| Form <b>990</b>            |
|----------------------------|
| (Rev. January 2020)        |
| Department of the Treasury |

## \*\* 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)

OMB No. 1545-0047 19 **Open to Public** Inspection

| 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.      |

| AF                 | or the            | and 2019 calendar year, or tax year beginning OCT 1, 2019 and                         | ending S   | EP 30, 2020                  |                             |  |  |
|--------------------|-------------------|---|------------|------------------------------|-----------------------------|--|--|
| B c<br>a           | heck if           | e: C Name of organization   |            | D Employer identifie         | cation number               |  |  |
|                    | Addres            | e BOYS AND GIRLS CLUBS OF METRO DENVER INC  |            |                              |                             |  |  |
|                    | Name<br>Chang     | Doing business as   | 84-0510404 |                              |                             |  |  |
|                    | Initial<br>return | Number and street (or P.0. box if mail is not delivered to street address)            | Room/suite | E Telephone number           | r                           |  |  |
|                    | Final             |   |            | 303-892-9200                 |                             |  |  |
|                    | termin<br>ated    | City or town, state or province, country, and ZIP or foreign postal code              |            | G Gross receipts \$          | 27,770,174.                 |  |  |
|                    | Ameno             | DENVER, CO 80204  |            | H(a) Is this a group re      | eturn                       |  |  |
|                    | Applic tion       | <sup>a-</sup> F Name and address of principal officer: ERIN PORTEOUS                  |            | for subordinates             | ? 🖸 Yes 🕱 No                |  |  |
|                    | pendir            | <sup>99</sup> 2017 W. 9TH AVENUE, DENVER, CO 80204                                    |            | H(b) Are all subordinates in | ncluded? Yes No             |  |  |
| Т                  | ax-exe            | empt status: 🗴 501(c)(3) 🛄 501(c) ( )◀ (insert no.) 🛄 4947(a)(1)                      | or 📃 527   | If "No," attach a            | list. (see instructions)    |  |  |
| J٧                 | Vebsit            | ee: WWW.BGCMD.ORG   |            | H(c) Group exemption         | n number 🕨                  |  |  |
| ΚF                 | orm of            | organization: 🗴 Corporation 🔄 Trust 🦳 Association 🦲 Other 🕨                           | L Year     | of formation: 1961 N         | State of legal domicile: CO |  |  |
| Pa                 | art I             | Summary   |            |                              |                             |  |  |
| ø                  | 1                 | Briefly describe the organization's mission or most significant activities: SEE SC    | HEDULE O.  |                              |                             |  |  |
| anc                |                   |   |            |                              |                             |  |  |
| Governance         |                   | Check this box 🕨 📖 if the organization discontinued its operations or dispo           |            |                              | ssets.                      |  |  |
| Ň                  | 3                 | Number of voting members of the governing body (Part VI, line 1a)                     |            |                              | 47                          |  |  |
|                    |                   | Number of independent voting members of the governing body (Part VI, line 1b)         |            | 47                           |                             |  |  |
| es                 |                   | Total number of individuals employed in calendar year 2019 (Part V, line 2a) $\ldots$ |            | 400                          |                             |  |  |
| ivit               | 6                 | Total number of volunteers (estimate if necessary)                                    |            | 888                          |                             |  |  |
| Activities &       | 7a                | Total unrelated business revenue from Part VIII, column (C), line 12                  |            |                              | 0.                          |  |  |
|                    | b                 | Net unrelated business taxable income from Form 990-T, line 39                        | 7b         | 0.                           |                             |  |  |
|                    |                   |   | Prior Year |                              |                             |  |  |
| е                  |                   | Contributions and grants (Part VIII, line 1h)   |            | 12,625,392.                  | 18,912,097.                 |  |  |
| Revenue            |                   | Program service revenue (Part VIII, line 2g)  |            | 2,115.                       | 1,309,746.                  |  |  |
| Bev                |                   | Investment income (Part VIII, column (A), lines 3, 4, and 7d)                         |            | 1,127,356.                   | 509,838.                    |  |  |
| _                  | 11                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)              |            | 3,335,379.                   | 5,116,247.                  |  |  |
|                    |                   | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)    |            | 17,090,242.                  | 25,847,928.                 |  |  |
|                    | 13                | Grants and similar amounts paid (Part IX, column (A), lines 1-3)                      |            | 18,578.                      | 56,276.                     |  |  |
|                    |                   | Benefits paid to or for members (Part IX, column (A), line 4)                         |            | 0.                           | 0.                          |  |  |
| ses                |                   | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)     |            | 9,516,533.                   | 10,500,378.                 |  |  |
| Expenses           |                   | Professional fundraising fees (Part IX, column (A), line 11e)                         |            | 137,241.                     | 651,900.                    |  |  |
| ğ                  |                   | Total fundraising expenses (Part IX, column (D), line 25)  3,259,                     |            |                              |                             |  |  |
| ш                  | 17                | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)                          |            | 6,585,952.                   | 7,170,215.                  |  |  |
|                    |                   | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)             |            | 16,258,304.                  | 18,378,769.                 |  |  |
|                    | 19                | Revenue less expenses. Subtract line 18 from line 12                                  |            | 831,938.                     | 7,469,159.                  |  |  |
| s or<br>nces       |                   |   | Be         | ginning of Current Year      | End of Year<br>58,317,594.  |  |  |
| Assets (<br>Balanc | 20                | Total assets (Part X, line 16)  | 47,318,    |                              |                             |  |  |
| Net As<br>Fund E   | 21                | Total liabilities (Part X, line 26)   | 🖵          | 2,812,863.                   | 5,357,238.                  |  |  |
|                    |                   | Net assets or fund balances. Subtract line 21 from line 20                            |            | 44,505,703.                  | 52,960,356.                 |  |  |
| Pa                 | art II            | Signature Block   |            |                              |                             |  |  |

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

| Sign        | Signature of officer                               |                                    |                       | Date                    |
|-------------|--|------------------------------------|-----------------------|-------------------------|
| Here        | VICKY MILES, CHIEF FINANCIAL OFFI                  | CER                                |                       |                         |
|             | Type or print name and title                       |                                    |                       |                         |
|             | Print/Type preparer's name                         | Preparer's signature               | Date                  | Check PTIN              |
| Paid        | KRISTIN CALDER                                     |                                    |                       | self-employed P01720813 |
| Preparer    | Firm's name 🕒 KUNDINGER, CORDER & ENGL             | E, P.C.                            |                       | Firm's EIN 🕨            |
| Use Only    | Firm's address 👞 475 LINCOLN STREET, SUIT          | 'E 200                             |                       |                         |
|             | DENVER, CO 80203                                   |                                    | Phone no.303-534-5953 |                         |
| May the II  | RS discuss this return with the preparer shown abo | ove? (see instructions)            |                       | X Yes No                |
| 932001 01-2 | 20-20 LHA For Paperwork Reduction Act Notic        | ce, see the separate instructions. |                       | Form <b>990</b> (2019)  |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| Form | 1990 (2019) BOYS AND GIRLS CLUBS OF METRO DENVER INC  | 84-0510404 Page <b>2</b>      |
|------|---|-------------------------------|
| Pa   | rt III Statement of Program Service Accomplishments   |                               |
|      | Check if Schedule O contains a response or note to any line in this Part III  | X                             |
| 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                      |
|      | If "Yes," describe these new services on Schedule O.  |                               |
| 3    | Did the organization cease conducting, or make significant changes in how it conducts, any program services   | ? Yes X No                    |
|      | If "Yes," describe these changes on Schedule O.   |                               |
| 4    | Describe the organization's program service accomplishments for each of its three largest program services, a   | as measured by expenses.      |
|      | Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot   | hers, the total expenses, and |
|      | revenue, if any, for each program service reported.   |                               |
| 4a   | (Code:) (Expenses \$4,211,815. including grants of \$24,183.) (Reve   | enue \$ 1,306,499.)           |
|      | ACADEMIC SUCCESS (SEE SCHEDULE O)   |                               |
|      |   |                               |
|      |   |                               |
|      |   |                               |
|      |   |                               |
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|      |   |                               |
|      |   |                               |
|      |   |                               |
| 4b   | (Code:) (Expenses \$5,439,865. including grants of \$16,047. ) (Reve  | enue \$3,247.)                |
|      | HEALTHY LIFESTYLES (SEE SCHEDULE O)   |                               |
|      |   |                               |
|      |   |                               |
|      |   |                               |
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|      |   |                               |
|      |   |                               |
|      |   |                               |
| 4c   | (Code:         ) (Expenses \$ 3,365,952.         including grants of \$ 16,047.) (Revelopments)   | enue \$ )                     |
|      | CHARACTER AND LEADERSHIP (SEE SCHEDULE O)   |                               |
|      |   |                               |
|      |   |                               |
|      |   |                               |
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|      |   |                               |
|      |   |                               |
| 4d   | Other program services (Describe on Schedule O.)  | ,                             |
|      | (Expenses \$ including grants of \$ ) (Revenue \$       Table are service as a finite service as a finite service | )                             |
| 40   | Total program service expenses ► 13,017,632.  | Form <b>990</b> (2019)        |

Form **990** (2019)

| Eorm | 000 | (2019) |
|------|-----|--------|
| Form | 990 | (2019) |

BOYS AND GIRLS CLUBS OF METRO DENVER INC

| Page 🤅 | 1 |
|--------|---|
|--------|---|

| Pa  | t IV Checklist of Required Schedules  |            |     | ugo o |
|-----|---|------------|-----|-------|
|     | · ·   |            | Yes | No    |
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?   |            |     |       |
|     | If "Yes," complete Schedule A   | 1          | х   |       |
| 2   | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2          | х   |       |
| 3   | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for   |            |     |       |
| •   | public office? If "Yes," complete Schedule C, Part I  | 3          |     | х     |
| 4   | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect  | -          |     |       |
| -   | during the tax year? If "Yes," complete Schedule C, Part II   | 4          |     | х     |
| 5   | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or  | -          |     |       |
| -   | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III  | 5          |     | х     |
| 6   | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to   | -          |     |       |
| Ū   | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I  | 6          |     | х     |
| 7   | Did the organization receive or hold a conservation easement, including easements to preserve open space,   | -          |     |       |
| •   | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.   | 7          |     | х     |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete  |            |     |       |
| U   | Schedule D, Part III  | 8          |     | х     |
| 9   | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for   | •          |     |       |
| Ŭ   | 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  | 9          |     | х     |
| 10  | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments  | <u> </u>   |     |       |
| 10  | or in quasi endowments? If "Yes," complete Schedule D, Part V   | 10         | x   |       |
| 11  | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X  | 10         |     |       |
|     | as applicable.  |            |     |       |
| 2   | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,   |            |     |       |
| a   |   | 11a        | x   |       |
| h   | Part VI<br>Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total   | 114        |     |       |
| D D | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII   | 11b        | x   |       |
| •   | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total   |            |     |       |
| U   | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  | 11c        |     | х     |
| h   | 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   | TIC        |     | - 21  |
| u   |   | 114        |     | x     |
|     | Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d<br>11e | x   | А     |
|     | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X   | Tie        | А   |       |
|     | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | 4 4 4      |     | х     |
| 10- | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete   | 11f        |     | А     |
| 128 | · · · · · ·   | 10-        | x   |       |
| h   | Schedule D, Parts XI and XII<br>Was the organization included in consolidated, independent audited financial statements for the tax year?   | 12a        | А   |       |
| b   | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional   | 12b        |     | х     |
| 40  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13         |     | X     |
| 13  | Did the organization maintain an office, employees, or agents outside of the United States?   | 13<br>14a  |     | X     |
| 14a |   | 148        |     | А     |
| b   | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000    |            |     |       |
|     |   | 446        |     | x     |
| 15  | or more? If "Yes," complete Schedule F, Parts I and IV  | 14b        |     | - 23  |
| 15  |   | 45         |     | х     |
| 16  | foreign organization? If "Yes," complete Schedule F, Parts II and IV<br>Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to  | 15         |     | А     |
| 16  | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16         |     | х     |
| 47  |   | 16         |     | А     |
| 17  | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,   | 47         | v   |       |
| 40  | column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>   | 17         | X   |       |
| 18  | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines  | 40         | v   |       |
| 40  | 1c and 8a? If "Yes," complete Schedule G, Part II   | 18         | X   |       |
| 19  | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"  |            | v   |       |
| ~   | complete Schedule G, Part III   | 19         | X   | v     |
| 20a | Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>   | 20a        |     | Х     |
| b   | 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   |            |     | v     |
|     | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II   | 21         |     | Х     |

