CLUB MEMBERS AND ALMOST 800 ATTEND EACH DAY.

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
WILLIAMS REALTY & BUILDING COMPANY, INC. 3111 GLENWOOD AVENUE RALEIGH, NC 27612	CONSTRUCTION	341,379.

ATTACHMENT 3FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INTEREST INCOME	4,276.			4,276.
DIVIDEND INCOME	72.			72.
TOTALS	<u>4,348.</u>			<u>4,348.</u>

ATTACHMENT 4FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SIGNATURE OF EVENT	120,450.
APPETITE 4 ART	37,940.
TOTAL	<u>158,390.</u>

Name of the organization BOYS CLUB OF WAKE COUNTY, INC.	Employer identification number 56-0863051
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ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SIGNATURE OF EVENT		15,439.	-15,439.
APPETITE 4 ART	6,861.	13,476.	-6,615.
TOTALS	<u>6,861.</u>	<u>28,915.</u>	<u>-22,054.</u>

ATTACHMENT 6

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
JOHNSON MEMORIAL FUND	17,152.	20,439.	FMV
TOTALS	<u>17,152.</u>	<u>20,439.</u>	

ATTACHMENT 7

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: CAPSTONE BANK  
 ORIGINAL AMOUNT: 2,995,349.  
 INTEREST RATE: 3.250000  
 DATE OF NOTE: 04/04/2011  
 MATURITY DATE: 04/05/2016  
 REPAYMENT TERMS: ANNUAL PRINCIPAL PMTS \$221K + INT BEGINNING 4/5/12  
 SECURITY PROVIDED: DEED OF TRUST ON THE BUILDING  
 PURPOSE OF LOAN: CONSTRUCTION OF ZEBULON BOYS & GIRLS CLUB BUILDING

BEGINNING BALANCE DUE .....	1,816,020.
ENDING BALANCE DUE .....	_____
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>1,816,020.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>_____</u>

ATTACHMENT 8FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. R. MARKS ARNOLD 2701-201 GLENWOOD GARDENS LANE RALEIGH, NC 27608-1398	VARIOUS						10,000.
MR. R. MARKS ARNOLD 2701-201 GLENWOOD GARDENS LANE RALEIGH, NC 27608-1398	09/28/2012			2,500.			
THE ASHA AND SAJJAN AGARWAL FOUNDATION 2516 CHELMSFORD COURT CARY, NC 27518	11/29/2012						5,000.
MRS. BLANCHE R. BACON 2200 WHITE OAK ROAD RALEIGH, NC 27608-1454	VARIOUS						
BAKER ROOFING COMPANY 517 MERCURY STREET RALEIGH, NC 27603	02/19/2013			2,500.			
BAKER ROOFING COMPANY 517 MERCURY STREET RALEIGH, NC 27603	VARIOUS						5,000.
BANK OF AMERICA ONE BANK OF AMERICA PLAZA RALEIGH, NC 27601-1755	05/07/2013						10,000.
BB&T - BE THE ONE PO BOX 1290 WINSTON-SALEM, NC 27102	11/09/2012						50,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
THE BELL FAMILY FOUNDATION PO BOX 17274 RALEIGH, NC 27619-7274	12/13/2012			500.			
THE BELL FAMILY FOUNDATION PO BOX 17274 RALEIGH, NC 27619-7274	VARIOUS						20,550.
BLUE CROSS BLUE SHIELD OF NORTH CAROLINA PO BOX 2291 DURHAM, NC 27702-2291	05/30/2013			5,000.			
CAL RIPKEN SR. FOUNDATION, INC. 1427 CLARKVIEW ROAD, #100 BALTIMORE, MD 21209	VARIOUS						17,500.
CAPITOL BROADCASTING COMPANY PO BOX 12000 RALEIGH, NC 27605	VARIOUS						50,000.
MR. RALPH E. CAPPS 2400 KENNINGTON ROAD RALEIGH, NC 27610-1121	VARIOUS			1,425.			
MR. RALPH E. CAPPS 2400 KENNINGTON ROAD RALEIGH, NC 27610-1121	VARIOUS						5,510.
MR. KEVIN P. CARLIN 1909 CRAIG STREET RALEIGH, NC 27608	11/09/2012			100.			

