# \*\* PUBLIC DISCLOSURE COPY \*\*

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

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

<u>A</u>	For th	le 2017 calendar year, or tax year beginning $\mathrm{JUL}1,2017$	ng Ji	UN 30	, 2018						
В	Check i applical	C Name of organization  BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE				cation number					
	Addr		- 1								
	Nam chan Initia	ge Doing business as				133718					
	retur Final retur termi	10533 EAST LAKEVIEW DRIVE	hone number 480-860-5520								
	ated Ame	City or town, state or province, country, and ZIP or foreign postal code	eceipts \$	10,008,489.							
F	lreturi Appl				nis a group re						
	F Name and address of principal officer:ROBYN JULIEN  SAME AS C ABOVE  for subordinates? Yes X No  H(b) Are all subordinates included? Yes No										
		xempt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or	527			list. (see instructions)					
$\overline{}$		ite: ► WWW.BGCS.ORG	$\overline{}$			n number					
		f organization: X Corporation Trust Association Other ► L	Year o	f formation	1954 N	State of legal domicile: AZ					
P	art I	Summary									
9	1	Briefly describe the organization's mission or most significant activities: SEE SCH	EDUI	LE O		•					
Activities & Governance	1										
Jerr.	2	Check this box  if the organization discontinued its operations or disposed of	more t	than 25%	of its net as	sets.					
ĝ	3	Number of voting members of the governing body (Part VI, line 1a)			3	45					
<b>જ</b>	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	45					
ţies	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			5	288					
ξį	6	Total number of volunteers (estimate if necessary)			6	450					
Ac	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0.					
_	b	Net unrelated business taxable income from Form 990-T, line 34			7b	0.					
	١.	Contributions and a 1 /D 1 / W P	_	Prior Y		Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)	<u></u>		0,418.	6,390,834.					
	9	Program service revenue (Part VIII, line 2g)	-		0,873.	3,216,508.					
æ	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-		3,809.	0.					
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>		4,135.	7,730.					
_	_	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	+-		9,235.	9,615,072.					
	14	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	_		2,476.	37,863.					
w	15	Benefits paid to or for members (Part IX, column (A), line 4)	_	1 06	0.	0.					
se	162	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		4,000	6,567.	5,332,402.					
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  889,929.			0.	0.					
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2 070	3,199.	4 111 400					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-		7,242.	4,111,489.					
	19	Revenue less expenses. Subtract line 18 from line 12	_		1,993.	9,481,754.					
Soc	1.5	revenue loss experieds, capitalet line to front line 12	Pogi			133,318.					
lanc	20	Total assets (Part X, line 16)			urrent Year	End of Year 15,577,458.					
ASS	21	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)			9,389.	1,973,212.					
Net Assets Fund Balan	22	Net assets or fund balances. Subtract line 21 from line 20	1		928.	13,604,246.					
	rt II	Signature Block	_	3,11	7,020.	13,004,240.					
Unde	er pena	ties of perjury, I declare that I have examined this return, including accompanying schedules and st	atemen	ts. and to t	he best of my	knowledge and belief it is					
rue,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	oarer ha	as any kno	wledge.	Allowed and bollon, it is					
		1 VOLO Chi			KIIH	119					
Sigr	۱	Signature of officer 1 1 1 2 2		Da	ité /	<del></del>					
Here	•	ROBYN JULIEN, PRESIDENT/CEO									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	Dat	ę ,	Check	PTIN					
Paid	- 1	MARY C. GREEN May Conlin	5/	13/19	if self-employed	P00447183					
		Firm's name CLIFTONLARSONALLEN LLP		Fir	m's EIN 🕨	41-0746749					
Jse (	Only	Firm's address ≥ 20 E. THOMAS RD, STE. 2300									
0.		PHOENIX, AZ 85012		Ph	one no. 6 0 2	-266-2248					
Иау	the IR	S discuss this return with the preparer shown above? (see instructions)				X Yes No					

	m 990 (2017) INC	86-0133718	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission: SEE SCHEDULE O		,
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	X No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	□ Vaa	X No
J	If "Yes," describe these changes on Schedule O.		TYT IAO
4	Describe the organization's program service accomplishments for each of its three largest program services, as Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other		
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 7,605,085. including grants of \$ 37,863.) (Revent WITH A COMMITMENT TO EXCELLENCE, OUR PROFESSIONAL STAFF LEADERSHIP PROVIDE AND SUPPORT PREMIER YOUTH DEVELOPMENT	AND VOLUNTE	ER
	INNOVATIVE, COMPREHENSIVE PROGRAMS AND UNIQUE LIFE EXPE	RIENCES TO	
	MAXIMIZE EACH INDIVIDUAL'S POTENTIAL, RESULTING IN PRODU	JCTIVE FUTUR	E
	CITIZENS.		
4b	(Code:) (Expenses \$	¢	- Y
	( The vote of the	10 ¢	/
			<del></del>
	·		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	ue \$	Ň
		-	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses ► 7,605,085.	for	

### Part IV Checklist of Required Schedules

1 Is the organization described in section SOT(c)(S) or 4947(ir)(other than a private foundation)?  1				Yes	No
2 Is the organization required to complete Schedule of Contributors 3 Did the organization required in direct or indirect political campaling activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(i) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(i) (sl), 501(c)(sl), or 501(c)(sl) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure Se-119 If "Yes," complete Schedule C, Part III Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment in the fund of a such funds or accounts for which donors have the right to provide advise on the distribution of a such funds or accounts for which donors have the right to provide advise on the distribution of a such funds or accounts for the fund of the organization report an amount in Part X, line 121, for escrew or custodial account liability, serve as a custodian for amounts or the funds of the complete Schedule D, Part V, III to Part X, III to Part	1		1	x	
3 Did the organization engage in direct or indirect political campatign activities on behalf of or in opposition to candidates for public offices ("Ves," complete Schedule D, Part I"  4 Section 501(e)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(e)(4) election in effect during the tax year? If "Yes," complete Schedule D, Part II II  5 Is the organization a section 501(e)(4), 501(e)(5), or 501(e)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 II" Yes," complete Schedule C, Part III  6 Did the organization response to hold a conservation assement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  7 Did the organization export on historic structures? If "Yes," complete Schedule D, Part III  8 Did the organization report an amount in Part X, line 21, for escrow or custodial account flability, serve as a custodian for amounts not listed in Part X or provide credit counseling, debt management, credit expair, or debt negotation services? If "Yes," complete Schedule D, Part IV  10 Did the organization directly or through a related organization, hold assets in temporarily vestricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V  10 Did the organization report an amount for livel, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V  11 If the organization report an amount for rivestments or their securities in Part X, line 10? If "Yes," complete Schedule D, Part VIV  11 If the organization report an amount for rivestments or the recurrities in Part X, line 10? If "Yes," complete Schedule D, Part VIV  12 Did the organization report an amount for rivestments or the recurrities in Part X, line 10? If "Yes," complete Schedule D, Part VIV  13 Did the organization report an amount for rivestments or the resource organization report of the s	2	Is the organization required to complete Schedule B, Schedule of Contributors?			
public office? If Yes, 'complete Schedule C, Part I  Section 501(6) organizations. Did the organization orgage in lobbying activities, or have a section 501(ii) election in effect during the tax year? If Yes, 'complete Schedule C, Part II  Is the organization as action 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 84-19? If Yes, 'complete Schedule C, Part III  Obt the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or invostment of amounts in such funds or accounts If Yes, 'complete Schedule D, Part II  Obt the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic in structures? If Yes, 'complete Schedule D, Part III  Did the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes, 'complete Schedule D, Part III  Did the organization neport an amount in Part X, line 21, for escrow or custodial account, liability, serve as a custodian for amounts not listed in Part X, por produce readt counseling, debt management, credit repair, or debt nepotations services? If Yes, 'complete Schedule D, Part IV  It is the organization ineport an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part V, III  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part V, III  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part X III  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If Yes, 'complete Schedule D, Part X III  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If hat is 5% or more of its total assets reported in Part X	3		_		
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Bid the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III  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  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  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.  12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  13 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  14 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  15 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 X III  16 Did the organization separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FII N 8 (SeC 740) If "Yes," complete Schedule D, Part X III  17 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X III  18 Did the organization maintain an office, employees, or agents outside of the United States, or agents outside of the United States, or ag			6		X
8   X   Schodule D, Part III   9   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schodule D, Part IV   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 Schodule D, Part V   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   11   If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable.  1   Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII   11   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   11   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 VII   2   Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   2   Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X   3   Did the organization in expartate or consolidated financial statements for the tax year include a foothore that addresses the organization in expartate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X   3   Did the organization in organization in separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X   3   Did the organization maintain an	7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
Schedule D, Part III  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  Did the organization sanswer 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  b Did the organization report an amount for investments other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII, IX, or X as a splicable.  a 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 VIII  Did the organization report an amount for investments or 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  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 VIII  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 X III  Did the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X III  Did the organization obtain separate or consolidated financial statements for the tax year? If 'Yes,' complete Schedule D, Part X III  Was the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X III  Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization repo	_		7		X
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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  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 If 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  17 If X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X	14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
or more? If "Yes," complete Schedule F, Parts I and IV  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 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  17 X  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 Did the Organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X	b				
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foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 c and 8a? If "Yes," complete Schedule G, Part II  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  18 X		or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  16 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  18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 and 8a? If "Yes," complete Schedule G, Part II  19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III  19 X	15			- 1	
or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV  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  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  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  The state of the service of the schedule G and the s		foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
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  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  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  18 X	16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  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  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  17  X  18  X  18  X	47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	_	<u>x</u>
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  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  complete Schedule G, Part III  19  X	1/		_		37
1c and 8a? If "Yes," complete Schedule G, Part II  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  18 X  19 X	10	Column (A), lines o and The? If "Yes," complete Schedule G, Part I	17		<u>x</u>
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	10			~	
complete Schedule G, Part III	19	Did the organization report more than \$15,000 of gross income from soming postuition on Doct VIII. line 0.50 If IIV.s. II	18	^	
	.5		40		y
				990 /	