|     |   |     | Yes | No       |
|-----|---|-----|-----|----------|
| 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  | Х   |          |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current  |     |     |          |
|     | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete  |     |     |          |
|     | Schedule J  | 23  | Х   |          |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the   |     |     |          |
|     | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete  |     |     |          |
|     | Schedule K. If "No," go to line 25a   | 24a |     | X        |
|     | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b |     |          |
| С   | 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 |     |          |
|     | 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 |     | X        |
| 26  | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   |     |     |          |
|     | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%   |     |     | v        |
| 07  | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II  | 26  |     | X        |
| 27  | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,   |     |     |          |
|     | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled   | 27  |     | x        |
| 28  | entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>   | 21  |     |          |
| 20  | instructions, for applicable filing thresholds, conditions, and exceptions):  |     |     |          |
| а   | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If  |     |     |          |
| a   | "Yes," complete Schedule L, Part IV   | 28a | x   |          |
| h   | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV   | 28b |     | x        |
|     | A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f  | 200 |     |          |
| -   | "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  |     | x        |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31  |     | Х        |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete  |     |     |          |
|     | Schedule N, Part II   | 32  |     | х        |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |     |     |          |
|     | 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  | 34  | х   |          |
|     | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a |     | х        |
| b   | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity   |     |     |          |
|     | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35b |     | <u> </u> |
| 36  | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  |     |     |          |
|     | If "Yes," complete Schedule R, Part V, line 2   | 36  |     | X        |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |     |     |          |
|     | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37  |     | X        |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  |     |     |          |
| Pa  | Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance   | 38  | X   | L        |
| Fal |   |     |     |          |
|     | Check if Schedule O contains a response or note to any line in this Part V  |     |     |          |
|     | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   |     | Yes | No       |
|     |   |     |     |          |
| b   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> 3C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming |     |     |          |
| с   | (gambling) winnings to prize winners?   | 10  | х   |          |
|     |   | 1c  |     | L        |