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. KEVIN P. CARLIN 1909 CRAIG STREET RALEIGH, NC 27608	VARIOUS						9,830.
CBC/WRAL COMMUNITY FUND 2619 WESTERN BOULEVARD RALEIGH, NC 27606	VARIOUS						5,000.
CENTRO 106 S. WILMINGTON STREET RALEIGH, NC 27601	12/06/2012						5,604.
CHRIST EPISCOPAL CHURCH PO BOX 25778 RALEIGH, NC 27611-5778	12/28/2012						5,000.
CITY OF RALEIGH PO BOX 590 RALEIGH, NC 27602	VARIOUS					46,486.	
MR. STEPHEN C. CLARK 1125 HOLT ROAD APEX, NC 27502	06/26/2013						5,000.
MR. FRANK A. DANIELS, JR. PO BOX 671 RALEIGH, NC 27602-0671	VARIOUS						20,100.
DUKE ENERGY PROGRESS 4690 SIMMS CREEK ROAD RALEIGH, NC 27616	09/18/2012			1,500.			



ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
DUKE ENERGY PROGRESS 4690 SIMMS CREEK ROAD RALEIGH, NC 27616	05/28/2013						88,000.
DUKE RALEIGH HOSPITAL 3400 WAKE FOREST ROAD RALEIGH, NC 27609	07/09/2012						15,000.
DR. WILLIAM M. DUNLAP 1906 STONE STREET RALEIGH, NC 27611-5778	VARIOUS			1,450.			
DR. WILLIAM M. DUNLAP 1906 STONE STREET RALEIGH, NC 27608	VARIOUS						8,150.
WILLIAM C. ETHRIDGE FOUNDATION PO BOX 18347 RALEIGH, NC 27619-8347	12/31/2012						15,000.
EXTRON ELECTRONICS 1025 E. BALL ROAD ANAHEIM, CA 92805	VARIOUS						50,000.
FENWICK FOUNDATION 5200 TOWN CENTER CIRCLE, SUITE 500 BOCA RATON, FL 33486	05/07/2013						5,000.
FIFTH THIRD BANK 201 N. TRYON STREET, FLOOR 16 CHARLOTTE, NC 28202-1393	04/02/2013			2,500.			