		<u>0133718</u>	Р	age 4
Pa	art IV Checklist of Required Schedules (continued)			
			Yes	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			l
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's curren			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	he		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			F 39
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X	
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an office			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		,,	
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		<sub>V</sub>	
252		34	X	
ood h	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a	Х	
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization		Δ	
55				Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
٠,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 41
	- 3	1 1		

Form 990 (2017)

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

-	n 990 (2017) INC 86-013	3718	3 P	age !			
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance						
	Check if Schedule O contains a response or note to any line in this Part V						
			Yes	No			
1a	The second contraction of the second contrac	0					
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	. 1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,						
	filed for the calendar year ending with or within the year covered by this return 2a 28						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	. 3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	. 3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	. 4a		X			
b	If "Yes," enter the name of the foreign country: ▶						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5a		Х			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X			
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
	any contributions that were not tax deductible as charitable contributions?	. 6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	1775					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	? <b>7h</b>					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		(-79)	is i			
	sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
а	Initiation fees and capital contributions included on Part VIII, line 12						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:		- 15				
	Gross income from members or shareholders11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
	Note. See the instructions for additional information the organization must report on Schedule O.	4 1					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	(2)11					
	organization is licensed to issue qualified health plans						
С	Enter the amount of reserves on hand 13c						
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			

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

86-0133718

Form 990 (2017) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

_	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 45									
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.									
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 45									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			100						
	officer, director, trustee, or key employee?	2	Х							
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5										
6	Did the organization have members or stockholders?	6		Х						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	Ė								
	more members of the governing body?	7a		х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>								
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	15								
а	The governing body?	8a	х							
b	Each committee with authority to act on behalf of the governing body?	8b	X	-						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD	- 21	_						
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9								
	The state of the desirent brieflaste information about policies not required by the internal nevertae code.)		Vaa	NI.						
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No X						
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iua	_							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?		Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a	^							
12a	40- Diddle- and institution 1 11 11 11 11 11 11 11 11 11 11 11 11									
b										
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	Х							
Ū		المدا	x							
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	12c	X							
14		13								
15	Did the organization have a written document retention and destruction policy?	14	X							
13	Did the process for determining compensation of the following persons include a review and approval by independent		100							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		₹							
a	The organization's CEO, Executive Director, or top management official	15a	Х	v						
D	Other officers or key employees of the organization	15b		X						
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		121							
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			37						
<b>L</b>	taxable entity during the year?	16a	_	X						
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
Saat	exempt status with respect to such arrangements?	16b								
_										
	List the states with which a copy of this Form 990 is required to be filed AZ									
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) at the control of the section 104 is a section 104 in the control of the section 104 in the control of the control of the section 104 in the control of the control	ıvailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
40	Own website Another's website X Upon request Other (explain in Schedule O)									
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	MALCOLM HIGH, CFO - 480-344-5511									
	10533 EAST LAKEVIEW DRIVE, SCOTTSDALE, AZ 85258									

732006 11-28-17

#### Form 990 (2017)

86-0133718

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

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

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A)	(B)	T		((	C)			(D)	(E)	(F)
Name and Title	Average	Ido	not o	Pos	ition	than	ana	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer ar	d a d	recto	r/trus	tee)	from	from related	other
	(list any	trustee or director						the	organizations	compensation
	hours for related	or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	ruste	l trus		99	npen		(44-2/1099-101130)		organization and related
	below	dual t	nstitutional trustee		Кеу етріоуее	Highest compensated employee				organizations
	line)	Individual	nstitu	Officer	(ey er	Highe mplo	Former			organization to
(1) ALLEN THOMPSON	2.00	Ť				- 0	-			
BOARD CHAIRPERSON		x		Х				0.	0.	0.
(2) DAVID TIBBETTS	2.00	Т								
VICE CHAIRPERSON, GOVERNANCE		x		x				0.	0.	0.
(3) MARK BOSCO	2.00									
VICE CHAIRPERSON		x		x				0.	0.	0.
(4) STEVE SCHWANZ	2.00									
VICE CHAIRPERSON (LEFT 5/18)	1.00	х		Х				0.	0.	0.
(5) MARIANNE GUENTHER	2.00		$\equiv$							
SECRETARY		x		х				0.	0.	0.
(6) TODD JONES	2.00									
TREASURER		x		х				0.	0.	0.
(7) WILLIAM LICHTSINN	2.00									
GOVERNOR		x						0.	0.	0.
(8) DANIEL THOMPSON	2.00									<del></del>
GOVERNOR		x						0.	0.	0.
(9) DAVID COHEN	2.00									
GOVERNOR		x						0.	0.	0.
(10) CHRIS MALLORY	2.00									
GOVERNOR (LEFT 7/17)		x						0.	0.	0.
(11) TINA DUFFY	2.00									
VICE CHAIRPERSON, STEWARDS		x		x		Ш		0.	0.	0.
(12) BARRY CHASSE	2.00									
AT LARGE	1.00	X						0.	0.	0.
(13) FRANK GORMAN	2.00						П			
AT LARGE		X						0.	0.	0.
(14) RICK BAKER	2.00									
AT LARGE		x						0.	0.	0.
(15) MARK LETENDRE	2.00		П	П			П			
CHAIRPERSON, FOUNDATION		X		$\mathbf{x}$				0.	0.	0.
(16) BERTRAM FEINGOLD	2.00		П							
GOVERNOR		X						0 .	0.	0.
(17) BRUCE SAMUELS	2.00				П					
VICE CHAIRPERSON, OPERATIONS		X		x				0.	0.	0.
732007 11-28-17				- 1110						Form 990 (0017)