| Part V         Statements Regarding Other IRS Filings and Tax Compliance (controued)         Yes         No           2a         Enter the number of employees reported on form W-3, Transmittal of Wage and Tax Statements.         2a         400           5         If the candrary ver ording with or within the vagar coverade by the roturn         2a         3a         2a         X           3a         Det the candrary ver ording the vagar coverade by the roturn         2a         3a         2a         X           3b         Det the candracter on the 2a, did the organization have an interest in, or a signature or other authority over, a francial account?         3a         3a         X           4a         A ary time during the calendary year, did the organization have an interest in, or a signature or other authority over, a francial accounts (FBAP).         5a         X           5a         U Yes, 'enter the name of the foreign Country          France is account, ary other Maxematian a ary time during the tax yes?         5a         X           5a         U Ary taxable party notify the organization that is account for a diverse is a condition the arganization that are statement that such continutions or gifts were not tax docubles and annual goes receipts that are formality greater than \$100,000, and dith erganization and the acgo account for the advert for a conthabule tax shellow transaction?         5a         X           5b         D dith organization neadvera as conthabule and party for goods and sarvises   | Form   | 990 (2019) BOYS AND GIRLS CLUBS OF METRO DENVER INC 84-0510404  |     | Р   | age 5 |  |  |
|---|--|---|-----|-----|-------|--|--|
| 2a         Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements.         2a         400           b         If at least one is reported on line 2a, did the organization file all regular dederal employment tax returns?         2b         X           Note: If the sum of line 2a, did the organization file all regular dederal employment tax returns?         2a         X           Note: If the sum of line 2a, did the organization file all regular dederal employment tax returns?         3a         X           a Dat the organization have unsated business groome of 51 000 or more during the year?         3b         X           b If "Yes," rest title and from 900 Tro this year? /f 'Vor to <i>line 3b, provide an explanation</i> or Scheduld 0         3b         4a           Se instructions for fling requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FIAP).         5a         X           D dar y taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction?         5c         X           D or any taxable party notify the organization the from 8896 T?         5c         X           D or any taxable party notify the organization that twas or is a party to a prohibited tax shelter transaction any contributions shell the organization nearly from 6005 or services provided T be party?         5c         X           D or any taxable party notify the organization the tax wear of the organization shell the organization fee fore 8896 T         Tog  | Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) |   |     |     |       |  |  |
| Internet for the calendary year anding with or within the year covered by this return       Image: Team of the sequence of the sequen |  |   |     | Yes | No    |  |  |
| b       If a teast one is reported on line 2a, did the organization file all required to efficie enstructions]       2b       X         3a       Dot the organization have unclated business gross income of \$1,000 or more during the year?       3a       3a       X         3b       Dot the organization have unclated business gross income of \$1,000 or more during the year?       3a       X         3b       I' Yes, "that if field a Form 900 T for this year? If Wo' to line 3b, provide an explonation on Schedule O       3a       X         3b       I' Yes, "that if field a Form 900 T for this year? If Wo' to line 3b, provide an explonation on Schedule O       3a       X         3b       I' Yes, "that if field a Form 900 T for this year? I' Wo' to line 3b, provide an explonation the atthoring field account?       5a       X         3c       Was the organization have annual root serve at the field fiel   | 2a   | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,   |     |     |       |  |  |
| Note: If the sum of lines 1a and 2 is greater than 250, your may be required to <i>e-Me</i> (see instructions)         Image: Sec. Sec. Sec. Sec. Sec. Sec. Sec. Sec.   |  | filed for the calendar year ending with or within the year covered by this return 2a 400  |     |     |       |  |  |
| 3a       Did the organization have unrelated business gross income of \$1,000 or more during the year?       3a       X         4a       At any time during the calendar year, did the organization have an intensit in, or a signature or other authority over, a financial account?       4a       X         bit 1*Yes, 'has it filed a Form 300-017 for this year?       bit 1*Yes, 'has it filed a Form 300-017 for this year?       5a       X         bit 1*Yes, 'near the name of the toreign country (such as a bank account, account, or other financial account?       4a       X         bit 1*Yes, 'near the name of the toreign country (such as a bank account, ar other financial account?       5a       X         bit 1*Yes, 'near the name of the organization faith form 8306.77.       5a       X       5a       X         bit 1*Yes, 'no sit the organization have annual gross receipts that are normally greater than \$100,000, and dd the organization solicit any contributions that were not tax deductible as charitable contributions?       6a       X         bit 1*Yes, 'idd the organization induct with every solicitation an exposes statement that such contributions or gifts were not tax deductible?       7a       X         bit 1*Yes, 'idd the organization induct with every solicitation are spressonal benefit contract?       7a       X         bit 1*Yes, 'idd the organization induct with every solicitation are spressonal benefit contract?       7a       X         corganization ceves asyment mexess of \$57 made parity as a contribu   | b  | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?                                  |     |     |       |  |  |
| b       If "Yes," that is filed a Form 990-T for this year? If "No" to line 3b, provide an exploration on Schedule 0       3b         4a       At any time during the calendar year, do the organization have an interest in, or a signature or other authority over, a financial account in a toreign country (such as a bank account securities account; or other financial account)?       4a       X         b       If "Yes," enter the name of the foreign country (Such as a bank account securities account; or other financial accounts (FBAR).       5a       X         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         5b       Did any taxable party notify the organization that the was or is a party to a prohibited tax shelter transaction?       5c       5c         6a       Did any taxable party notify the organization that the was or is a party to a prohibited tax shelter transaction an express statement that such contributions or gifts were not tax deductible: as charitable contributions?       7a       X         7       Toganization shet may receive deductible contributions and statify as contribution and party for goods and services provided to the payo?       7a       X         10       Wes, "data bear year, statify and party as a contribution of quantitation set, and year and year       7c       X         10       Wes, "data bear year, statify and party as a contribution of quantitation set or statify and year       7c       X         10  |  | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)                                       |     |     |       |  |  |
| 4a       All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a       4a       x         bit 11 'vse, 'reter the name of the foreign country (such as a bank account, securities account, or other financial account)?       4a       x         See instructions for finCEN Form 114, Report of Foreign Bank and Financial Accounts (FRAP).       5a       x         5a       Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       x         5b       11 'vse, 'inter the name of the organization that it was or is a party to a prohibited tax shelter transaction?       5b       x         6b       Does the organization a party to a prohibited inter shelter transaction?       5a       x         7c       Dit 114, See, 'idd the organization that it was or is a party to a prohibited tax shelter transaction?       5a       x         7c       Dit 114, 'idd the organization calcular where yeolication an a party to aprohibited tax shelter transaction?       5a       x         7c       Organization that may receive deductible contributions?       7a       x       x         8d the organization notify the doror of the value of the goads or services provided?       7a       x         9d the organization calcular of the value of the goads or services provided?       7a       x         11 'vse,' indicate the number of Forms B282?  | 3a   | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a  |     | Х     |  |  |
| francial accourt, a treign courty (such as bark accourt, securities accourt, or other financial accourt)?     4a     X       b If 'Yes, ' enter the name of the foraign county >     See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accourts (FBAR).     See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accourts (FBAR).     See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accourts (FBAR).     See instructions for filing requirements for finCEN Form 114, Report of Foreign Bank and Financial Accourts (FBAR).       5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     See instructions for filing requirements for finceN form 114, Report of Foreign Bank and Financial Accourts (FBAR).     See instructions for filing requirements for finceN form 114, Report of Foreign Bank and Financial Accourts (FBAR).     See instructions for filing requirements for finceN form 114, Report of Foreign Bank and Financial Accourts (FBAR).       5a Ust the organization include with every solication an express statement that such contributions or gifts were not tax deductible contributions or darity for pods and services provided to the part?     To     X       b If 'Yes,' idid the organization necel way finds, directly or indirectly, to pay premiums on a personal benefit contract?     Te     X       c If 'Yes,' idid the organization necel way finds, directly or indirectly, to nay personal benefit contract?     Te     X       d If 'Yes,' idid the organization make any table distribution and expressof benefit contract?     Te     X   | b  | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O                                     | 3b  |     |       |  |  |
| b       If "Yes," enter the name of the foreign country.       The set instructions for fing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).         Set was the organization a party to a prohibited tax shelter transaction?       Set X         D Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?       Set X         If 'Yes' to line Sa or 50, ald the organization that it was or is a party to a prohibited tax shelter transaction?       Set X         Ga Does the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solid any contributions that may receive deductible contributions and earns to provided to the party?       Set X         D If 'Yes," did the organization include with every solicitation an express statement that such contributions or grits were not tax deductible?       Set X         D If 'Yes," did the organization notify the door of the value of the goods or services provided?       To X         D If 'Yes," did the organization notify the door of the value of the goods or services provided?       To X         D If 'Yes," indicate the number of Forms 8282 filed during the year       Zd       To X         D D the organization neceive a party that any bas shows the during the year?       Set X       Yes, '' all '''''''''''''''''''''''''''''''   | 4a   | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a                       |     |     |       |  |  |
| See instructions for ling requirements for FinCEM Form 114, Report of Foreign Bank and Financial Accounts (FBAR).       5a       X         5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?       5a       X         b D dary taxable party notify the organization file Form 8886-17?       5a       X         6a Does the organization near annual gross receipts that are normally greater than \$100.000, and did the organization solid any contributions include with every solicitation an express statement that such contributions or gifts were not tax deductible?       5a       X         7 Organization site may receive deductible contributions under section 170(c).       7a       X       5b       X         b If "Yes," did the organization notify the donor of the value of the goods or services provided?       7a       X       7a       X         b Did the organization sectle approxemation scale as contribution and partly for goods and services provided to the part?       7a       X       7a       X         c Did the organization sectle approxemation scale as contribution of the sect of 77 the scale approxemation scale as contribution of parts 222 field during the year       7d       7a       X         c Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7t       X         d If "Yes," indicate the number of Forms 2222 field during the year       7d       X       1d   |  | financial account in a foreign country (such as a bank account, securities account, or other financial account)?                                | 4a  |     | Х     |  |  |
| 5a     Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?     5a     X       b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5c     X       6a     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that wave not tax deductible as charitable contributions?     6a     X       b     If 'Yeas,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?     6b     X       b     If 'Yeas,' did the organization notify the donor of the value of the goods or services provided to the parot?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided to the parot?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided to the parot?     7a     X       c     Did the organization during, directly or indirectly, no personal benefit contract?     7d     X       d     Did the organization during the vage, apprentumes, directly or indirectly, no personal benefit contract?     7d     X       g     Sponsoring organization maintaining door advised fund. maintained by the sponsoring organization maintaining door advised fund. maintained by the sponsoring organization maintaining door advised funds.     9a     2a       f </th <th>b</th> <td>If "Yes," enter the name of the foreign country 🕨</td> <td></td> <td></td> <td></td>   | b  | If "Yes," enter the name of the foreign country 🕨   |     |     |       |  |  |
| b     Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?     5b     X       c     If 'Yes' to line 5a or 5b, did the organization file Form 8886-T?     5c     5c       d     Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions include with every solicitation an express statement that such contributions or gifts     6a     X       b     If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts     6b     7a     X       f     Organizations that may receive deductible contributions under section 170(c).     6b     7a     X       d     Did the organization notify the donor of the value of the goods or services provided?     7a     X       f     Did the organization eleves apayment in excess of \$75 made partly bar or indirectly, to pay premiums on a personal benefit contract?     7c     X       f     Did the organization net/except a contribution of cars, backs, airplanes, or other vehicles, did the organization file or m3829 as required?     7d     X       f     Did the organization net/except a contribution of cars, backs, airplanes, or other vehicles, did the organization file a Form 10896/2?     7e     X       f     Did the organization net/except a contribution of cars, backs, airplanes, or other vehicles, did the organization file a Form 10896/2?     7e     X       f     Did the or  |  | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).                             |     |     |       |  |  |
| c     If 'Yes' to line Sa or 50, did the organization file Form 8886-T?     52       Ga     Does the organization have annual gross receipts that are normally greater than \$100,00, and did the organization solidit any contributions that trans on tax deductible as chartable 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 as chartable contributions and party for goods and services provided to the payor?     7a     X       D     If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor?     7a     X       D     If 'Yes,' did the organization notify the donor of the value of the goods or services provided to the payor?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided to the payor?     7a     X       c     Did the organization notify the donor of the value of the goods or services provided to the payor?     7a     X       d     If 'Yes,' indicate the number of Forms 8282 field during the year     7d     X       d     Did the organization, during the year, pay reminums, directify to indirectly, no pay reminums on a personal benefit contract?     7f     X       g     If the organization maintaining door advised funds. Did a doon advised fund maintamed by the sponsoring organization maintaining door advised funds. Did a doon advised fund maintamed by the sponsoring organization maintaining door advised funds.     9a  | 5a   | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a  |     | Х     |  |  |
| Ga       Dess 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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         c Organizations that may receive deductible contributions under section 170(c).       Bd       Ga       X         c Did the organization netwes a payment in excess of \$75 made pathy as a contribution and partly for goods and services provided?       7a       X         c Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7a       X         d If "Yes," indicate the number of Form \$2828 filed during the year       7d       7d       X       7d       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X       7d       X         g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X       7d       X         g If the organization neceive a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       1a   | b  | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?                                | 5b  |     | Х     |  |  |
| Ga       Dess 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?       Ga       X         b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       Ga       X         c Organizations that may receive deductible contributions under section 170(c).       Bd       Ga       X         c Did the organization netwes a payment in excess of \$75 made pathy as a contribution and partly for goods and services provided?       7a       X         c Did the organization set, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?       7d       7a       X         d If "Yes," indicate the number of Form \$2828 filed during the year       7d       7d       X       7d       X         f Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7f       X       7d       X         g If the organization receive a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X       7d       X         g If the organization neceive a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9a       9a       9a       1a   | с  | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c  |     |       |  |  |
| b       If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b         c       Organizations that may receive deductible contributions under section 170(c).       7a       X         c       Did the organization netify the donor of the value of the goods or services provided to the payor?       7a       X         c       Did the organization netify the donor of the value of the goods or services provided?       7c       X         c       Did the organization selve apyment in excess of STS made parity as a contribution on a personal benefit contract?       7e       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization fiele a Form 1098-C?       7h       X         g       If the organization received a contribution of auxiled intellectual property, did the organization fiele a Form 1098-C?       7h       X         g       Sponsoring organization make a distributions under section 4966?       9a       9a       9a       9a       9a       9a       9b       1a   |  |   |     |     |       |  |  |
| b       If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?       6b       6b         7       Organizations that may receive deductible contributions under section 170(c).       7a       X         a       Did the organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor?       7a       X         b       If "ves," indicate the number of Forms 8282?       7c       X       X         c       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intelectual property, did the organization field more and the section 49066?       7h       X         g       The organization received a contribution of auxilied intelectual property, did the organization field a Form 1098-C?       7h       X         d) If the seponsoring organization make and istributions under section 4966?       9a       9a       9a       9a       9b       2a       2a       1b   |  | any contributions that were not tax deductible as charitable contributions?   | 6a  |     | х     |  |  |
| 7       Organizations that may receive deductible contributions under section 170(c).       7a       X         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?       7a       X         c Did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or a personal benefit contract?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       7d       X         d Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g Sponsoring organization maximatining donor advised funds.       Did a donor advised funds.       B       9         g Did the sponsoring organization make and stribution to a ond, edonor advised fund maintained by the sponsoring organization make and stribution to a donr, donor advised, or related person?       9a       9a         g Did the sponsoring organization make and stribution to a donr, donor advised, or related person?       9a       9b       9b       9a <td< th=""><th>b</th><td></td><td></td><td></td><td></td></td<>  | b  |   |     |     |       |  |  |
| 7       Organizations that may receive deductible contributions under section 170(c).       7a       X         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?       7a       X         c Did the organization notify the donor of the value of the goods or services provided?       7b       X         c Did the organization notify the donor of the value of the goods or services provided?       7c       X         c Did the organization notify the donor of the value of the goods or a personal benefit contract?       7c       X         d If 'Yes,' indicate the number of Forms 8282 filed during the year       Zd       7d       X         d Did the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g If the organization neceived a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g Sponsoring organization maximatining donor advised funds.       Did a donor advised funds.       B       9         g Did the sponsoring organization make and stribution to a ond, edonor advised fund maintained by the sponsoring organization make and stribution to a donr, donor advised, or related person?       9a       9a         g Did the sponsoring organization make and stribution to a donr, donor advised, or related person?       9a       9b       9b       9a <td< th=""><th></th><td>were not tax deductible?</td><td>6b</td><td></td><td></td></td<>   |  | were not tax deductible?  | 6b  |     |       |  |  |
| b       If "Yes," did the organization notify the donor of the value of the goods or services provided?       7b       X         c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         d       If "Yes," indicate the number of Forms 8282 filed during the year       7d       7c       X         f       Did the organization receive any funds, directly or indirectly, to pay personiums on a personal benefit contract?       7c       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7h       X         f       If the organization received a contribution of axis donor advised funds.       7g       7h       X         g       Sponsoring organization materation make any taxable distributions under section 4966?       9a       9a       9a       9b         Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b       9b       9a       9b       9b         10       Besction 501(c/12) organizations. Enter:       11a       10a       10b       10b       10a       10b       10a       10b       10a       10a       10a   | 7  |   |     |     |       |  |  |
| c       Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required<br>to file Form 8282?       7c       X         d If "Yes," indicate the number of Forms 8282 filed during the year       7d       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       If the organization received a contribution of or advised funds. Did a donor advised fund maintained by the<br>sponsoring organization make any taxable distributions under section 4966?       9a       X         g       Did the sponsoring organizations maintaining donor advised funds.       10a       10a       X         g       Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?       9b       9b       0         g       Spensoring organizations. Enter:       10a       10b       10b       10b       10c         a       Institution fees and capital contributions included on Part VIII, line 12       10a       10b       10b       10c       10b       10c   | а  | 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? | 7a  | х   |       |  |  |
| 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       [7d]       X         e       Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f       Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?       7h       X         g       If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       X         8       Sponsoring organizations maintaining door advised funds.       Did a door advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       9a       Section 501(c)? Organizations. Enter:         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b       10b         12       Section 501(c)? Organizations. Enter:       10a       10b       11a       10a       10b         13       Section 501(c)? Organizations. Enter:       11a       10b       12a       1  | b  | If "Yes," did the organization notify the donor of the value of the goods or services provided?   | 7b  | Х   |       |  |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?       7h       X         g Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       0         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       0       0       0         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10c       1   |  |   |     |     |       |  |  |
| d If "Yes," indicate the number of Forms 8282 filed during the year       7d         e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?       7f       X         g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?       7h       X         g Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       9         9 Sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b       0         10 Section 501(c)(7) organizations. Enter:       10a       10b       10b       0       0       0         11 Section 501(c)(2) organizations. Enter:       10a       10b       10b       10b       10b       10c       1   |  | to file Form 8282?  | 7c  |     | х     |  |  |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?       7e       X         f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       7f       X         g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7f       X         7g       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.       8       9         9 Sponsoring organizations maintaining donor advised funds.       9a       9b       0a       0a <t< th=""><th>d</th><th></th><th></th><th></th><th></th></t<>   | d  |   |     |     |       |  |  |
| f       Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?       71       X         g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       70       70         8       Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?       8       8       8         9       Sponsoring organizations maintaining donor advised funds. Did a donor advised funds by the sponsoring organization make any taxable distributions under section 4966?       9a       9a       9b  |  |   | 7e  |     | х     |  |  |
| g       If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?       7g       7h       7h         8       Sponsoring organization and a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?       7h       7h       7h         8       Sponsoring organization have excess business holdings at any time during the year?       8       7h       7h         9       Sponsoring organization make avecess business holdings at any time during the year?       8       7h       7h <td< th=""><th>f</th><th></th><th>7f</th><th></th><th>X</th></td<>  | f  |   | 7f  |     | X     |  |  |
| 8       Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9         9       Did the sponsoring organization make any taxable distributions under section 4966?       9a         10       the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         11       Section 501(c)(12) organizations. Enter:       10b       10b         12       Section 501(c)(12) organizations. Enter:       10a       11b         13       Gross income from members or shareholders       11a       10b         14       Section 501(c)(12) organizations. Enter:       11b       12a         15       If "Yes," enter the amount of tax-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         15       Is the organization licensed to issue qualified health plans in more than one state?       13a         14       Note: See the instructions for additional   | g  |   | 7g  |     |       |  |  |
| sponsoring organization have excess business holdings at any time during the year?       8         9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distribution to a donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10b         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       10b       10b         a       Gross income from members or shareholders       11a       10b       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         13       Section 501(c)(29) qualified health plans in more than one state?       13a       13a       13a         Note: See the instructions for additional information the organization must report on S   | h  | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?              | 7h  |     |       |  |  |
| 9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distributions under section 4966?       9a         c       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13a       13a       13a         14b       I3b       I3a       13a       13a         14a       X       14b       14b       14b       14b       14b   | 8  | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |     |     |       |  |  |
| 9       Sponsoring organizations maintaining donor advised funds.       9a         a       Did the sponsoring organization make any taxable distributions under section 4966?       9a         b       Did the sponsoring organization make a distributions under section 4966?       9a         c       Section 501(c)(7) organizations. Enter:       10a         a       Initiation fees and capital contributions included on Part VIII, line 12. for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b         a       Gross income from members or shareholders       11a       11b         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(12) qualified nonprofit health insurance issuers.       12b       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         13       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a         14a       X       13a       13a       13a         14b       I3b       I3a       13a       13a         14a       X       14b       14b       14b       14b       14b   |  | sponsoring organization have excess business holdings at any time during the year?  | 8   |     |       |  |  |
| b       Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?       9b         10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       10a       10b       11a       10b         12       Gross income from members or shareholders       11a       11b       12a       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a       12a         12       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a       13a         13       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization nubicet to the section 4960 tax on paym  | 9  |   |     |     |       |  |  |
| 10       Section 501(c)(7) organizations. Enter:       10a       10a         a       Initiation fees and capital contributions included on Part VIII, line 12       10a       10b         b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a       11a         b       Gross income from members or shareholders       11a       11b       12a         b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       12a         12a       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       12a       12a         3       Section 501(c)(29) qualified nonprofit health plans in more than one state?       13a       13a       13a         13a       Inter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         14       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         15       Is the organization receive any payments for indoor tanning services during the tax year?       14a       X         16       Is the organi   | а  | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a  |     |       |  |  |
| a Initiation fees and capital contributions included on Part VIII, line 12       10a         b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11 Section 501(c)(12) organizations. Enter:       11a         a Gross income from members or shareholders       11a         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a 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.       13b         b Enter the amount of reserves on hand       13c         14a       X         b Id "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15         16       X  | b  | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b  |     |       |  |  |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b  | 10   | Section 501(c)(7) organizations. Enter:   |     |     |       |  |  |
| b       Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities       10b         11       Section 501(c)(12) organizations. Enter:       11a       11a         a       Gross income from members or shareholders       11a       11b         b       Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c       14a       X         14a       Did the organization receive any payments for indoor tanning services during the tax year?       14a       X       14b  | а  | Initiation fees and capital contributions included on Part VIII, line 12 10a  |     |     |       |  |  |
| a Gross income from members or shareholders       11a       11b         b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b         12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13 Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14a       X         b If "Yes," see instructions and file Form 4720, Schedule N.       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X  |  |   |     |     |       |  |  |
| b       Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)       11b       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12a       12a         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13c       14a         b       Enter the amount of reserves the organization is required to maintain by the states in which 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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       X       15       X <t< th=""><th>11</th><td>Section 501(c)(12) organizations. Enter:</td><td></td><td></td><td></td></t<>   | 11   | Section 501(c)(12) organizations. Enter:  |     |     |       |  |  |
| amounts due or received from them.)       11b       12a         12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       12b       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       b       Enter the amount of reserves the organization is required to maintain by the states in which 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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  | а  | Gross income from members or shareholders 11a   |     |     |       |  |  |
| 12a       Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?       12a         b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which 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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X  | b  | Gross income from other sources (Do not net amounts due or paid to other sources against  |     |     |       |  |  |
| b       If "Yes," enter the amount of tax-exempt interest received or accrued during the year       12b       12b         13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a       13a         a       Is the organization licensed to issue qualified health plans in more than one state?       13a       13a         Note: See the instructions for additional information the organization must report on Schedule O.       13b       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13c         c       Enter the amount of reserves on hand       13c       14a       X         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? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  |  | amounts due or received from them.)   |     |     |       |  |  |
| 13       Section 501(c)(29) qualified nonprofit health insurance issuers.       13a         a       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.       13a         b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b         c       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? <i>If "No," provide an explanation on Schedule O</i> 14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  | 12a  | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?                                      | 12a |     |       |  |  |
| a 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.       Image: Comparization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       Image: Comparization is licensed to issue qualified health plans       Image: Comparization is licensed to issue qualified health plans       Image: Comparization receives on hand       Image: Comparization receive any payments for indoor tanning services during the tax year?       Image: Comparization receive any payments for indoor tanning services during the tax year?       Image: Comparization receive any payments for indoor tanning services during the tax year?       Image: Comparization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       Image: Comparization an educational institution subject to the section 4968 excise tax on net investment income?       Image: Comparization receive and fle Form 4720, Schedule N.         16       X  | b  | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b   |     |     |       |  |  |
| Note: See the instructions for additional information the organization must report on Schedule O.       Image: Construction of the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       Image: Construction of the organization of the organization of the organization receives on hand       Image: Construction of the organization receives and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of the organization receive and payments for indoor tanning services during the tax year?       Image: Construction of tax on payment(s) of more than \$1,000,000 in remuneration or tax on tax on the tax year?       Image: Construction of tax on  | 13   | Section 501(c)(29) qualified nonprofit health insurance issuers.  |     |     |       |  |  |
| b       Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans       13b       13b         c       Enter the amount of reserves on hand       13c       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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       15       15       X         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?       16       X   | а  | Is the organization licensed to issue qualified health plans in more than one state?  | 13a |     |       |  |  |
| organization is licensed to issue qualified health plans       13b       13b       13b         c       Enter the amount of reserves on hand       13c       14a       X         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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   |  | Note: See the instructions for additional information the organization must report on Schedule O.   |     |     |       |  |  |
| c       Enter the amount of reserves on hand       13c       14a       X         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 on Schedule O       14b       X         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  | b  | Enter the amount of reserves the organization is required to maintain by the states in which the  |     |     |       |  |  |
| c Enter the amount of reserves on hand       13c       14a       X         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 on Schedule O       14b       14b         15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X  |  | organization is licensed to issue qualified health plans 13b  |     |     |       |  |  |
| 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 on Schedule O       14b       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X   | с  |   |     |     |       |  |  |
| b       If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O       14b         15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X   |  |   | 14a |     | X     |  |  |
| 15       Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?       15       X         If "Yes," see instructions and file Form 4720, Schedule N.       16       X         16       X   |  |   | 14b |     |       |  |  |
| If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 15   | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or                                   |     |     |       |  |  |
| If "Yes," see instructions and file Form 4720, Schedule N.         16       Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   |  |   | 15  |     | X     |  |  |
| 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  |  |   |     |     |       |  |  |
|   | 16   | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?                                 | 16  |     | Х     |  |  |
|   |  |   |     |     |       |  |  |