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
FIFTH THIRD BANK 201 N. TRYON STREET, FLOOR 16 CHARLOTTE, NC 28202-1393	04/01/2013						7,500.
FIRST CITIZENS BANK 4400 SIX FORKS ROAD RALEIGH, NC 27609	12/03/2012			750.			
FIRST CITIZENS BANK 4400 SIX FORKS ROAD RALEIGH, NC 27609	06/06/2013						7,500.
MR. STUART M. FRANTZ 2426 E. LAKE DRIVE RALEIGH, NC 27609	VARIOUS						11,750.
GENWORTH FOUNDATION 8325 SIX FORKS ROAD RALEIGH, NC 27615	VARIOUS						20,500.
GLAXOSMITHKLINE 5 MOORE DRIVE, PO BOX 13398 RESEARCH TRIANGLE PARK, NC 27709-3398	VARIOUS						60,000.
GOBBLERS RUN 1045 F. LIGON MILL ROAD WAKE FOREST, NC 27587	12/21/2012						40,000.
GOODNIGHT EDUCATIONAL FOUNDATION PO BOX 3557 RALEIGH, NC 27519-3557	12/28/2012						5,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MRS. CARLA HOLLIS 5145 TERRA COTTA DRIVE RALEIGH, NC 27613	VARIOUS			1,185.			
MRS. CARLA HOLLIS 5145 TERRA COTTA DRIVE RALEIGH, NC 27613	VARIOUS						6,175.
MR. FENTON N. HORD 8808 MARINER DRIVE RALEIGH, NC 27615-2600	VARIOUS						10,000.
MR. AND MRS. CRAIG C. HUGGINS 3309 BELSPRING LANE RALEIGH, NC 27612-4139	12/28/2012						5,000.
IBM 10330 DAVID TAYLOR DRIVE CHARLOTTE, NC 28262	04/13/2013						5,000.
INVESTORS MANAGEMENT CORP 5151 GLENWOOD AVENUE, SUITE 300 RALEIGH, NC 27612	02/04/2013			5,000.			
ISAAC HUNTER FOUNDATION 112 FAYETTEVILLE STREET RALEIGH, NC 27601	04/24/2013			10,000.			
THE SEBY B. JONES FAMILY FOUNDATION PO BOX 19067 RALEIGH, NC 27619	03/15/2013						1,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. GARY JOYNER 308 MARLOWE ROAD RALEIGH, NC 27509	11/15/2012			50.			
MR. GARY JOYNER 308 MARLOWE ROAD RALEIGH, NC 27609	06/30/2013						10,500.
THE JUNIOR LEAGUE OF RALEIGH PO BOX 26821 RALEIGH, NC 27611-6821	11/15/2012						7,500.
MRS. DOROTHY KERR 5510 HOMEWOOD BANKS DRIVE RALEIGH, NC 27612-4456	10/16/2012						10,000.
MRS. BEN W. KILGORE, III 8705 CYPRESS CLUB DRIVE RALEIGH, NC 27615	06/30/2013						
LENOVO GROUP 1009 THINK PLACE BUILDING ONE MORRISVILLE, NC 27560	04/16/2013						3,740.
LENOVO GROUP 10009 THINK PLACE BUILDING ONE MORRISVILLE, NC 27560	04/16/2013						14,040.
MR. STEVEN C. LILLY 3030 RANDOLPH DRIVE RALEIGH, NC 27609	VARIOUS						24,205.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. STEVEN C. LILLY 3030 RANDOLPH DRIVE RALEIGH, NC 27609	05/15/2013						500.
MR. JAMES C. LITTLE III 112 PERQUIMANS DRIVE RALEIGH, NC 27609	11/19/2012			200.			
MR. JAMES C. LITTLE III 112 PERQUIMANS DRIVE RALEIGH, NC 27609	VARIOUS						11,250.
THE LONGLEAF FUND 220 NORTH TRYON STREET CHARLOTTE, NC 28202	06/10/2013						20,000.
DR. J. TIFT MANN III 3409 WILLIAMSBOROUGH COURT RALEIGH, NC 27609-6368	09/05/2012						10,000.