732007 11-28-17

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st	Compensated Employe	es (continued)				
(A) (B)					C)			(D)	(E)		(F)		
Name and title Average			Position (do not check more than one					Reportable	Reportable		E:	stimate	ed
	hours per	box	, unle	ss pe	erson	is bo	th ar	compensation	compensation	n		nount	
	week	_	cer ar	nd a d	directo	or/trus	stee)	from	from related			other	
	(list any	trustee or director					1	the	organizations			pensa	
	hours for related	ordi	98			ated		organization	(W-2/1099-MIS	C)		rom th	
	organizations	nstee	trustee		စ္မ	suadi	l	(W-2/1099-MISC)			_	janizat	
	below	nal tr	ional		ploye	toor.	L					d relat anizati	
	line)	Individual	Institutional t	Officer	Key employee	Highest compensated employee	ormer				orga	االكطلا	UIIS
(18) CLARK PETERSON	2.00	_			~	1	T						
VICE CHAIRPERSON		X		х				0.		0.			0.
(19) DAVID LORSCH	2.00		$\Box$		Т		Т			$\neg$			
GOVERNOR (LEFT 5/18)		х						0.		0.			0.
(20) DEVEN MOHNSAM	2.00			Г			Г						
GOVERNOR		Х						0.		0.			0.
(21) DONN FRYE	2.00		П		П		Г						
GOVERNOR	1.00	Х						0.		0.			0.
(22) JANE BLACKER	2.00												
GOVERNOR		Х						0.		0.			0.
(23) JANET CALDARELLI	2.00												
VICE CHAIRPERSON, R & D		Х		X				0.		0 .			0.
(24) JIM RIGGS	2.00												
GOVERNOR	0 00	Х	_				_	0.		0.			0.
(25) LINDA BAER	2.00												•
GOVERNOR	2 00	Х				-	_	0.		0.			0.
(26) LUKE MATTILA	2.00	х						0					^
GOVERNOR						_	L	0.		0.			0.
1b Sub-total								498,322.		0.	51,751.		
c Total from continuation sheets to Part VI								498,322.		0.	51,751.		
d Total (add lines 1b and 1c)  2 Total number of individuals (including but no							>		000 of ware autoble	- 00.	3	1, /	эт.
compensation from the organization	or innited to th	056	liste	u ai	DOVE	e) Wi	10 1	eceived more than \$100	,000 or reportable	3			2
compensation from the organization		_	_	_	_	_					$\neg$	Yes	No
3 Did the organization list any former officer,	director or tru	istea	e ke	v en	nnlo	WEE	or	highest compensated e	mnlovee on	1	311	155	110
line 1a? If "Yes," complete Schedule J for st											3		х
4 For any individual listed on line 1a, is the su	m of reportabl	le co	amo	ensa	ation	and	to t	ther compensation from	the organization				
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	ccrue comper	nsati	ion f	rom	any	unr	elat	ted organization or indivi	dual for services	***		0 1	
rendered to the organization? If "Yes," comp											5		X
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest cor</li> </ol>										pens	ation f	rom	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith (	or w	ithi	n the organization's tax	ear.				
(A)								(B)		_	(C		
Name and business	address				_		4	Description of s	ervices		ompei	nsatio	<u>ი</u>
EXLINE CONSULTING	7 7 17 0 5	. n E	. n					T	ma l		1 4	4 0	0.0
22215 N. 39TH ST, PHOENIX	., AZ 00	0.0.2	0	_		_	-	IT CONSULTAN	TS			4,0	00.
							-						
			_	_		_	$\dashv$						
							- 1						
· · · · · · · · · · · · · · · · · · ·			_	_		_	-						
							$\neg$						
2 Total number of independent contractors (ir	cluding but no	ot lir	nited	d to	thos	se lis	tec	d above) who received m	ore than				
\$100,000 of compensation from the organiz	ation >				1							12	
SEE PART VII, SECTION	A CONT	IN	IUA	TI	ON	1 5	H	EETS			Form	9 <b>90</b> (2	2017)

86-0133718 Form 990 Part VII | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (F) Name and title Position Average Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation organization (list any (W-2/1099-MISC) from the hours for (W-2/1099-MISC) organization Highest compensated related and related organizations Кеу етрюуее organizations Institutional below Officer line) (27) MARK HIEGEL 2.00 GOVERNOR X 0 0 0. 2.00 (28) MICHAEL ROLAND 0. GOVERNOR X 0. 0. 2.00 (29) PAUL BAKER 0. GOVERNOR X 0 0. (30) PETER STESIAK 2.00 GOVERNOR 1.00 Х 0. 0 0. (31) ROBERT WINTER 2.00 GOVERNOR Х 0 0. 0. 2.00 (32) STACEY RICHMAN GOVERNOR X 0 0 0. (33) STEVEN BEEGHLEY 2.00 0. GOVERNOR 0 0. (34) THOMAS LOMBARDI 2.00 0. VICE CHAIRPERSON, HUMAN RESOURCES Х Х 0 0. (35) MICHAEL BAER 2.00 GOVERNOR X 0. 0. 0. (36) KEVIN DRAPER 2.00 GOVERNOR X 0 0. 0, (37) DANIELLE FORD 2.00 Х GOVERNOR 0 0. 0. (38) DANIEL KRAUSE 2.00 GOVERNOR Х 0 0. ٥. (39) RJ MULLER 2.00 GOVERNOR 0. X 0 0. (40) ELAINA OSIFE 2.00 GOVERNOR X 0 0. 0. (41) KELLY PATTON 2.00 GOVERNOR Х 0. 0. 0. 2.00 (42) TRACIE POULSEN GOVERNOR х 0 0. 0. (43) ROBERT SCHREYER 2.00 COVERNOR 0. 0. 0. (44) MARC SCHULTZ 2.00 GOVERNOR X 0. 0. 0 . 2.00 (45) CAROL SHEEHAN-MATHIS GOVERNOR X 0 0. 0 \* 2.00 (46) SAYLOR SIMS GOVERNOR X 0. 0. 0 . Total to Part VII, Section A, line 1c

86-0133718 Form 990 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (F) Name and title Average Position Reportable Reportable Estimated (check all that apply) hours compensation compensation amount of per from from related other week the organizations compensation Highest compensated employee (list any organization (W-2/1099-MISC) from the (W-2/1099-MISC) hours for organization Institutional trustee related and related organizations Key employee organizations below line) (47) SAMUEL SWAINHART 2.00 GOVERNOR X 0 0 0. (48) JEFF VANDRIE 2.00 GOVERNOR 0. 0. 0. (49) STEVEN WARD 40.00 1.00 CFO (LEFT 12/17) X 141,683. 0. 17,959. (50) LISA HURST 40.00 PRESIDENT/CEO (LEFT 5/18) 1.00 X 273,011. 0. 26,380. (51) MALCOLM HIGH 40.00 CFO (STARTED 2/18) 1.00 X 0. 0. 0. (52) CURT MCREYNOLDS 40.00 X 83,628. 0. 7,412. (53) ROBYN JULIEN 40.00 PRESIDENT/CEO (STARTED 6/18) X 1.00 0. 0. 0. 498,322. 51,751. Total to Part VII, Section A, line 1c

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Form 990 (2017)

INC

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII Revenue excluded from tax under sections 512 - 514 Related or Unrelated Total revenue exempt function business revenue revenue , Gifts, Grants nilar Amounts 1 a Federated campaigns 9,463. 1a b Membership dues 1b 1,133,087, c Fundraising events 1c d Related organizations ..... 1d 899,000, Contributions, and Other Simi 1,223,040, e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 3,126,244 221,881 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 6,390,834 **Business Code** 2 a PROGRAM SERVICE FEES Program Service Revenue 900099 3,074,260 3,074,260 MEMBERSHIP DUES 900099 104,580 104,580 FIELD TRIP REVENUE 900099 37,668. 37,668 f All other program service revenue 3,216,508 g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 29,559 0 b Less: rental expenses c Rental income or (loss) 29,559. 29,559 29,559. d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 1,133,087. of contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a 123,712 b Less: direct expenses 393,417 c Net income or (loss) from fundraising events -269,705 -269,705. 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from gaming activities ... -10 a Gross sales of inventory, less returns and allowances \_\_\_\_\_a 243.288 b Less: cost of goods sold ..... 0 c Net income or (loss) from sales of inventory 243,288 243,288. Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 4,588 4.588. b d All other revenue e Total. Add lines 11a-11d 4,588, Total revenue. See instructions. 9,615,072. 3,216,508. 7,730. Form 990 (2017)