Form **990** (2019)

| Form | 990 (2019) BOYS AND GIRLS CLUBS OF METRO DENVER INC   |         | 84-0510404            |            | P       | age <b>6</b> |
|------|---|---------|-----------------------|------------|---------|--------------|
| Pai  | t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th                                     | rough   | 7b below, and for a   | "No" r     | espon   | se           |
|      | to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C                         | ). 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      | 47                    |            |         |              |
|      | 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 on Schedule O.                 |         |                       |            |         |              |
| b    | Enter the number of voting members included on line 1a, above, who are independent                                    | 1b      | 47                    |            |         |              |
| 2    | Did any officer, director, trustee, or key employee have a family relationship or a business relationship             | o with  | any other             |            |         |              |
|      | officer, director, trustee, or key employee?  |         |                       | 2          |         | х            |
| 3    | Did the organization delegate control over management duties customarily performed by or under th                     | e direc | t supervision         |            |         |              |
|      | of officers, directors, 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 S                   |         |                       | 4          |         | Х            |
| 5    | Did the organization become aware during the year of a significant diversion of the organization's ass                |         |                       | 5          |         | Х            |
| 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 ap                    |         |                       |            |         |              |
|      | more members of the governing body?   |         |                       | 7a         |         | х            |
| b    | Are any governance decisions of the organization reserved to (or subject to approval by) members, s                   |         |                       |            |         |              |
|      | persons other than the governing body?  |         |                       | 7b         |         | х            |
| 8    | Did the organization contemporaneously document the meetings held or written actions undertaken during the year       |         |                       |            |         |              |
| а    | The governing body?   | -       | -                     | 8a         | х       |              |
| b    | Each committee with authority to act on behalf of the governing body?   |         |                       | 8b         | Х       |              |
| 9    | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea             |         |                       |            |         |              |
|      | organization's mailing address? If "Yes," provide the names and addresses on Schedule O                               |         |                       | 9          |         | х            |
| Sec  | tion B. Policies (This Section B requests information about policies not required by the Internal Re                  |         |                       |            |         |              |
|      |   |         | ,                     |            | Yes     | No           |
| 10a  | Did the organization have local chapters, branches, or affiliates?  |         |                       | 10a        |         | Х            |
|      | If "Yes," did the organization have written policies and procedures governing the activities of such ch               |         |                       |            |         |              |
|      | 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 bod                    |         |                       | 11a        | Х       |              |
|      | Describe in Schedule O the process, if any, used by the organization to review this Form 990.                         | ,       | 0                     |            |         |              |
|      | Did the organization have a written conflict of interest policy? If "No," go to line 13                               |         |                       | 12a        | х       |              |
|      | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise |         |                       | 12b        | Х       |              |
|      | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y                 |         |                       |            |         |              |
|      | in Schedule O how this was done   |         |                       | 12c        | х       |              |
| 13   | Did the organization have a written whistleblower policy?   |         |                       | 13         | Х       |              |
| 14   | Did the organization have a written document retention and destruction policy?  |         |                       | 14         | Х       |              |
| 15   | Did the process for determining compensation of the following persons include a review and approva                    |         |                       |            |         |              |
|      | persons, comparability data, and contemporaneous substantiation of the deliberation and decision?                     |         |                       |            |         |              |
| а    | The organization's CEO, Executive Director, or top management official  |         |                       | 15a        | х       |              |
|      | Other officers or key employees of the organization   |         |                       | 15b        | х       |              |
|      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).                                   |         |                       |            |         |              |
| 16a  | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger           | nent w  | vith a                |            |         |              |
|      | taxable entity during the year?   |         |                       | 16a        |         | х            |
| b    | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate            |         |                       |            |         |              |
|      | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ                 |         |                       |            |         |              |
|      | exempt status with respect to such arrangements?  |         |                       | 16b        |         |              |
| Sec  | tion C. Disclosure  |         |                       |            |         |              |
| 17   | List the states with which a copy of this Form 990 is required to be filed NONE                                       |         |                       |            |         |              |
| 18   | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A, if applicable), 990, a                  | nd 990  | )-T (Section 501(c)(3 | )s only    | ) avail | able         |
| -    | for public inspection. Indicate how you made these available. Check all that apply.                                   |         | ,                     | , <b>j</b> | ,       | -            |
|      | Own website Another's website I Upon request Other (explain   | on Sc   | hedule O)             |            |         |              |
| 19   | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co                     |         |                       | d finar    | ncial   |              |
|      | statements available to the public during the tax year.   |         | , <i>,</i> ,          |            |         |              |
| 20   | State the name, address, and telephone number of the person who possesses the organization's bo                       | oks ar  | id records 🕨          |            |         |              |
|      | VICKY MILES - 303-892-9200  |         |                       |            |         |              |
|      | 2017 W. 9TH AVENUE, DENVER, CO 80204  |         |                       |            |         |              |