MR. ALBERT JAY MARTIN 140 CRESCENT DRIVE COLLIERVILLE, TN 38017	05/13/2013						25,000.
MS. EASTER MAYNARD 300 W. AYCOCK STREET RALEIGH, NC 27608	10/08/2012			2,500.			
MS. EASTER MAYNARD 300 W. AYCOCK STREET RALEIGH, NC 27608	VARIOUS						74,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MILLER FAMILY FOUNDATION OF WAKE COUNTY 4208 SIX FORKS ROAD, #1700 RALEIGH, NC 27609	06/12/2013						10,000.
MR. AND MRS. JOHN C. MORISEY JR. 3601 WILLIAMSBOROUGH COURT RALEIGH, NC 27609-6355	VARIOUS						26,000.
MS. GWINN MOSS 2838 EXETER CIRCLE RALEIGH, NC 27608-1116	10/01/2012						12,168.
MS. GWINN MOSS 2838 EXETER CIRCLE RALEIGH, NC 27608-1116	VARIOUS						6,775.
MR. AND MRS. JAMES MAYNARD PO BOX 29502 RALEIGH, NC 27626-9502	12/12/2012						15,000.
MR. AND MRS. MARC NOEL 10729 TREGO TRAIL RALEIGH, NC 27614-9660	05/13/2013						20,000.
NOEL GROUP/NOMACO 501 NMC DRIVE ZEBULON, NC 27597	VARIOUS						50,000.
NORTH CAROLINA COMMUNITY FOUNDATION 4601 SIX FORKS ROAD, SUITE 524 RALEIGH, NC 27609	VARIOUS						35,480.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
NORTH CAROLINA PUBLIC HEALTH 5505 SIX FORKS ROAD RALEIGH, NC 27609-3809	VARIOUS					17,500.	
MR. KIRK PARKER 1829-125 CAPITAL BOULEVARD RALEIGH, NC 27604	VARIOUS			1,350.			
MR. KIRK PARKER 1829-125 CAPITAL BOULEVARD RALEIGH, NC 27604	VARIOUS						6,400.
MR. AND MRS. MICHAEL S. PATTERSON 3328 GRANVILLE DRIVE RALEIGH, NC 27609	12/19/2012						29,605.
MR. AND MRS. MICHAEL S. PATTERSON 3328 GRANVILLE DRIVE RALEIGH, NC 27609	05/20/2013						20,395.
MR. DAVID PERKINS 1000 WATERSMEET LANE RALEIGH, NC 27614-8338	03/08/2013						5,000.
THE PNC FINANCIAL SERVICES GROUP 301 FAYETTEVILLE STREET, SUITE 1000 RALEIGH, NC 27601	10/25/2012			2,500.			
THE PNC FINANCIAL SERVICES GROUP 301 FAYETTEVILLE STREET, SUITE 1000 RALEIGH, NC 27601	VARIOUS						25,800.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
POYNER & SPRUILL, LLP 301 FAYETTEVILLE STREET, SUITE 1900 RALEIGH, NC 27601	09/18/2012			2,500.			
POYNER & SPRUILL, LLP 301 FAYETTEVILLE STREET, SUITE 1900 RALEIGH, NC 27601	04/19/2013						2,500.
MR. W. TRENT RAGLAND III 2424 GLENWOOD AVENUE, SUITE 105 RALEIGH, NC 27608-1369	11/02/2012			1,250.			
MR. W. TRENT RAGLAND III 2424 GLENWOOD AVENUE, SUITE 105 RALEIGH, NC 27608-1369	VARIOUS						30,300.
MR. WILLIAM M. RAGLAND ONE WEST FOURTH ST, 2ND FLOOR, MAC D4000 WINSTON-SALEM, NC 27101	12/19/2012						10,000.
RALEIGH KIWANIS FOUNDATION, INC. PO BOX 12 RALEIGH, NC 27602-0012	01/25/2013						6,000.
MR. PAUL REYNOLDS III 3709 WILLIAMSBOROUGH COURT RALEIGH, NC 27608	12/28/2012						5,000.
RITE AID FOUNDATION PO BOX 3165 HARRISBURG, PA 17105	03/21/2013						10,000.



ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
SAS INSTITUTE INC. SAS CAMPUS DRIVE CARY, NC 27513	10/04/2012						5,150.
SCANA CORPORATION 229 OPERATION WAY, D 302 CAYCE, SC 29033	02/26/2013						12,500.
MR. JAMES E. SCOTT 2515 SANDERSON DRIVE RALEIGH, NC 27608-1337	01/10/2013						5,000.
SEARS CONTRACT, INC. PO BOX 33429 RALEIGH, NC 27636-3429	12/12/2012						5,000.
MR. LAWRENCE B. SHUPING JR. 2441 WEST LAKE DRIVE RALEIGH, NC 27609-7656	12/03/2012						5,108.
THE SLOMO & CINDY SILVIAN FOUNDATION INC 150 BROADHOLLOW ROAD, SUITE 304 MELVILLE, NY 11747-4907	12/21/2012						7,500.
MR. C. HAMILTON SLOAN JR. 2635 EAST MILLBROOK ROAD RALEIGH, NC 27604	VARIOUS						42,000.
ANN C. & C. HAMILTON SLOAN FOUNDATION P.O. BOX 26006 RALEIGH, NC 27611	VARIOUS						130,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. ALTON L. SMITH, III 3529 CARLTON SQUARE PLACE RALEIGH, NC 27612	VARIOUS						8,500.
SOUTHLAND CHARITABLE TRUST 1701 CHESTER ROAD RALEIGH, NC 27608	06/14/2013						10,000.
MR. JAMES M. TANNER III 2715 ANDERSON DRIVE RALEIGH, NC 27608	12/31/2012			5,000.			
MR. JAMES M. TANNER III 2715 ANDERSON DRIVE RALEIGH, NC 27608	VARIOUS						76,020.
MR. AND MRS. DENNIS L. THOMPSON 13850 BALLANTYNE CORP PLACE, SUITE 450 CHARLOTTE, NC 28277-2829	02/21/2013						5,000.
MR. SAMUEL G. THOMPSON 2116 BANBURY ROAD RALEIGH, NC 27608	VARIOUS						16,250.
GOOD SPORTS 1515 HANCOCK STREET, SUITE 301 QUINCY, MA 02169	01/24/2013						58,113.
TIME WARNER CABLE 4200 PARAMOUNT PARKWAY MORRISVILLE, NC 27560	04/23/2013						15,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
TOWN OF WAKE FOREST 301 BROOKS STREET WAKE FOREST, NC 27587-2901	02/25/2013					7,500.	
TRIANGLE COMMUNITY FOUNDATION 324 BLACKWELL STREET, SUITE 1220 DURHAM, NC 27701	VARIOUS						10,480.
THE TRINITY INSURANCE CONSULTING GROUP 7401 CARMEL EXECUTIVE PARK DR, STE 320 CHARLOTTE, NC 28226	10/30/2012			2,500.			
THE TRINITY INSURANCE CONSULTING GROUP 7401 CARMEL EXECUTIVE PARK DR, STE 320 CHARLOTTE, NC 28226	VARIOUS						25,000.
MR. WILLIAM F. TROXLER JR. 1100 MARLOWE ROAD RALEIGH, NC 27609	11/07/2012			20.			
MR. WILLIAM F. TROXLER JR. 1100 MARLOWE ROAD RALEIGH, NC 27609	VARIOUS						9,500.
SUMMER REST FOUNDATION PO BOX 1330 WRIGHTSVILLE BEACH, NC 28480-1330	12/31/2012						100,000.
U.S. SOCCER FOUNDATION 1211 CONNECTICUT AVENUE NW, STE 500 WASHINGTON, DC 20036	VARIOUS						30,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
WAKE COUNTY BOARD OF ALCOHOLIC CONTROL 1212 WICKER DRIVE RALEIGH, NC 27604-1428	11/21/2012					95,000.	
WAKEMED HEALTH & HOSPITALS 2610 NEW BERN AVENUE RALEIGH, NC 27610	07/13/2012						5,000.
J.H. WALKER LEGACY FOUNDATION 1889 PIERCE STREET CHARLESTON, SC 29492	11/15/2012						25,000.
WALMART 702 S.W. 8TH STREET BENTONVILLE, AR 72716	VARIOUS						5,500.
WELLS FARGO MAC D1053-251 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	05/29/2013			20,000.			
WELLS FARGO MAC D1053-251 301 SOUTH COLLEGE STREET CHARLOTTE, NC 28202	05/29/2013						5,000.
MRS. LIBBY W. WENDT 504 FOXHALL STREET RALEIGH, NC 27609-5607	VARIOUS						10,500.
MS. ANNA B. WHITE 2807 KITTRELL DRIVE RALEIGH, NC 27608	01/18/2013						5,000.