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#### Form 990 (2017) Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a responsion not include amounts reported on lines 6b,	(A)	this Part IX (B)	(C) I	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				1111111
2	Grants and other assistance to domestic	25 252			
	individuals. See Part IV, line 22	37,863.	37,863.		
3	Grants and other assistance to foreign		1		
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	E00 606	205 760	245 400	F. 7. 7. F. 0
_	trustees, and key employees	508,606.	205,760.	245,488.	57,358
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,935,986.	3,334,501.	107 (72	412 010
7	Other salaries and wages	3,933,900.	3,334,501.	187,673.	413,812
8	Pension plan accruals and contributions (include	52,917.	46,317.	2 470	0 070
^	section 401(k) and 403(b) employer contributions)	444,587.	326,183.	-2,478. 27,913.	9,078
9	Other employee benefits	390,306.	324,298.	32,415.	
10 11	Payroll taxes Fees for services (non-employees):	320,300.	324,230.	32,413.	33,593
	` ' ' '				
		580.		580.	
	Legal	26,177.		26,177.	
		20,177		20,177	
	Lobbying Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g				<del> </del>	
9	column (A) amount, list line 11g expenses on Sch O.)	293,598.	162,989.	117,141.	13,468
12	Advertising and promotion	6,388.	1,950.	10.	4,428
13	Office expenses	290,466.	127,667.	62,403.	100,396
14	Information technology	279,984.	263,958.	8,013.	8,013
15	Royalties				- /
16	Occupancy	535,244.	471,065.	35,755.	28,424
17	Travel	129,277.	99,301.	27,221.	2,755.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		1		
19	Conferences, conventions, and meetings	138,806.	21,660.	95,029.	22,117.
20	Interest	11,306.	4,829.	6,477.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	758,620.	676,584.	75,876.	6,160.
23	Insurance	141,902.	122,965.	15,211.	3,726.
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 ().)				
а	PROGRAM SUPPLIES	844,501.	844,501.		
h	CONTRACTED SERVICES/LEA	768,705.	390,785.	24,511.	353,409.
c	DONATED MATERIALS	214,891.	96,538.	330.	118,023.
d	BAD DEBT EXPENSE	45,371.	45,371.	330.	110,023
	All other expenses	-374,327.	13/3/11	995.	-375,322.
25	Total functional expenses. Add lines 1 through 24e	9,481,754.	7,605,085.	986,740.	889,929.
26	Joint costs. Complete this line only if the organization	, = = = , , 5 2 1	.,,	20011201	000,000
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

732010 11-28-17

Form 990 (2017)
Part X Balance Sheet

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Pa	II L A	Observice Sneet			
-		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,560,705.	1	68,989.
	2	Savings and temporary cash investments	484,746.	2	404,597.
	3	Pledges and grants receivable, net	265,864.	3	155,897.
	4	Accounts receivable, net	57,045.	4	107,184.
	5	Loans and other receivables from current and former officers, directors,			
	1	trustees, key employees, and highest compensated employees. Complete			
	1	Part II of Schedule L		5	
	6	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			
t t		employers and sponsoring organizations of section 501(c)(9) voluntary	7 7 - 1 - 1		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
ĕ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	8,008.	9	32,816.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 24, 263, 945.	100		
	b	Less: accumulated depreciation 10b 9,455,970.	12,143,949.	10c	14,807,975.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	14,520,317.	16	15,577,458.
	17	Accounts payable and accrued expenses	744,487.	17	714,140.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,		- 1	
Ħ		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	94,858.	23	83,158.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of	010 044		4 485 644
		Schedule D	210,044.	25	1,175,914.
_	26	Total liabilities. Add lines 17 through 25	1,049,389.	26	1,973,212.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Ses		complete lines 27 through 29, and lines 33 and 34.	11 252 242		12 120 660
llan	27	Unrestricted net assets	11,353,242.	27	13,137,662.
Ba	28	Temporarily restricted net assets	2,117,686.	28	466,584.
Fund Balances	29	Permanently restricted net assets		29	
됴		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or	200	and complete lines 30 through 34.		- 8	
ssel	30	Capital stock or trust principal, or current funds		30	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Š	32 33	Retained earnings, endowment, accumulated income, or other funds	13,470,928.	32	13,604,246.
	34	Total net assets or fund balances	14,520,317.	33	15,577,458.
	<del></del>	Total nabilities and het assets/fullu balances	T#1770'7T'	34	13,3//,430.

	1 990 (2017) INC	86-01	33718	Pa	ge 12					
Pa	rt XI Reconciliation of Net Assets									
0=	Check if Schedule O contains a response or note to any line in this Part XI									
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	9,61							
2	z z z z z z z z z z z z z z z z z z z									
3										
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,47	0,9	28.					
5	Net unrealized gains (losses) on investments	5								
6	Donated services and use of facilities	6								
7	Investment expenses	7								
8	Prior period adjustments	8								
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,									
	column (B)) 10 13,									
Pa	Part XII Financial Statements and Reporting									
Check if Schedule O contains a response or note to any line in this Part XII										
				Yes	No					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other									
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule									
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a								
	separate basis, consolidated basis, or both:									
	Separate basis Consolidated basis Both consolidated and separate basis		17.0							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis									
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,	11 2.7							
	review, or compilation of its financial statements and selection of an independent accountant?	20 20 300000	2c	X						
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch									
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit	1.3							
	Act and OMB Circular A-133?		3a		X					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b							

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2017

Open to Public Inspection

Name of the organization BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE Employer identification number INC 86-0133718 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g, Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document' (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Schedule A (Form 990 or 990-EZ) 2017 INC

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and	3-7/				1	
	membership fees received. (Do not						
	include any "unusual grants.")	4,767,610.	5,044,674.	3,767,521.	6,170,418.	6,390,834.	26,141,057.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities			<del></del>			
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,767,610.	5,044,674.	3,767,521.	6,170,418.	6,390,834.	26,141,057.
	The portion of total contributions						
-	by each person (other than a						
	governmental unit or publicly						
	supported organization) included					- 1	
	on line 1 that exceeds 2% of the						
	amount shown on line 11,		1.00	S. W. H "1"			
	antimon (f)	1 to 1 to 1			The state of the s	V E L LV	818,436.
6	Public support. Subtract line 5 from line 4.						25,322,621.
	ction B. Total Support						25,522,021.
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	4,767,610.	5,044,674.	3,767,521.	6,170,418.	6,390,834.	26,141,057.
	Gross income from interest,	-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,701,022.	0,170,110.	0,330,031.	20,111,057.
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	52,405.	85,534.	99,805.	101,169.	29,559.	368,472.
۵	Net income from unrelated business	32,103.	03,334.	22,003.	101,105.	25,555.	300,472.
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	13,336.	22,539.	26,478.	1,722.	4,588.	68,663.
44	Total support. Add lines 7 through 10	13,330.	22,333.	20,470.	1,122.	4,300.	26,578,192.
		ata /aaa isatuustia				10 10	248,856.
	Gross receipts from related activities, First five years. If the Form 990 is for						,240,030.
ı	organization, check this box and stop	V4			-		<b>L</b>
Sec	ction C. Computation of Publi	c Support Per	centage				<u> </u>
	Public support percentage for 2017 (li			olumn (fl)		14	95.28 %
15	Public support percentage from 2016	Schedule A. Part I	Il line 11	old((())	***************************************	15	05 00
	33 1/3% support test - 2017. If the o						2300-007-02-0-
104	stop here. The organization qualifies						
h	33 1/3% support test - 2016. If the o						
_							
172	and stop here. The organization quali 10% -facts-and-circumstances test	- 2017 If the even	upported organiza	non	10 100 ou 10b a	and line 4.4 in 4.00/	
17 a							
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
	10% -facts-and-circumstances test						IU% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
אַנ	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	<u>, 16b, 17a, or 17b</u>		nd see instructions	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions,			,					
	merchandise sold or services per-								
	formed, or facilities furnished in								
	any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
Ŭ	are not an unrelated trade or bus-								
	iness under section 513								
4	Tax revenues levied for the organ-								
4	ization's benefit and either paid to								
_	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
	Total. Add lines 1 through 5								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	) Amounts included on lines 2 and 3 received from other than disqualified persons that								
	exceed the greater of \$5,000 or 1% of the								
	amount on line 13 for the year								
C	Add lines 7a and 7b								
	Public support. (Subtract line 7c from line 6.)								
	ction B. Total Support				10-1-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
9	Amounts from line 6								
10a	Gross income from interest,								
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
c	Add lines 10a and 10b								
	Net income from unrelated business								
	activities not included in line 10b,								
	whether or not the business is regularly carried on		,						
12	Other income. Do not include gain								
	or loss from the sale of capital								
42	assets (Explain in Part VI.)								
	Total support. (Add lines 9, 10c, 11, and 12.)		<i>.</i>	1.6 11 501 1		= 1 ( ) (a)			
14	First five years. If the Form 990 is for	_			-		ation,		
50/	check this box and stop here	o Support Do	roontogo						
				-1 (0)		Lel			
	Public support percentage for 2017 (I		990 H			15	%		
	Public support percentage from 2016			*******************		16	%		
_	tion D. Computation of Inves			40 1 (5)		T.= I			
	Investment income percentage for 20					17	%		
	Investment income percentage from 2					18	%		
19a	33 1/3% support tests - 2017. If the								
	more than 33 1/3%, check this box at								
b	33 1/3% support tests - 2016. If the	-				•			
	line 18 is not more than 33 1/3%, che		2.			-			
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 | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V,)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