| Form 990 (2 | 2010/                                  |                  | CLUBS OF MET       |               |                                     | 84-0510404                 | Page 7        |  |  |
|-------------|--|------------------|--------------------|---------------|-------------------------------------|----------------------------|---------------|--|--|
| Part VII    | Compensation of O                      | fficers, Dir     | ectors, Trust      | ees, Key      | <b>Employees, Highest Com</b>       | pensated                   |               |  |  |
|             | Employees, and Independent Contractors |                  |                    |               |                                     |                            |               |  |  |
|             | Check if Schedule O cont               | ains a respons   | e or note to any   | ine in this F | Part VII                            |                            |               |  |  |
| Section A.  | Officers, Directors, Tru               | stees, Key Em    | ployees, and Hi    | ghest Corr    | pensated Employees                  |                            |               |  |  |
| 1a Comple   | ete this table for all persons         | s required to be | e listed. Report c | ompensatio    | n for the calendar year ending with | or within the organization | ı's tax vear. |  |  |

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.

See instructions for the order in which to list the persons above.

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

|                          | 1 1            | 1 90                           |                       |             |               |                                 |        |                 |                 |               |
|--------------------------|----------------|--------------------------------|-----------------------|-------------|---------------|---------------------------------|--------|-----------------|-----------------|---------------|
| (A)                      | (B)            |                                |                       | _ (0        | C)            |                                 |        | (D)             | (E)             | (F)           |
| Name and title           | Average        | (do                            | not c                 | Pos         | itior<br>more | 1<br>than                       | one    | Reportable      | Reportable      | Estimated     |
|                          | hours per      | box                            | , unle                | ss pe       | rson          | is bot                          | h an   | compensation    | compensation    | amount of     |
|                          | week           | <u> </u>                       | cer ar<br>I           | 10 a 0<br>1 | recto         | or/trus                         | itee)  | from            | from related    | other         |
|                          | (list any      | ector                          |                       |             |               |                                 |        | the             | organizations   | compensation  |
|                          | hours for      | or di                          | e.                    |             |               | ated                            |        | organization    | (W-2/1099-MISC) | from the      |
|                          | related        | istee                          | truste                |             | e             | pensi                           |        | (W-2/1099-MISC) |                 | organization  |
|                          | organizations  | lal tru                        | onal                  |             | ploye         | ee com                          |        |                 |                 | and related   |
|                          | below<br>line) | Individual trustee or director | Institutional trustee | Officer     | Key employee  | Highest compensated<br>employee | Former |                 |                 | organizations |
|                          | ,              | Ē                              | Ë                     | 5           | ₹.            | Ξe                              | 요      |                 |                 |               |
| (1) DAVID HURTADO        | 10.00          |                                |                       |             |               |                                 |        |                 |                 | 0             |
| CHAIR                    | F 00           | X                              |                       | X           |               |                                 |        | 0.              | 0.              | 0.            |
| (2) AMY PARSONS          | 5.00           |                                |                       |             |               |                                 |        |                 |                 |               |
| VICE-CHAIR               |                | х                              |                       | x           |               |                                 |        | 0.              | 0.              | 0.            |
| (3) NANCY THONEN         | 5.00           |                                |                       |             |               |                                 |        |                 | _               | _             |
| SECRETARY                |                | х                              |                       | x           |               |                                 |        | 0.              | 0.              | 0.            |
| (4) DAN BALL             | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | х                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (5) JIM BERSHOF          | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | Х                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (6) MARC BRAUNSTEIN      | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | х                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (7) BRITTANY BOWLEN      | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | х                              |                       |             |               |                                 |        | 0.              | 0.              | ٥.            |
| (8) CHRISTOPHER CARDENAS | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | х                              |                       |             |               |                                 |        | 0.              | Ο.              | Ο.            |
| (9) RASHEEDAH CARR       | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | Ο.            |
| (10) MAX CAULKINS        | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | Ο.            |
| (11) BOB CLARK           | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | ٥.              | ٥.            |
| (12) JEANNE COLLOPY      | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | ٥.              | ٥.              | ٥.            |
| (13) MARC DIAMANT        | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | Ο.            |
| (14) BRIAN HOLLAND       | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (15) AVRUM ELMAKIS       | 0.50           |                                |                       |             |               | 1                               |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (16) SCOTT EVANS         | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
| (17) JASON FLETCHER      | 0.50           |                                |                       |             |               |                                 |        |                 |                 |               |
| TRUSTEE                  |                | x                              |                       |             |               |                                 |        | 0.              | 0.              | 0.            |
|                          | 1              | · · ·                          | -                     |             |               | -                               |        |                 | -•              |               |