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
MR. SYDNOR MONTGOMERY WHITE JR. PO BOX 98265 RALEIGH, NC 27624	VARIOUS						26,650.
MR. AND MRS. WILLIAM M. WHITE 1029 MARLOWE ROAD RALEIGH, NC 27609	01/03/2013						19,710.
WHITE MEMORIAL PRESBYTERIAN CHURCH 1704 OBERLIN ROAD RALEIGH, NC 27608-2091	VARIOUS						5,100.
MR. RICHARD PEYTON WOODSON III PO BOX 12346 RALEIGH, NC 27605	VARIOUS						5,100.
ZEBULON BOYS & GIRLS CLUB PO BOX 1036 ZEBULON, NC 27597	10/12/2012			1,250.			
ZEBULON BOYS & GIRLS CLUB PO BOX 136 ZEBULON, NC 27597	05/28/2013						17,664.
MR. STEPHEN P. ZELNAK 409 DRUMMOND DRIVE RALEIGH, NC 27609-7003	VARIOUS						25,350.
NC DIVISION OF SOCIAL SERVICES 2410 MAIL SERVICE CENTER RALEIGH, NC 27699-2410	VARIOUS					2,455,281.	

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
OFFICE JUVENILE JUSTICE/DELINQUENCY PREV B&G CLUBS AMERICA, 1275 W PEACHTREE ST N ATLANTA, GA 30309	VARIOUS					16,843.	
NC DEPT OF HHS - FOOD SERVICE PROGRAM 1913 MAIL SERVICE CENTER RALEIGH, NC 27699-1914	VARIOUS					12,271.	
BOYS CLUB OF WAKE COUNTY FOUNDATION 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	VARIOUS				76,237.		
NC ALLIANCE OF BOYS & GIRLS CLUBS, INC. 701 N. RALEIGH BOULEVARD RALEIGH, NC 27610	VARIOUS						105,491.
TRIANGLE UNITED WAY 1100 PERIMETER PARK DRIVE, SUITE 112 MORRISVILLE, NC 27560	VARIOUS	393,772.					
MRS. BLANCHE R. BACON 2200 WHITE OAK ROAD RALEIGH, NC 27608-1454	10/03/2012			1,250.			
MRS. BLANCHE R. BACON 2200 WHITE OAK ROAD RALEIGH, NC 27608-1454	VARIOUS						12,500.
CASH CONTRIBUTIONS < \$5,000	VARIOUS			83,610.			

ATTACHMENT 8 (CONT'D)FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
NONCASH CONTRIBUTIONS <\$5,000	VARIOUS						19,438.
CASH CONTRIBUTIONS < \$5,000	VARIOUS						399,673.
EFFECT OF RECORDING OUTSTANDING PLEDGES	VARIOUS						53,517.
TOTALS		<u>393,772.</u>		<u>158,390.</u>	<u>76,237.</u>	<u>2,650,881.</u>	<u>2,444,141.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions.

Name of the organization

BOYS CLUB OF WAKE COUNTY, INC.

Employer identification number

56-0863051

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Rows 1-6 are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No). Row 1: BOYS' CLUB OF WAKE COUNTY FOUNDATION, 58-1553011, 701 N. RALEIGH BOULEVARD, RALEIGH, NC 27610, SUPPORT CLUB, NC, 501(C)(3), 11, BOYS CLUB OF, X.

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

Schedule R (Form 990) 2012



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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)		X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	X	
<b>d</b> Loans or loan guarantees to or for related organization(s)		X
<b>e</b> Loans or loan guarantees by related organization(s)		X
<b>f</b> Dividends from related organization(s)		
<b>g</b> Sale of assets to related organization(s)		X
<b>h</b> Purchase of assets from related organization(s)		X
<b>i</b> Exchange of assets with related organization(s)		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
<b>o</b> Sharing of paid employees with related organization(s)		X
<b>p</b> Reimbursement paid to related organization(s) for expenses		X
<b>q</b> Reimbursement paid by related organization(s) for expenses		X
<b>r</b> Other transfer of cash or property to related organization(s)		X
<b>s</b> Other transfer of cash or property from related organization(s)		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOYS' CLUB OF WAKE COUNTY FOUNDATION	C	76,237.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.  
▶ Information about Schedule D (Form 1041) and its separate instructions is at  
[www.irs.gov/form1041](http://www.irs.gov/form1041).

OMB No. 1545-0092

**2012**

Name of estate or trust

Employer identification number

BOYS CLUB OF WAKE COUNTY, INC.

56-0863051

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					
ATTACHMENT 1			98,016.	99,404.	-1,388.