-		Yes	No
1			
	W		
2	Y.		
За			
3b			
3с			
4-	u		
4a			-
100			
4b			
	e.	- 11	
4c			
		wi I	
		311	
5a			
5b	4		
5c			_
	9		
	-		
6	+		
7			
8	+		
4	1		
9a			
11.57			
9b	+		
9с			
v f			Ţ,
10		1,1	
10a	+	716	
10b			
990 or		0-EZ)	2017

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sch	edule A (Form 990 or 990-EZ) 2017 INC		86-0133718 Page 6		
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI.) See instructions. Al	
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E.		
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
_3_	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
_5_	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1 1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2017 INC 86-0133718 Page 7 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. Distributable amount for 2017 from Section C, line 6 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2017 a **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2017 distributable amount Carryover from 2012 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2017 from Section D, a Applied to underdistributions of prior years b Applied to 2017 distributable amount c Remainder, Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2018. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2013 b Excess from 2014 c Excess from 2015

Schedule A (Form 990 or 990-EZ) 2017

d Excess from 2016 e Excess from 2017

BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE Schedule A (Form 990 or 990-EZ) 2017 INC 86-0133718 Page 8 Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2013 AMOUNT: \$ 13,336. 2014 AMOUNT: \$ 22,539. 2015 AMOUNT: \$ 26,478. 2016 AMOUNT: 1,722. 2017 AMOUNT: \$ 4,588.

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

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

OMB No. 1545-0047

Employer identification number

2017

<b></b>	BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE					
·	INC	86-0133718				
Organization type (ch	eck one);					
Filers of:	Section:					
Form 990 or 990-EZ	Sol(c)( 3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	tion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	tule. See instructions.				
General Rule						
	zation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor					
Special Rules						
sections 509( any one contr	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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.					
year, total cor	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year						
	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its					

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization									
BOYS	&	GIRLS	CLUBS	OF	GREATER	SCOTTSDALE			
INC									

Employer identification number

86-0133718

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		\$899,000.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	**	\$639,137.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3		\$335,896.	Person X Payroll				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4		\$132,838.	Person X Payroll Noncash (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
5		\$ <u>1,025,000</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
723452 11-01-	17	\$Schedule B /Form S	Person Payroll Noncash (Complete Part II for noncash contributions.)				

Name of organization
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE
INC

Employer identification number

86-0133718

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	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
		<b>_</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
			:,
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ \$	
23453 11-01-	17		990, 990-EZ, or 990-PF) (2017

Name of organization Employer identification number BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE INC 86-0133718 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info once.) 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 (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest information. BOYS Name of the organization & GIRLS CLUBS OF GREATER SCOTTSDALE

Employer identification number

Schedule D (Form 990) 2017

INC 86-0133718 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year ..... 1 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

732051 10-09-17

	edule D (Form 990) 2017 INC					86	-01	33718	Pa	ge 2
10.000	rt III   Organizations Maintaining C									
3	Using the organization's acquisition, accessi-	on, and other record	ls, check any of the	following that are a	signif	icant use	of its	collection	item:	3
	(check all that apply):		(9 <u></u> )(1							
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	n how they further t	he organization's ex	kemnt	purpose i	n Part	XIII		
5	During the year, did the organization solicit o							7 4111		
	to be sold to raise funds rather than to be ma						[	Yes		No
Pa	rt IV Escrow and Custodial Arran	gements. Comple	te if the organization	n answered "Ves"	on For	m 000 Pa	rt I\/ I			140
	reported an amount on Form 990, Par		to ir the organizatio	manawered real	311 1 01	III 330, I a	11.10,1	irie 3, ur		
12	Is the organization an agent, trustee, custodi		lians for contribution	a ar athar accata n	at in al	udad				_
·u			•					1	· · ·	١.,
_	on Form 990, Part X?			***************************************		**********	**	Yes	L	No
U	ir res, explain the arrangement in Part XIII	and complete the fol	llowing table:		Г			_		_
	D				-	_		Amount		
C	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f				
	Did the organization include an amount on Fo						L	Yes		No
	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	III					<u> </u>
Pai	rt V Endowment Funds. Complete if	the organization an	swered "Yes" on Fo	orm 990, Part IV, line	∋ 10.					
		(a) Current year	(b) Prior year	(c) Two years back	(d) T	hree years	back	(e) Four	years t	ack
1a	Beginning of year balance	2,191,205.	2,191,205.	2,191,205		2,053,	796.	2,	000,	000.
b	Contributions	10,000.				132,	712.		50,0	000.
С	Net investment earnings, gains, and losses	107,442.	296,381.	55,750		146,	705.		200,	585.
d	Grants or scholarships									
е	Other expenditures for facilities						$\neg$			
	and programs	76,033.	296,381.	55,750		142,	1.800		196,	789.
f	Administrative expenses				$\vdash$		_			
g	End of year balance	2,232,614.	2,191,205.	2,191,205		2,191,	205	2	053,	796
2	Provide the estimated percentage of the curr		**		1				,	
a	Board designated or quasi-endowment	89.58	%	i)) Hold as.						
	Permanent endowment  8.63	%	-′°							
		79° %								
C										
2-	The percentages on lines 2a, 2b, and 2c should be the second and the second sec	•								
Şа	Are there endowment funds not in the posses	ssion of the organiza	ition that are held a	nd administered for	the o	ganization	1	E	. 1	
	by:								Yes	
	(i) unrelated organizations							3a(i)	_	<u>X</u>
	(ii) related organizations							-	X	
	If "Yes" on line 3a(ii), are the related organization	ions listed as require	ed on Schedule R?					3b	X	
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part)	K, line	10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accum	nulated		(d) Book	value	
		basis (investm	ent) basis (	(other) de	epreci	ation				
1a	Land		1,13	4,074.			1	1,134	,07	4.
	Buildings		19,74	1,852. 6,	662	,743.		3,079		
	Leasehold improvements									
	Equipment		2,15	5,132. 1,	904	,200.		250	, 93	2.
	Other			2,887.		,027.		343		
	Add lines 1a through 1e. (Column (d) must eq					, , , , ,	14	1,807		
	The state of the s			J	*******					

Schedule D (Form 990) 2017 INC			86-0133718 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" or			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of		ine 11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" or		ine 11d. See Form 990, Part X, line 1	5.
(a) D	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, I		line 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) PROGRAM - PREPAID DEPOSITS	5	194,892.	
(3) YOY SCHOLARSHIP PAYABLE		54,621.	
(4) CAPITAL LEASE OBLIGATION		126,401.	
(5) DUE TO FOUNDATION		800,000.	
(6)		E. I.I.	
(7)		E11E11	
(8)			
(9)			
Total, (Column (b) must equal Form 990, Part X, col. (B) line	25)	1.175.914.	