| Image: Constraint of the state of | Form 990 (2019) BOYS AND GIRI   | S CLUBS OF       | ME     | TRO     | DE     | NVE         | R II            | 1C     |  | 84-05104           | 04       |       | Р       | age <b>8</b> |  |
|--|---|------------------|--------|---------|--------|-------------|-----------------|--------|--|--------------------|----------|-------|---------|--------------|--|
| Name and title         Average<br>week<br>(list and vector)<br>week<br>(list and vector)<br>relations<br>organization<br>(list AMDY KLEIN         Period<br>(list and vector)<br>relations<br>organization<br>(list and vector)<br>method<br>organization<br>(list AMDY KLEIN         Estimated<br>(list and vector)<br>relations<br>organization<br>(list and vector)<br>method         Period<br>(list and vector)<br>method vector)<br>method wec   | Part VII Section A. Officers, Directors, Trus   | tees, Key Em     | ploy   | ees     | , an   | d Hi        | ighe            | st C   | Compensated Employe  | es (continued)     |          |       |         |              |  |
| Number of Industry     Pour pare<br>(Industry)   | (A)   | (B)              |        |         |        |             |                 |        | (D)  | (E)                |          |       | (F)     |              |  |
| POULE BOX     Converse many locations     Compensation training     Compensat  | Name and title  |                  | (do    |         |        |             |                 | one    | Reportable   | Reportable         |          | Es    | stimate | ed           |  |
| Interview         Total and the sum of the sum of regulations           Interview         Constraints           Operations         Total and the sum of regulations           Interview         Constraints           Operation         Constraints           Operation         Constraints           Operation         Constraints           Operation         Constraints         Constraints <th colspan<="" td=""><td></td><td></td><td>box</td><td>, unle</td><td>ess pe</td><td>erson</td><td>is bot</td><td>n an</td><td></td><td></td><td></td><td>an</td><td></td><td></td></th>  | <td></td> <td></td> <td>box</td> <td>, unle</td> <td>ess pe</td> <td>erson</td> <td>is bot</td> <td>n an</td> <td></td> <td></td> <td></td> <td>an</td> <td></td> <td></td> |                  |        | box     | , unle | ess pe      | erson           | is bot | n an   |                    |          |       | an      |              |  |
| Nous for<br>organizations<br>bino     mean<br>bino     mean<br>bino<  |   |                  |        |         |        |             | 1               | )      | from   |                    |          |       |         |              |  |
| (16) ANDY KLEIN       0,50       x       0.       0   |   |                  | irecto |         |        |             |                 |        |  | •                  | ~        |       | •       |              |  |
| (16) ANDY KLEIN       0,50       x       0.       0   |   |                  | e or c | tee     |        |             | satec           |        | , in the second se | (00-2/1099-00130   | ,        |       |         |              |  |
| (16) ANDY KLEIN       0,50       x       0.       0   |   | organizations    | truste | al trus |        | /ee         | mper            |        |  |                    |          | •     |         |              |  |
| (16) ANDY KLEIN       0,50       x       0.       0   |   | below            | idual  | ution   | 5      | mplo        | est co<br>o yee | ler    |  |                    |          | orga  | anizat  | ions         |  |
| THUSTER       X       0       0       0       0         (19) SIDNEY GATES       0.50       0       0       0       0       0         (20) HEATHER HAN       0.50       X       0       0       0       0       0         (21) LARY HARMSEN       0.50       X       0       0       0       0       0         (21) LARY HARMSEN       0.50       X       0       0       0       0       0         (22) LARY HARMSEN       0.50       X       0       0       0       0       0         (21) LARY HARMSEN       0.50       X       0       <   |   | line)            | Indiv  | Instit  | Office | Key e       | High<br>empl    | Form   |  |                    |          |       |         |              |  |
| (19) SIDNEY QATES       0.50       X       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  | (18) ANDY KLEIN   | 0.50             |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
| TRUSTER       N       0       0       0       0         (20) HEATHER HAN       0.50       x       0       0       0       0         (21) LARTY HARKSEN       0.50       x       0       0       0       0         (21) LARKY HARKSEN       0.50       x       0       0       0       0         (22) ZACH MCGUIRE       0.50       x       0       0       0       0         (22) ZACH MCGUIRE       0.50       x       0       0       0       0         (23) MARK MOPKINS       0.50       x       0       0       0       0         (24) JORDN JHABYALA       0.50       x       0       0       0       0       0         (25) CHAD JONES       0.50       x       0       125,504       0       125,504       0       125,504       0       125   | TRUSTEE   |                  | х      |         |        |             |                 |        | 0.   |                    | 0.       |       |         | 0.           |  |
| (20) HEATHER HAN       0,50       x       0       0       0         RUSTER       0,50       x       0       0       0       0       0         (21) SACH MCGUIRE       0,50       x       0   |   | 0.50             |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
| TRUSTEE       T       0       0       0       0         (21) LARY HARMSEN       0.50       x       0       0       0         (21) LARY HARMSEN       0.50       x       0       0       0         (22) ZACH MCOUTRE       0.50       x       0       0       0         (23) MARK HOFXINS       0.50       x       0       0       0       0         (23) MARK HOFXINS       0.50       x       0       0       0       0       0         (24) JORDAN JHABVALA       0.50       x       0       0       0       0       0         RUSTEE       x       0       0       0       0       0       0       0         (25) GRAD JONES       0.50       x       0   |   |                  | X      |         |        |             |                 |        | 0.   |                    | 0.       |       |         | 0.           |  |
| (21) LARRY HARMSEN       0,50       x       0,0       0,0       0,0         RUSTRE       0,50       x       0,0       0,0       0,0       0,0         (23) KARK HOFKINS       0,50       x       0,0       0,0       0,0       0,0         (23) MAR HOFKINS       0,50       x       0,0       0,0       0,0       0,0         (24) JORDAN JHABVALA       0,50       x       0,0       0,0       0,0       0,0         (24) JORDAN JHAEVALA       0,50       x       0,0       0,0       0,0       0,0         (25) CHAD JONES       0,50       x       0,0       0,0       0,0       0,0       0,0         (26) FRANZ KETTWIG       0,50       x       0,0 <t< td=""><td></td><td>0.50</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>  |   | 0.50             |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
| TRUSTEE       x       0       0       0       0         (22) ZACH MODULRE       0,50       x       0       0       0       0         (23) ARAK HOFKINS       0,50       x       0       0       0       0         (24) JORDN JHARVALA       0,50       x       0       0       0       0       0         (24) JORDN JHARVALA       0,50       x       0       0       0       0       0         (25) CHAD JONES       0,50       x       0       0       0       0       0         (26) FRANZ KETTWIG       0,50       x       0       0       0       0       0         (26) FRANZ KETTWIG       0,50       x       0 <td></td> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>0.</td>  |   |                  | X      |         |        |             |                 |        | 0.   |                    | 0.       |       |         | 0.           |  |
| (22) ZACH MCGUIRE       0,50       x       0       0       0       0         RUSTERE       0,50       x       0       0       0       0       0         (23) MARK HOPKINS       0,50       x       0       0       0       0       0       0         (24) JORDAN JHABVALA       0,50       x       0       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       125,504.       126       126,504.       126,504.       126,504.       126,504.       126,504.   |   | 0.50             |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
| TRUSTEE       T       0       0       0       0         (23) MARK HOPKINS       0.50       X       0       0       0       0         (24) JORDAN JHABVALA       0.50       X       0       0       0       0         RUSTEE       X       0       0       0       0       0       0         RUSTEE       X       0       0       0       0       0       0       0         RUSTEE       X       0 <td></td> <td></td> <td>X</td> <td></td> <td></td> <td><u> </u></td> <td></td> <td></td> <td>0.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>υ.</td>   |   |                  | X      |         |        | <u> </u>    |                 |        | 0.   |                    | 0.       |       |         | υ.           |  |
| (23) MARK HOPKINS       0.50       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |   | 0.50             |        |         |        |             |                 |        |  |                    | _        |       |         | •            |  |
| TRUSTEE       x       0       0       0       0         (24) JORDAN JHABYALA       0,50       x       0       0       0       0         (25) CHAD JONES       0,50       x       0       0       0       0       0         (25) CHAD JONES       0,50       x       0       0       0       0       0       0         (26) FRANZ KETTWIG       0,50       x       0 <td></td> <td>0.50</td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>υ.</td> <td></td> <td>0.</td> <td></td> <td></td> <td>0.</td>   |   | 0.50             | X      |         |        |             |                 |        | υ.   |                    | 0.       |       |         | 0.           |  |
| (24) JORDAN JHAEVALA       0.50       x       0       0       0       0         TRUSTEE       0.50       x       0       0       0       0       0         TRUSTEE       0.50       x       0       0       0       0       0       0         TRUSTEE       0.50       x       0       125,504       3       3       125,504       3       3       125,504       3 </td <td></td> <td>0.50</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td>0</td> <td></td> <td></td> <td>0</td>   |   | 0.50             |        |         |        |             |                 |        | 0  |                    | 0        |       |         | 0            |  |
| TRUSTEE       X       0       0       0       0       0         (25) CHAD JONES       0.50       X       0       0       0       0       0         TRUSTEE       0.50       X       0       0       0       0       0       0         TRUSTEE       0.50       X       0   |   | 0.50             | ^      |         |        |             |                 |        | 0.   |                    | <u> </u> |       |         | 0.           |  |
| (25) CHAD JONES       0.50       x       0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.  |   | 0.50             | v      |         |        |             |                 |        | 0  |                    | 0        |       |         | 0            |  |
| TRUSTEE       x       0.  |   | 0.50             |        |         |        |             |                 |        | · ·  |                    | <u> </u> |       |         | ••           |  |
| (26) FRANZ KETTWIG       0.50       x       0. <td< td=""><td></td><td></td><td>x</td><td></td><td></td><td></td><td></td><td></td><td>0.</td><td></td><td>Ο.</td><td></td><td></td><td>0.</td></td<>   |   |                  | x      |         |        |             |                 |        | 0.   |                    | Ο.       |       |         | 0.           |  |
| 1b       Subtotal       0  | (26) FRANZ KETTWIG  | 0.50             |        |         |        |             |                 |        | -  |                    |          |       |         | -            |  |
| 10       Control       125       0       125,504         2       Total from continuation sheets to Part VII, Section A       10       125,504       10       125,504         2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       5       5       1       125,504         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a' <i>I'</i> "ks," complete Schedule <i>J</i> for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>II</i> "Yes," complete Schedule <i>J</i> for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from the organization or individual for services rendered to the organization? <i>I'</i> "Yes," complete Schedule <i>J</i> for such person       4       X         5       Did any person listed on line 1a receive or accrue compensated independent contractors that received more than \$100,000 of compensation from the organization? <i>I'</i> "Yes," complete Schedule <i>J</i> for such and the organization or individual for services       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation       19  | TRUSTEE   |                  | x      |         |        |             |                 |        | 0.   |                    | Ο.       |       |         | Ο.           |  |
| c       Total from continuation sheets to Part VII, Section A       Image: Section A       Section B       <   | 1b Subtotal   |                  |        |         |        | •           |                 |        | 0.   |                    | 0.       |       |         | 0.           |  |
| 2       Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization       5         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual  |   |                  |        |         |        |             |                 |        | 827,515.   |                    | 0.       |       | 125     | ,504.        |  |
| compensation from the organization       5         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services       5       X         5       Did any person listed for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)       Complete Schedule Sched   | d Total (add lines 1b and 1c)   |                  |        |         |        |             |                 |        | 827,515.   |                    | 0.       |       | 125     | ,504.        |  |
| Yes       No         3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a; if "yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   | 2 Total number of individuals (including but n  | ot limited to th | nose   | liste   | ed a   | bov         | e) wł           | no r   | received more than \$100   | ,000 of reportable |          |       |         |              |  |
| 3       Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual       3       X         4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         Name and business address       Description of services       Compensation         33       WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1  | compensation from the organization  |                  |        |         |        |             |                 |        |  |                    |          |       |         | 5            |  |
| a line 1a? If "Yes," complete Schedule J for such individual       3       X         4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       5       X         1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization's tax year.       6       CC)         (A)       (B)       (C)       Compensation         Name and business address       Description of services       190, 437.         33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190, 437.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       190, 437.  |   |                  |        |         |        |             |                 |        |  |                    | ŗ        |       | Yes     | No           |  |
| 4       For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual   |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
| and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual       4       X         5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       I       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (C)         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NZ       CONSULTING       190,437.         33       WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       U       U  | line 1a? If "Yes," complete Schedule J for s  | uch individual   |        |         |        |             |                 |        |  |                    |          | 3     |         | X            |  |
| 5       Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (B)       (C)         Name and business address       Description of services       Compensation         NZ CONSULTING       33       WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1   |   |                  |        |         |        |             |                 |        |  | the organization   |          | -     |         |              |  |
| rendered to the organization? If "Yes," complete Schedule J for such person       5       X         Section B. Independent Contractors       1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.       (A)       (B)       (C)         Name and business address       Description of services       Compensation         NZ CONSULTING       33       WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         Image: Construct of independent contractors (including but not limited to those listed above) who received more than       Image: Construct of independent contractors (including but not limited to those listed above) who received more than   | <b>c c</b>  |                  |        |         |        |             |                 |        |  |                    |          | 4     | X       |              |  |
| Section B. Independent Contractors         1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. <ul> <li>(A)</li> <li>(B)</li> <li>(C)</li> <li>Compensation</li> </ul> <ul> <li>Name and business address</li> <li>Description of services</li> <li>Compensation</li> </ul> <ul> <li>NZ CONSULTING</li> <li>33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117</li> <li>RAFFLE MARKETING SERVICES</li> <li>190,437.</li> </ul> <li>2 Total number of independent contractors (including but not limited to those listed above) who received more than</li>  |   | -                |        |         |        | -           |                 |        | -  |                    |          | -     |         | v            |  |
| 1       Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NZ       CONSULTING       33       WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         1       0       0       0       0       0         2       Total number of independent contractors (including but not limited to those listed above) who received more than       100,000 of compensation from the organization's tax year.   |   | piete Scriedui   | eji    | ors     | ucn    | pers        | son .           |        |  |                    |          | 5     |         | ~            |  |
| the organization. Report compensation for the calendar year ending with or within the organization's tax year.         (A)       (B)       (C)         Name and business address       Description of services       Compensation         NZ       CONSULTING       33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         Image: Construct of the calendar year ending with or within the organization's tax year.       Image: Construct of the calendar year ending with or within the organization's tax year.       Image: Construct of the calendar year ending with or within the organization's tax year.         Image: Construct of the calendar year ending with or within the organization of the calendar year ending with or within the organization's tax year.       Image: Construct of the calendar year ending with or within the organization's tax year.         Image: Construct of the calendar year ending with organization of the calendar year ending withe calendar year endits withe calendar year ending with organizati   |   | mnensated in     | don    | anda    | ont c  | ont         | racto           | re     | that received more than  | \$100.000 of comr  | one      | ation | from    |              |  |
| (A)       (B)       (C)         Name and business address       Description of services       Compensation         33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         190,437.       190,437.       190,437.         2       Total number of independent contractors (including but not limited to those listed above) who received more than       1  |   | -                |        |         |        |             |                 |        |  |                    | 0113     | ation | lioni   |              |  |
| Name and business address       Description of services       Compensation         NZ CONSULTING       33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.         Image: Construct of the service of t   | · · · ·   | ine calendar y   | oui    |         | ing v  | VICII       | 01 11           |        |  |                    |          | 10    | 2)      |              |  |
| 33 WOODLAND AVENUE, SAN FRANCISCO, CA 94117       RAFFLE MARKETING SERVICES       190,437.   |   | address          |        |         |        |             |                 |        |  | ervices            | С        |       |         | n            |  |
| Total number of independent contractors (including but not limited to those listed above) who received more than   | NZ CONSULTING   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  | 33 WOODLAND AVENUE, SAN FRANCISCO, CA   | 94117            |        |         |        |             |                 |        | RAFFLE MARKETING S   | ERVICES            |          |       | 190     | ,437.        |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  |   |                  |        |         |        |             |                 |        |  |                    |          |       |         |              |  |
|  | O Total numbers of instances in the second second   | a alvalia a l    |        | · • • • | ا ام   | <b>1</b> 1- | • c ."          |        | <br>   |                    |          |       |         |              |  |
|  |   | •                | iut II | IIIICE  | u 10   |             |                 | stec   | u abovej who received m  | ore than           |          |       |         |              |  |