<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	<b>1b</b>
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	<b>2</b>
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>3</b>
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	<b>4</b> ( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back	<b>5</b> -1,388.

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					

<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	<b>6b</b>
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	<b>7</b>
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	<b>8</b>
<b>9</b> Capital gain distributions	<b>9</b>
<b>10</b> Gain from Form 4797, Part I	<b>10</b>
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	<b>11</b> ( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back	<b>12</b>

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2012

<b>Part III Summary of Parts I and II</b>		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
<b>Caution: Read the instructions before completing this part.</b>				
<b>13</b>	<b>Net short-term gain or (loss)</b> . . . . .	<b>13</b>		-1,388.
<b>14</b>	<b>Net long-term gain or (loss):</b>			
a	Total for year . . . . .	<b>14a</b>		
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.) . . . . .	<b>14b</b>		
c	28% rate gain . . . . .	<b>14c</b>		
<b>15</b>	<b>Total net gain or (loss).</b> Combine lines 13 and 14a . . . . . ▶	<b>15</b>		-1,388.

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b>	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: a The loss on line 15, column (3) or b \$3,000 . . . . .	<b>16</b>	( 1,388.)
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**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b>	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>	
<b>18</b>	Enter the <b>smaller</b> of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>	
<b>19</b>	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>	
<b>20</b>	Add lines 18 and 19 . . . . .	<b>20</b>	
<b>21</b>	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶	<b>21</b>	
<b>22</b>	Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	
<b>23</b>	Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	
<b>24</b>	Enter the <b>smaller</b> of the amount on line 17 or \$2,400 . . . . .	<b>24</b>	
<b>25</b>	Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	
<b>26</b>	Subtract line 25 from line 24 . . . . .	<b>26</b>	
<b>27</b>	Are the amounts on lines 22 and 26 the same? <input type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>	
<b>28</b>	Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	
<b>29</b>	Subtract line 28 from line 27 . . . . .	<b>29</b>	
<b>30</b>	Multiply line 29 by 15% (.15) . . . . .	<b>30</b>	
<b>31</b>	Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>	
<b>32</b>	Add lines 30 and 31 . . . . .	<b>32</b>	
<b>33</b>	Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>	
<b>34</b>	<b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>	

BOYS CLUB OF WAKE COUNTY, INC.  
 Schedule D Detail of Short-term Capital Gains and Losses

56-0863051  
 ATTACHMENT 1

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
500 SHS TRIANGLE CAP CORP	07/15/2012	07/16/2012	11,411.	11,570.	-159.
23 SHS FASTENAL COMPANY	09/03/2012	09/04/2012	979.	1,020.	-41.
191 SHS DUKE ENERGY CORP NEW	09/25/2012	09/26/2012	12,113.	12,168.	-55.
57 SHS LOCKHEED MARTIN CORP	11/18/2012	11/19/2012	5,094.	5,108.	-14.
123 SHS DEAN FOODS CO NEW	12/12/2012	12/13/2012	2,048.	2,111.	-63.
500 SHS ROYAL BANK OF CANADA	12/12/2012	12/13/2012	29,360.	29,605.	-245.
500 SHS TRIANGLE CAP CORP	12/25/2012	12/26/2012	12,349.	12,635.	-286.
5 SHS COLGATE PALMOLIVE	12/27/2012	12/28/2012	493.	527.	-34.
1000 SHS BLACKROCK EQUITY DIVIDEND	12/27/2012	12/28/2012	19,295.	19,710.	-415.
28 SHS CENTERPOINT ENERGY INC	01/01/2013	01/04/2013	520.	563.	-43.
28 SHS FASTENAL COMPANY	04/25/2013	04/26/2013	1,345.	1,345.	
3 SHS APPLE INC	04/25/2013	04/26/2013	1,207.	1,207.	
16 SHS BERKSHIRE HATHAWAY INC	06/17/2013	06/18/2013	1,802.	1,835.	-33.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			98,016.	99,404.	-1,388.
<b>Totals</b>			98,016.	99,404.	-1,388.