2. Liability for uncertain tax positions. 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 X

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 INC		86-0133718 Page 4
Part XI Reconciliation of Revenue per Audited Financial St	atements With Reven	ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, li		
1 Total revenue, gains, and other support per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1	***************************************	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	101 0	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12		
Part XII Reconciliation of Expenses per Audited Financial S	The second secon	nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, li		
Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities		in a
<b>b</b> Prior year adjustments		
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	71 15	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	8.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		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 a	any additional information.	
PART V, LINE 4:		
FART V, LINE 4:		
SUPPORT OF THE BGCS CLUBS		
BOLLOKI OF THE PACE CHAPP		
PART X, LINE 2:		
ZIMI MI DING Z.		
THE CLUBS EVALUATE THEIR UNCERTAIN TAX PO	אמדיידרואוט די אוא	IV ON A COMMINITED
THE CHOOS SYMBOLIS THEIR ONCENTAIN TAX FO	BITTONS, IF AN	II, ON A CONTINUED
BASIS THROUGH THE REVIEW OF THEIR POLICIE	EG AND DROCEDIE	PC AND PEVITEW OF
PRODUCTION OF THE RESTREET OF THE PRODUCTION OF	S AND PROCEDOR	ES, AND REVIEW OF
THEIR REGULAR TAX FILINGS.		
THE PERSON NAMED IN THE PE		

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions. OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

INC					86-0133	
Part I Fundraising Activities required to complete this pa	Complete if the organization answert,	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
	e Solicita  f Solicita g Special  or oral agreement with any individual  Part VII) or entity in connection with pividuals or entities (fundraisers) pursu	tion of tion of fundra I (inclu profess	non-g gover aising ding o	overnment grants nment grants events fficers, directors, tru fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fund have o or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
2						
Total			•			
3 List all states in which the organization or licensing.			utions	or has been notified	l it is exempt from re	gistration

732081 09-13-17

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

-	eau	II Fundraising Events. Complete if the	ne organization answered	1 "Yes" on Form 990 Par	IV line 18 or reported	more than \$15,000			
12-31-5	C188211	of fundraising event contributions and gr							
			(a) Event #1	(b) Event #2	(c) Other events				
			BLUE DOOR			(d) Total events			
			BALL	LIVE & LOCAL	2	(add col. (a) through			
υ		.4	(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	912,980.	161,425.	182,394.	1,256,799.			
	2	Less: Contributions	817,780.	132,913.	182,394.	1,133,087.			
	3	Gross income (line 1 minus line 2)	95,200.	28,512.		123,712.			
	4	Cash prizes	15,295.			15,295.			
SS	5	Noncash prizes	62,240.			62,240.			
xpense	6	Rent/facility costs	114,049.			114,049.			
Direct Expenses	7	Food and beverages		52,000.		52,000.			
П	8	Entertainment	1,714.	1,500.		3,214.			
	9	Other direct expenses	91,633.	50,837.	4,149.	146,619.			
	10	Direct expense summary. Add lines 4 through	9 in column (d)			393,417.			
_	11	Net income summary. Subtract line 10 from li	ne 3, column (d)		<b>&gt;</b>	-269,705.			
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than				
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		( N T   1   1   1   1   1   1   1   1   1			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue						(a,ag.: (a,			
Œ	1	Gross revenue							
es	2	Cash prizes							
ens		N							
Ä	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
			Yes %	Yes %	Yes %				
	6	Volunteer labor	□ No	□ No □	No				
	7	Direct expense summary. Add lines 2 through	5 in column (d)		<b>&gt;</b>				
					12000 1 C. COO W. COO W. COO W. 1000 100				
$\perp$	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
^	⊏ <sub>m±</sub>	outle estate (a) in outline the escape in the	-1						
	(-)								
		No," explain:				└── Yes └── No			
~	'								
	_								
		re any of the organization's gaming licenses re			ear?	Yes No			
b	lf "\	Yes," explain:							
	_								
	_								

Schedule G (Form 990 or 990-EZ) 2017

732082 09-13-17

	edule G (Form 990 or 990-EZ) 2017 LNC	36-0133718	Page 3
11	Does the organization conduct 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 conducted in:	B 8	
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	s:	
	Name		
15a	Address Does the organization have a contract with a third party from whom the organization receives gaming revenue?		□ No
IJ	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party.	it .	
_	of gaming revenue retained by the third party  \$\sum_{\text{s,"}}\$ gaming revenue retained by the third party:  If "Yes," enter name and address of the third party:		
C	res, entername and address of the third party:		
	Name ►		
	Address >		
16	Gaming manager information:		
	daming manager intermediation.		
	Name		
	Continue recognition of the Co		
	Gaming manager compensation > \$		
	Description of consisce provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Independent contractor		
17	Mandatory distributions:		
	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pal	rt III. lines 9. 9b. 10	)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	, , , , ,
	r		
2000	2 00 12 17	IF	
3208	Schedule G	(Form 990 or 990-	-EZ) 2017

Schedule G (Form 990 or 990-EZ) INC	86-0133718 Page
Schedule G (Form 990 or 990-EZ) INC Part IV   Supplemental Information (continued)	
	Schedule G (Form 990 or 990-E2

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

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

▼ Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

**№** Schedule I (Form 990) (2017) Employer identification number 86-0133718 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table Part I | General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization

35

86-0133718

Page 2

Schedule I (Form 990) (2017)

Part III

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THE 5 F COLLEGE BUT DOES MONITOR STUDENTS WHO RECEIVE ADDITIONAL SCHOLARSHIP FUNDING BY REQUESTING TRANSCRIPTS FROM SCHOOL IN ORDER IN THE PAYMENT OF MEMBER QF THESE SCHOLARSHIPS ARE NOT MONITORED AFTER PAYMENT IS MADE. THE USE (d) Amount of non-cash assistance 0 OR PROGRAM THE UNIVERSITY THE STUDENT ATTENDS. THE ORGANIZATION DOES NOT MONITOR 37,863, (c) Amount of cash grant FOR CONTINUED SCHOLARSHIP FUNDING. 5 T (b) Number of recipients TO ASSIST FAMILIES ACADEMIC SCHOLARSHIPS ARE PAID DIRECTLY 2 (a) Type of grant or assistance LINE SCHOLARSHIPS ARE GIVEN SCHOLARSHIPS FOR CLUB MEMBERS н SCHOLARSHIP MONEY, PART STUDENTS H SCHEDULE QUALIFY FEES.

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### SCHEDULE J (Form 990)

Department of the Treasury

Part I

**Compensation Information** 

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

Compensated Employees

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Questions Regarding Compensation** 

BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE

Employer identification number 86-0133718

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence	, or it		
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
IJ	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	41.	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b	^	
_			Х	
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
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.			
	Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study	11 (2)	100	
	Form 990 of other organizations  X Approval by the board or compensation committee			
	Approval by the board of compensation committee	- 4		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4		
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		<u>x</u>
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		<u> </u>
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	-		
	y and the special and provide the applicable amounts for each toll the life.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		1	
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:	311		
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	contingent on the net earnings of:	-		
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	- 1		
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	120		
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	ш		
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 86-0133718

For each individual whose compensation must be reported on 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 aren't 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.