|  | RLS CLUBS OF  |                                |                        |         |              |                              |        |                 | 84-051040                    | 4                   |
|--|---------------|--------------------------------|------------------------|---------|--------------|------------------------------|--------|-----------------|------------------------------|---------------------|
| Part VII Section A. Officers, Directors, T |               | nplo                           | byee                   |         |              | ligh                         | est    |                 |                              | <i>(</i> <b>_</b> ) |
| (A)  | (B)           |                                | <b>(C)</b><br>Position |         |              |                              |        | (D)             | (E)                          | (F)                 |
| Name and title                             | Average       | 6                              |                        |         |              |                              | 1.0    | Reportable      | Reportable                   | Estimated           |
|  | hours<br>per  |                                | nec:<br>T              | (all)   | that         | t apply) compensation from   |        |                 | compensation<br>from related | amount of<br>other  |
|  | week          |                                |                        |         |              | ee                           |        |                 | organizations                | compensation        |
|  | (list any     | ctor                           |                        |         |              | nploy                        |        | organization    | (W-2/1099-MISC)              | from the            |
|  | hours for     | r dire                         |                        |         |              | ed en                        |        | (W-2/1099-MISC) | ,                            | organization        |
|  | related       | stee o                         | 'ustee                 |         |              | ien sat                      |        |                 |                              | and related         |
|  | organizations | al tru:                        | onal tr                |         | loyee        | comp                         |        |                 |                              | organizations       |
|  | below         | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former |                 |                              |                     |
| (27) LAURIE KORNEFFEL                      | line)         | =                              | Ë                      | 5       | Ъ            | 王                            | 요      |                 |                              |                     |
| TRUSTEE                                    | 0.50          | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (28) RJ MCARTHUR                           | 0.50          |                                |                        |         |              |                              |        |                 | •                            |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (29) BRIAN MCDONALD                        | 0.50          |                                |                        |         |              |                              |        |                 | - •                          |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (30) MARC MCDONOUGH                        | 0.50          |                                |                        |         |              |                              |        |                 | - •                          |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (31) CHRIS STOEBER                         | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (32) ANDREW MORRISON                       | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| EX-OFFICIO                                 |               | x                              |                        |         |              |                              |        | Ο.              | 0.                           | 0                   |
| (33) JEFF NELLIGAN                         | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (34) VALERI PAPPAS                         | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | х                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (35) BRENT POWERS                          | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | X                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (36) CHRIS RAPP                            | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | X                              |                        |         |              |                              |        | 0.              | 0.                           | 0                   |
| (37) STEVE RICHARDS                        | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | X                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (38) WARREN SCHLICHTING                    | 0.50          |                                |                        |         |              |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | х                              |                        |         |              |                              |        | 0.              | 0.                           | 0                   |
| (39) MARTY SCHMITZ                         | 0.50          |                                |                        |         |              |                              |        |                 | •                            |                     |
| TRUSTEE                                    | 0.50          | X                              |                        |         |              |                              |        | 0.              | 0.                           | 0                   |
| (40) BENJAMIN SCHULEIN<br>TRUSTEE          | 0.50          | x                              |                        |         |              |                              |        | 0.              | 0                            | 0                   |
| (41) JOE SMITH                             | 0.50          | ^                              |                        |         |              |                              |        | U.              | 0.                           | 0                   |
| TRUSTEE                                    | 0.50          | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0                   |
| (42) BOB SHOPNECK                          | 0.50          | ^                              |                        | -       |              |                              |        | · ·             | 0.                           | 0.                  |
| TRUSTEE                                    | 0.50          | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (43) JOE SLAVIK                            | 0.50          | <u> </u>                       |                        |         | $\vdash$     |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (44) WALKER STAPLETON                      | 0.50          |                                |                        |         | 1            |                              |        |                 | -•                           |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (45) KENT STEMPER                          | 0.50          |                                |                        |         | 1            |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
| (46) MICHAEL TOUFF                         | 0.50          |                                |                        |         | 1            |                              |        |                 |                              |                     |
| TRUSTEE                                    |               | x                              |                        |         |              |                              |        | 0.              | 0.                           | 0.                  |
|  |               |                                | •                      | •       |              | -                            |        | 1               | -                            |                     |

| Form 990 BOYS AND C<br>Part VII Section A. Officers, Directors | GIRLS CLUBS OF   |          |                       |          |                    |                              |               | Compensated Employ | 84-051040       | 1             |
|--|--|----------|-----------------------|----------|--------------------|------------------------------|---------------|--------------------|-----------------|---------------|
| (A)  | (B)  | (D)      | (E)                   | (F)      |                    |                              |               |                    |                 |               |
| Name and title   | Average  |          |                       |          | <b>C)</b><br>ition | 1                            |               | Reportable         | Reportable      | Estimated     |
|  | hours  | (c       | hecł                  |          |                    |                              | lv)           | compensation       | compensation    | amount of     |
|  | per  | (-       |                       |          |                    |                              | · <i>,</i> ,, | from               | from related    | other         |
|  | week   |          |                       |          |                    | yee                          |               | the                | organizations   | compensatio   |
|  | (list any  | ector    |                       |          |                    | mplo                         |               | organization       | (W-2/1099-MISC) | from the      |
|  | hours for  | or din   | Ð                     |          |                    | ited e                       |               | (W-2/1099-MISC)    |                 | organization  |
|  | related  | stee (   | ruste                 |          | 0                  | pensa                        |               |                    |                 | and related   |
|  | organizations  | ial tru  | onal t                |          | oloye              | com                          |               |                    |                 | organizations |
|  | (list any<br>hours for<br>related<br>organizations<br>below<br>line) | dividu   | Institutional trustee | Officer  | Key employee       | Highest compensated employee | Former        |                    |                 |               |
| (47) JOE VAN HASELEN   | 0,50   | =        | -                     | 5        | ž                  | 王                            | ß             |                    |                 |               |
| RUSTEE   | 0.50   | x        |                       |          |                    |                              |               | 0.                 | 0.              |               |
| (48) JENNIFER FEDORA   | 0.50   |          |                       |          |                    |                              |               |                    |                 |               |
| RUSTEE (THRU 5/2020)   | 0.50   | x        |                       |          |                    |                              |               | 0.                 | 0.              |               |
| (49) DAVID HOERMAN   | 0.50   | ^        |                       | -        |                    | -                            |               | ••                 | 0.              |               |
| RUSTEE (THRU 5/2020)   | 0.50   | x        |                       |          |                    |                              |               | 0.                 | 0.              |               |
|  | 40.00  | ^        |                       |          |                    |                              |               | υ.                 | υ.              |               |
| (50) ERIN PORTEOUS   | 40.00  | 1        |                       | <b>.</b> |                    |                              |               | 222.217            | 0.              | 30.00         |
| CEO  | 40.00  | <u> </u> | -                     | X        | <u> </u>           |                              |               | 222,217.           | U.              | 30,26         |
| (51) PHILLIP A. BLOISE<br>CFO (THRU 06/2020)                   | 40.00  |          |                       | x        |                    |                              |               | 161 022            | 0.              | 25.04         |
| (52) KATHY A. LUNA   | 40.00  |          |                       | ^        |                    |                              |               | 161,922.           | υ.              | 35,04         |
| COO (THRU 12/2019)   | 40.00  |          |                       | x        |                    |                              |               | 184,686.           | 0.              | 27,06         |
| (53) BRYNJA SEAGREN  | 40.00  |          |                       | ^        |                    |                              |               | 104,000.           | υ.              | 27,00         |
|  | 40.00  |          |                       |          |                    |                              |               | 107 160            | 0.              | 10 07         |
| CHIEF HUMAN RESOURCES OFFICER                                  | 40.00  |          |                       |          |                    | X                            |               | 127,169.           | υ.              | 18,87         |
| (54) SHERRI KROONENBERG  | 40.00  |          |                       |          |                    |                              |               | 101 501            | 0               | 14.00         |
| CHIEF PROGRAM OFFICER  |  |          |                       |          |                    | x                            |               | 131,521.           | 0.              | 14,26         |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  | -        |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  | -        |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  | -        |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       | <u> </u> |                    |                              |               |                    |                 |               |
|  |  | -        |                       |          |                    |                              |               |                    |                 |               |
|  |  | L        |                       | <b> </b> | <u> </u>           |                              |               |                    |                 |               |
|  |  | 1        |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  | 1        |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
|  |  |          |                       |          |                    |                              |               |                    |                 |               |
| otal to Part VII, Section A, line 1c                           |  |          |                       |          |                    |                              |               | 827,515.           |                 | 125,5         |