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)·(j)(a)	in column (B) reported as deferred on prior Form 990
	Ξ	141,683.	0	0	3,702.	14,257.	159,642.	
(LEFT	€		• 0	0	0	0		0
(2) LISA HURST	Ξ	261,300.	0	11,711.	19,298.	7,082.	299,39	
PRESIDENT/CEO (LEFT 5/18)	(11)	0	0		0	0		
	(1)							
	€							
	(i)							
	Œ							
	Θ							
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Schedule J (Form 990) 2017

INC Schedule J (Form 990) 2017

86-0133718

Page 3

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. Part III Supplemental Information

A:	THE PRESIDENT/CEO'S VEHICLE ALLOWANCE IS GROSSED UP FOR THE TAX.									TELEVATION OF THE CONTRACT OF
PART I, LINE 1A:	THE PRESIDENT/CEO'S VER									

### **SCHEDULE L**

## **Transactions With Interested Persons**

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service	<b>▶</b> 0	io to w					orm 990-E ns and the		est information				pen T spect		lic
Name of the organization	INC		RLS CLUE							86	-01	rident		on nu	mber
									:)(29) organizatio						
Complete if	the organization				_		25a or 25	b, o	r Form 990-EZ, F	art V,	line 40	Ob.	1	_	
(a) Name of disqualif	ied person	(D) H	elationship bet person and o			штеа	(6	c) D	escription of trar	nsactio	on		-		cted?
												_	+-	es	No
								Τ							
													_	_	
2 Enter the amount of	tax incurred by	the or	nanization man	aners	or disa	gualified r	nersons du	rina	the year under						
4000				-				-			<b>&gt;</b> \$				
3 Enter the amount of	tax, if any, on li	ne 2, a	bove, reimburs	ed by	the or	ganization	າ				<b>\$</b>				
Dort III Loons to	and/or Fron		wested Den												
								_	000 5 1 11 11		16				
	tne organizatior amount on Forr					., Part V, II	ne 38a or I	-orr	n 990, Part IV, lir	ne 26;	or if th	ne orga	ınizati	on	
(a) Name of	(b) Relation		(c) Purpose	(d) Lo	an to or	(e) O	riginal	- (1	f) Balance due	(a	) In	(h) Ap	proved	(i) V	/ritten
interested person	with organiz	zation	of loan		n the ization?		l amount	,	,		ault?	by bo	ard or nittee?	agree	ment?
		_		То	From					Yes	No	Yes	No	Yes	No
		_													
					-			_		_				_	<u> </u>
				10											_
					$\vdash$			_				Н			_
						-		_				-			_
Total							▶ \$	_							
	Assistance														
	the organization	answe	ered "Yes" on I	orm 9	990, Pa	art IV, line	27.								
(a) Name of interest	ted person		) Relationship interested pers			. , ,	mount of		(d) Type assistan				) Purp assista		f
		1 '	the organiza		۱ ۱	asc	notarioc		assistan			•	1001010	arice	
						-					_				
											_				
				_							-				
		1		_							-				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2017

(a) Name of interested person	(b) Relationship between interested person and the organization			LITTER COMPANY OF STATE	ring
	3	(c) Amount of transaction	(d) Description of transaction	organiza	atior ues?
LARK PETERSON	GOVERNOR	101,738.	VOIP TELEPH	Yes	X
					_
art V Supplemental Information  Provide additional information for re	esponses to questions on Schedule L (see in	nstructions).			
			ED DEDGONG.		
CH L, PART IV, BUSINESS	TRANSACTIONS INVOLVIN	IG INTEREST	ED PERSONS:		
A) NAME OF PERSON: CLAR	K PETERSON				
) DESCRIPTION OF TRANS	SACTION: VOIP TELEPHONE	E SERVICE			
of biberil from of frame	ACTION: VOIL TELEFHONE	PEKATCE			
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		*			

### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

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

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE

INC

Employer identification number 86-0133718

Pa	rt 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 de noncash contribu	_	ts
1	Art - Works of art						
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						
10	Securities - Closely held stock						-
11	Securities - Partnership, LLC, or						
12	trust interests 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 P (PROGRAM MATER)	X	48	159,641.	EW17		
26	Other (AUCTION ITEMS)	X	158	62,240.			
27	Other (1001101111111111111111111111111111111		130	02,240.	LHV		
28	Other Other						
29	Number of Forms 8283 received by the organization	ation during	the tex year for a	antributions			
	for which the organization completed Form 828						
	which the organization completed form 626	o, raitiv, L	onee Acknowledg	Jenlent [29]		l Vaa	NI-
30a	During the year, did the organization receive by	contributio	n any property ron	ported in Part I lines 1 throug	th 20 that it	Yes	No
004	must hold for at least three years from the date				· · ·	34	
						20-	х
h	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	***************************************			00-10000000	30a	
	Does the organization have a gift acceptance po	olicy that ra	auirac tha raviou	of any ponetandard contribu	tione?	04	х
	Does the organization hire or use third parties o				tions?	31	
OŁa	contributions?		-			32a	х
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	lumn (c) for	a type of property	for which column (a) is che	cked,	1 61	
	describe in Part II.						
ЦΛ	For Department Deduction Act Notice and t		=				

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

Schedule M (Form 990) 2017

Schedule M (Form 990) 2017 INC	86-0133/18	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, is reporting in Part I, column (b), the number of contributions, the number of items received, or a comb this part for any additional information.	and whether the organizat	tion olete
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER OF CONTRIBUTORS ARE LISTED IN COLUMN B.		-
		-
T		
	· · · · · · · · · · · · · · · · · · ·	

### 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

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.

2017
Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE INC

Employer identification number 86-0133718

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH A COMMITMENT TO EXCELLENCE, OUR PROFESSIONAL STAFF AND VOLUNTEER
LEADERSHIP PROVIDE AND SUPPORT PREMIER YOUTH DEVELOPMENT SERVICES USING
INNOVATIVE, COMPREHENSIVE PROGRAMS AND UNIQUE LIFE EXPERIENCES TO
MAXIMIZE EACH INDIVIDUAL'S POTENTIAL, RESULTING IN PRODUCTIVE FUTURE
CITIZENS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WITH A COMMITMENT TO EXCELLENCE, OUR PROFESSIONAL STAFF AND VOLUNTEER
LEADERSHIP PROVIDE AND SUPPORT PREMIER YOUTH DEVELOPMENT SERVICES USING
INNOVATIVE, COMPREHENSIVE PROGRAMS AND UNIQUE LIFE EXPERIENCES TO
MAXIMIZE EACH INDIVIDUAL'S POTENTIAL, RESULTING IN PRODUCTIVE FUTURE
CITIZENS.
FORM 990, PART VI, SECTION A, LINE 2:
MICHAEL BAER AND LINDA BAER HAVE A FAMILY RELATIONSHIP.
FORM 990, PART VI, SECTION B, LINE 11B:
THE AUDIT COMMITTEE REVIEWS THE FORM 990 THEN FORWARDS IT ON TO THE BOARD.
THE FORM 990 IS ALSO POSTED ON THE BOARD INTRANET FOR REVIEW PRIOR TO
FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CORPORATION SHALL NOT ENTER INTO ANY TRANSACTION, INCLUDING BUT NOT

LIMITED TO THE PURCHASE OR SALE OF GOODS, SERVICES OR PROPERTY WITH ANY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2017)

732211 09-07-17

OFFICER OR DIRECTOR OF THE CORPORATION OR ANY ORGANIZATION AFFILIATED WITH THE CORPORATION, OR WITH ANY ENTITY CONTROLLED BY SUCH PERSON ["CONTROLLED ENTITY", ] UNLESS: (I) THE OFFICER, DIRECTOR OR CONTROLLED ENTITY RECEIVES NO REMUNERATION, FEE, COMMISSION OR OTHER COMPENSATION [OTHER THAN REIMBURSEMENT FOR REASONABLE, ACTUAL OUT-OF-POCKET EXPENSES] EITHER DIRECTLY OR INDIRECTLY, IN CONNECTION WITH THE TRANSACTION; OR (II) THE OFFICER, DIRECTOR OR CONTROLLED ENTITY IS THE LOWEST RESPONSIBLE BIDDER IN A COMPETITIVE BIDDING PROCESS, WHICH COMPETITIVE BIDDING PROCESS SHALL BE OF SUCH NATURE AND SCOPE AS THE CHAIRMAN OR PRESIDENT OF THE CORPORATION SHALL, IN THEIR DISCRETION, FROM TIME TO TIME DETERMINE, WITH DUE REGARD FOR THE SIZE OF THE TRANSACTION IN QUESTION; OR (III) THE TRANSACTION IS APPROVED IN ADVANCE BY THE EXECUTIVE COMMITTEE OF THE BOARD OF GOVERNORS BASED UPON FULL DISCLOSURE OF ANY AND ALL COMPENSATION TO BE PAID TO THE OFFICER, DIRECTOR OR CONTROLLED ENTITY IN THE TRANSACTION; AND CONSIDERATION OF ALL OTHER RELEVANT FACTS AND CIRCUMSTANCES INCLUDING, BUT NOT LIMITED TO, THE AVAILABILITY OF SIMILAR GOODS AND SERVICES FROM ALTERNATE SOURCES AND THE COST THEREOF.

FORM 990, PART VI, SECTION B, LINE 15A:

THE CURRENT BOARD CHAIRMAN AND EXECUTIVE COMMITTEE COMPLETE AN ANNUAL REVIEW ON THE PRESIDENT/CEO BASED ON ANNUAL GOALS. THE ORGANIZATION HAS SALARY GRADES FOR EACH FULL-TIME EMPLOYEE, WHICH ARE REVIEWED ANNUALLY BY THE PRESIDENT/CEO. THE SHARED SERVICES COMMITTEE REVIEWS ALL HUMAN RESOURCE CHANGES, ADJUSTMENTS, ETC. PERTAINING TO THE ADDITIONS OF FULL-TIME STAFF POSITIONS AS WELL AS THE CHANGE IN FULL-TIME STAFF POSITIONS. THE APPROVAL IS INCLUDED IN THE COMMITTEE MINUTES.

PER COMPENSATION POLICY APPROVED BY BOARD OF GOV - APPROVED BY DEPT

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE INC	Employer identification number 86-0133718
OFFICER.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ARTICLES OF INCORPORATION, BYLAWS AND CONFLICT OF INT	TEREST POLICY ARE
AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS AND	THE CURRENT FORM
990 ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, PAGE 12, LINE 2C:	
THERE HAS BEEN NO CHANGE IN EITHER THE OVERSIGHT PROCESS	OR THE
SELECTION PROCESS DURING THE TAX YEAR.	
	<u> </u>

SCHEDULE R (Form 990)

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

► Attach to Form 990.

2017 Open to Public Inspection

OMB No. 1545-0047

Employer identification number 86-0133718 BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part

(a)	(q)	(0)	(p)	(e)	(t)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE					BOYS & GIRLS CLUBS OF
YOUTH, LLC - 86-0133718, 10533 E. LAKEVIEW					GREATER SCOTTSDALE,
DR., SCOTTSDALE, AZ 85258	HOLD CERTAIN CLUB ASSETS	ARIZONA	323,633.	0	O.INC.
BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE					BOYS & GIRLS CLUBS OF
FOSTER CHILDREN, LLC - 86-0133718, 10533 E.	•				GREATER SCOTTSDALE,
LAKEVIEW DR., SCOTTSDALE, AZ 85258	HOLD CERTAIN CLUB ASSETS	ARIZONA	34,470.	0	O.INC.
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	tions. Complete if the organization ar	swered "Yes" on Form 990, Pa	rt IV, line 34, becaus	e it had one or more	related tax-exempt

Part II organizations during the tax year.

(a)	(q)	(0)	(p)	(e)	(£)	(b)	ĺ
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code		Direc	Section 512(b)(13) controlled	(13)
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	8
BOYS & GIRLS CLUBS OF SCOTTSDALE FOUNDATION					BOYS AND GIRLS		Ì
- 86-0767778, 10533 E. LAKEVIEW DRIVE,					CLUBS OF GREATER		
SCOTTSDALE, AZ 85258	SUPPORT	ARIZONA	501(C)(3)	LINE 12B, II	LINE 12B, II SCOTTSDALE, INC.	×	
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

Schedule R (Form 990) 2017

Page 2

86-0133718

seneral or Percentage Schedule R (Form 990) 2017 ownership Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Section 512(b)(13) controlled entity?  $\Xi$ Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Percentage ownership Yes No 9 Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets  $\equiv$ 6 Disproportionate å allocations? Ξ Yes Share of total income Ξ Share of end-of-year assets <u>(6</u> Type of entity (C corp, S corp, or trust) **©** Share of total income Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Ē <u>e</u> Legal domicile (state or foreign country) <u>(3</u> (d)
Direct controlling
entity Primary activity 9 (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization <u>a</u> a) 732162 09-11-17 Part III Part IV

Schedule R (Form 990) 2017

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

Page 3

86-0133718

Note: Complete line 1 if any entity is listed in Darts II III or IV of this school its						
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	in Parts II-IV?		Yes	2
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>	11 NO 5000	CONTRACTOR	2	T	×
				£	T	×
Gift, grant, or capital contribution from related organization(s)				4	×	:
				2 2	×	
586	888			9	П	×
Dividends from related organization(s)				¥		×
-				1	t	Þ
ation(s)		***************************************		<u>.</u>	Ť	4 >
Exchange of assets with related organization(s)				£ ;	T	4 ×
Lease of facilities, equipment, or other assets to related organization(s)				=	T	×
Lease of facilities, equipment, or other assets from related organization(s)				,		<b>&gt;</b>
Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			¥ ;	<b> </b>	4
Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			= 1	4	∣×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			<b>=</b> =	×	1
Sharing of paid employees with related organization(s)		***************************************		+	: ×	
				2		
Reimbursement paid to related organization(s) for expenses	***************************************			5		×
Reimbursement paid by related organization(s) for expenses	***************************************			10	×	
Other transfer of cash or property to related organization(s)				÷		×
- 31	***************************************			4	×	П
If the answer to any of the above is "Yes," see the instructions for information on w	who must complete the	is line, including covered	information on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(a) Method of determining amount involved	lved		
(1) BGCS FOUNDATION	υ	.000,668	CASH			
(2) BGCS FOUNDATION	α	256,840.CASH	CASH			
(3) BGCS FOUNDATION	D	800,000.LOAN	LOAN			
732163 09-11-17	49		Schedule R (Form 990) 2017	(Form	(066	2

86-0133718 F

Schedule R (Form 990) 2017 INC

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.

(K) Percentage g ownership					
(j) General or managing partner?	3				
(i) Code V-UBI Imount in box 20 of Schedule K-1 (Form 1065)					
Disproportionate allocations?					
DI S					
(g) Share of end-of-year assets					
(f) Share of total income					
Are all Are all SOTION SEC. SO					
Predominant income (related, unrelated, excluded from tax under sections 512-514)					
(c) Legal domicile (state or foreign country)					
<b>(b)</b> Primary activity					
(a) Name, address, and EIN of entity					

chedule R (Form 990) 2017 LNC	86-0133718 <sub>Page</sub>
Part VII Supplemental Information.	
Provide additional information for responses to questions on Schedule R. See instructions.	

### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 ,

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

### Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (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 Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or BOYS & GIRLS CLUBS OF GREATER SCOTTSDALE print INC 86-0133718 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for Social security number (SSN) filing your 10533 EAST LAKEVIEW DRIVE return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. SCOTTSDALE, AZ 85258 Enter the Return Code for the return that this application is for (file a separate application for each return) 011 Application Return Application Return is For Code is For 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 (other than individual) 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)

MALCOLM HIGH, CFO The books are in the care of ► 10533 EAST LAKEVIEW DRIVE - SCOTTSDALE, AZ 85258

Telephone No. ► 480-344-5511

•	r the organization does not have an office or place of business in the United States, check this box							
	f this is for a Group Poture, optor the association in the Company	If this is to	r the unbala ev	and a second state to				
box		of all mamb	r the whole gro	oup, check this				
1	request on subsection Connection to the control of	MAN 1E 0010						
	for the organization named above. The extension is for the organization's return for:	, to file the exempt organization return						
	calendar year or							
	X tax year beginning JUL 1, 2017 and ending JUN 30, 201	8						
2	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period	Final retur	m .					
За	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	За	s	0 .				
b	If this application is for Forms 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.	3b	\$	0.				
С	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required.	30	3	U.				
_	by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.				
J <b>au</b> t netri	tion: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form	8453-EO ar	nd Form 8879-E	O for payment				

06

Form 8870

Fax No.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

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instructions.