| ar                        | t VIÌ      |   | even        | ue           |           |                                       | NVER INC            |                   | 84-0510404       | Pag                            |
|---------------------------|------------|---|-------------|--------------|-----------|---------------------------------------|---------------------|-------------------|------------------|--------------------------------|
|                           |            | Check if Schedule O                           | conta       | ains a respo | nse       | or note to any lin                    | e in this Part VIII |                   |                  | Γ                              |
|                           |            |   |             |              |           |                                       | (A)                 | (B)               | (C)              | (D)                            |
|                           |            |   |             |              |           |                                       | Total revenue       | Related or exempt |                  | Revenue exclu                  |
|                           |            |   |             |              |           |                                       |                     | function revenue  | business revenue | from tax und<br>sections 512 - |
| 0                         |            | <u> </u>                                      |             |              |           |                                       |                     |                   |                  |                                |
| and Other Similar Amounts |            | Federated campaigns                           |             |              |           |                                       |                     |                   |                  |                                |
|                           |            | Membership dues                               |             |              |           |                                       |                     |                   |                  |                                |
| A                         | С          | Fundraising events                            |             | 1c           |           | 761,202.                              |                     |                   |                  |                                |
| ar                        | d          | Related organizations                         |             | 1d           |           | 360,000.                              |                     |                   |                  |                                |
| Ē                         |            | Government grants (cont                       |             |              |           | 2,876,231.                            |                     |                   |                  |                                |
| ō                         |            | All other contributions, gifts,               |             |              |           |                                       |                     |                   |                  |                                |
|                           | •          | similar amounts not included                  |             |              |           | 14,914,664.                           |                     |                   |                  |                                |
| 5                         | ~          |   |             |              |           | 816,021.                              |                     |                   |                  |                                |
|                           | -          | Noncash contributions included in             |             |              |           | ,                                     | 10 010 007          |                   |                  |                                |
| σ                         | h          | Total. Add lines 1a-1f                        |             |              |           |                                       | 18,912,097.         |                   |                  |                                |
|                           |            |   |             |              |           | Business Code                         |                     |                   |                  |                                |
|                           | 2 a        | CONTRACT REVENUE                              |             |              |           | 900099                                | 1,306,499.          | 1,306,499.        |                  |                                |
| ъ                         | b          | PROGRAM FEES                                  |             |              |           | 900099                                | 3,247.              | 3,247.            |                  |                                |
|                           | с          |   |             |              |           |                                       |                     |                   |                  |                                |
| BV6                       | d          |   |             |              |           |                                       |                     |                   |                  |                                |
| Revenue                   |            |   |             |              |           |                                       |                     |                   |                  |                                |
|                           | e          |   |             |              |           | <b>├</b> ──── <b>├</b>                |                     |                   | ┨─────┦          |                                |
|                           |            | All other program service                     |             |              |           |                                       | 1 200 515           |                   |                  |                                |
| +                         |            | Total. Add lines 2a-2f                        |             |              |           |                                       | 1,309,746.          |                   |                  |                                |
|                           | 3          | Investment income (inclu                      | ding        | dividends, i | ntere     | est, and                              |                     |                   |                  |                                |
|                           |            | other similar amounts)                        |             |              |           | ►                                     | 675,118.            |                   |                  | 675,3                          |
|                           | 4          | Income from investment                        | of ta>      | -exempt bo   | nd p      | oroceeds 🕨                            |                     |                   |                  |                                |
|                           | 5          | Royalties                                     |             | -            | -         | F                                     |                     |                   |                  |                                |
|                           | •          |   |             | (i) Real     |           | (ii) Personal                         |                     |                   |                  |                                |
|                           | <b>~</b> - | Overes vente                                  | 0           | () 100       |           |                                       |                     |                   |                  |                                |
|                           |            | Gross rents                                   |             |              |           | <u> </u>                              |                     |                   |                  |                                |
|                           |            | Less: rental expenses $\dots$                 |             |              |           | <b>├</b> ────┤                        |                     |                   |                  |                                |
|                           | С          | Rental income or (loss)                       | 6c          |              |           |                                       |                     |                   |                  |                                |
|                           | d          | Net rental income or (loss                    | s) <u> </u> |              | <u></u>   | ►                                     |                     |                   |                  |                                |
|                           | 7 a        | Gross amount from sales of                    |             | (i) Securit  | es        | (ii) Other                            |                     |                   |                  |                                |
|                           |            | assets other than inventory                   | 7a          |              |           |                                       |                     |                   |                  |                                |
|                           | h          | Less: cost or other basis                     |             | 1            |           |                                       |                     |                   |                  |                                |
|                           | 5          |   | 7b          | 165,2        | 0.80      |                                       |                     |                   |                  |                                |
|                           |            | and sales expenses                            |             |              |           |                                       |                     |                   |                  |                                |
|                           |            | Gain or (loss)                                | 7c          | -165,2       |           | -                                     |                     |                   |                  |                                |
|                           |            | Net gain or (loss)                            |             |              | . <u></u> | ····· 🕨                               | -165,280.           |                   |                  | -165,                          |
|                           | 8 a        | Gross income from fundrais                    |             | -            | 1         |                                       |                     |                   |                  |                                |
|                           |            | including \$                                  | 761         | ,202. of     | 1         |                                       |                     |                   |                  |                                |
|                           |            | contributions reported or                     |             |              | 1         |                                       |                     |                   |                  |                                |
|                           |            | Part IV, line 18                              |             |              | 8a        | 68,156.                               |                     |                   |                  |                                |
|                           | h          | Less: direct expenses                         |             |              | 8b        | · · · · · · · · · · · · · · · · · · · |                     |                   |                  |                                |
|                           |            |   |             |              |           |                                       | 0.                  |                   |                  |                                |
|                           |            | Net income or (loss) from                     |             | -            |           | ▶                                     | υ.                  |                   |                  |                                |
|                           | 9 a        | Gross income from gamir                       |             |              |           |                                       |                     |                   |                  |                                |
|                           |            | Part IV, line 19                              |             |              | 9a        |                                       |                     |                   |                  |                                |
|                           | b          | Less: direct expenses                         |             |              | 9b        | 1,688,810.                            |                     |                   |                  |                                |
|                           |            | Net income or (loss) from                     |             |              | s         | ►                                     | 4,902,599.          |                   |                  | 4,902,                         |
|                           |            | Gross sales of inventory,                     |             |              |           |                                       |                     |                   |                  |                                |
|                           | -          | and allowances                                |             |              | 10a       |                                       |                     |                   |                  |                                |
|                           | h          | Less: cost of goods sold                      |             |              | 10a       |                                       |                     |                   |                  |                                |
|                           |            |   |             |              |           |                                       |                     |                   |                  |                                |
| +                         | С          | Net income or (loss) from                     | sale        | s of invento | у         |                                       |                     |                   |                  |                                |
|                           |            |   |             |              |           | Business Code                         |                     |                   |                  |                                |
| - L.                      | 11 a       | MISCELLANEOUS                                 |             |              |           | 900099                                | 213,648.            |                   |                  | 213,                           |
| e l                       | b          |   |             |              |           |                                       |                     |                   |                  |                                |
| suue                      |            |   |             |              |           |                                       |                     |                   |                  |                                |
| evenue                    | c          |   |             |              |           |                                       |                     | Į.                | 1 1              |                                |
| Hevenue                   | с          | All other revenue                             |             |              |           |                                       |                     |                   |                  |                                |
| Revenue                   | c<br>d     | All other revenue<br>Total. Add lines 11a-11d |             |              |           |                                       | 213,648.            |                   |                  |                                |

BOYS AND GIRLS CLUBS OF METRO DENVER INC

84-0510404

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

| Do not        | Check if Schedule O contains a respons   | (A)            | (B)                         | (C)                             | <u>x</u>                |
|---------------|--|----------------|-----------------------------|---------------------------------|-------------------------|
|               | , 9b, and 10b of Part VIII.  | Total expenses | Program service<br>expenses | Management and general expenses | Fundraising<br>expenses |
|               | rants and other assistance to domestic organizations<br>nd domestic governments. See Part IV, line 21  |                |                             |                                 |                         |
| <b>2</b> G    | rants and other assistance to domestic   |                |                             |                                 |                         |
|               | dividuals. See Part IV, line 22  | 56,276.        | 56,276.                     |                                 |                         |
|               | rants and other assistance to foreign  | ,              | ,                           |                                 |                         |
|               | rganizations, foreign governments, and foreign   |                |                             |                                 |                         |
|               | dividuals. See Part IV, lines 15 and 16  |                |                             |                                 |                         |
|               | enefits paid to or for members   |                |                             |                                 |                         |
|               | ompensation of current officers, directors,  |                |                             |                                 |                         |
|               | ustees, and key employees  | 413,008.       | 82,602.                     | 330,406.                        |                         |
|               | ompensation not included above to disqualified   | 110,000.       | 01,001.                     |                                 |                         |
|               |  |                |                             |                                 |                         |
|               | ersons (as defined under section $4958(f)(1)$ ) and  |                |                             |                                 |                         |
|               | ersons described in section 4958(c)(3)(B)  | 0 040 716      | 6 006 160                   | 472 010                         | 740 626                 |
|               | ther salaries and wages  | 8,040,716.     | 6,826,168.                  | 473,912.                        | 740,636                 |
|               | ension plan accruals and contributions (include  |                |                             |                                 |                         |
|               | ection 401(k) and 403(b) employer contributions)   | 358,731.       | 242,518.                    | 107,798.                        | 8,415                   |
|               | ther employee benefits   | 1,077,427.     | 778,685.                    | 260,775.                        | 37,967                  |
| <b>0</b> P    | ayroll taxes   | 610,496.       | 509,569.                    | 48,519.                         | 52,408                  |
| 11 Fe         | ees for services (nonemployees):   |                |                             |                                 |                         |
| a M           | lanagement   |                |                             |                                 |                         |
| b Le          | egal   |                |                             |                                 |                         |
| сА            | ccounting  |                |                             |                                 |                         |
|               | obbying  |                |                             |                                 |                         |
|               | rofessional fundraising services. See Part IV, line 17   | 651,900.       |                             |                                 | 651,900                 |
| f In          | vestment management fees   |                |                             |                                 | · · · · ·               |
|               | ther. (If line 11g amount exceeds 10% of line 25,  |                |                             |                                 |                         |
| •             | blumn (A) amount, list line 11g expenses on Sch O.)  | 1,901,768.     | 427,653.                    | 570,276.                        | 903,839                 |
|               | dvertising and promotion   | 126,512.       | 1,948.                      | 2,938.                          | , 121,626               |
|               | ffice expenses   |                |                             |                                 | ,                       |
|               |  |                |                             |                                 |                         |
|               | formation technology   |                |                             |                                 |                         |
|               | oyalties   | 474,493.       | 417,239.                    | 45,192.                         | 12,062                  |
|               |  | /              | ,                           | · · · · ·                       | 12,002                  |
|               | ravel  | 82,774.        | 79,213.                     | 3,561.                          |                         |
|               | ayments of travel or entertainment expenses  |                |                             |                                 |                         |
|               | or any federal, state, or local public officials   |                |                             |                                 |                         |
| <b>19</b> C   | onferences, conventions, and meetings  | 194,964.       | 168,737.                    | 16,506.                         | 9,721                   |
|               | terest   |                |                             |                                 |                         |
| 21 P          | ayments to affiliates  |                |                             |                                 |                         |
| 22 D          | epreciation, depletion, and amortization   | 813,201.       | 669,654.                    | 143,547.                        |                         |
| 2 <b>3</b> In | surance  | 177,157.       | 168,168.                    | 8,989.                          |                         |
| at<br>lir     | ther expenses. Itemize expenses not covered<br>bove (List miscellaneous expenses on line 24e. If<br>the 24e amount exceeds 10% of line 25, column (A)<br>nount, list line 24e expenses on Schedule 0.) |                |                             |                                 |                         |
|               | ASS-THROUGH GRANTS   | 1,374,888.     | 1,374,888.                  |                                 |                         |
| ~ <u> </u>    | UPPLIES  | 1,155,853.     | 848,803.                    | 51,821.                         | 255,229                 |
| ~ _           | THER   | 456,116.       | 31,675.                     | 12,762.                         | 411,679                 |
|               | OOD SERVICE  | 242,309.       | 241,513.                    | 796.                            | ,575                    |
| · -           |  | 170,180.       | 92,323.                     | 24,032.                         | 53,825                  |
|               | Il other expenses  | ,              | ,                           | ,                               |                         |
|               | otal functional expenses. Add lines 1 through 24e  | 18,378,769.    | 13,017,632.                 | 2,101,830.                      | 3,259,307               |
|               | <b>bint costs.</b> Complete this line only if the organization   |                |                             |                                 |                         |
|               | ported in column (B) joint costs from a combined   |                |                             |                                 |                         |
|               | ducational campaign and fundraising solicitation.  |                |                             |                                 |                         |
| Cł            | neck here X if following SOP 98-2 (ASC 958-720)  |                |                             |                                 |                         |

| Form 990 ( |               | <br>AND | GIRLS | CLUBS | OF | METRO | DE |
|------------|---------------|---------|-------|-------|----|-------|----|
| Part X     | Balance Sheet |         |       |       |    |       |    |

| Гd                          | rt X | Balance Sheet                                     |            |            |                |                   |     |             |
|-----------------------------|------|---|------------|------------|----------------|-------------------|-----|-------------|
|                             |      | Check if Schedule O contains a response or        | note to a  | any line   | in this Part X | (A)               |     |             |
|                             |      |   |            |            |                | Beginning of year |     | End of year |
|                             | 1    | Cash - non-interest-bearing                       |            |            |                |                   | 1   | 3,816,408   |
|                             | 2    | Savings and temporary cash investments            |            |            |                | 4,788,611.        | 2   | 5,188,377   |
|                             | 3    | Pledges and grants receivable, net                |            |            |                | 1,355,398.        | 3   | 1,193,507   |
|                             | 4    | Accounts receivable, net                          |            |            |                |                   | 4   | 83,790      |
|                             | 5    | Loans and other receivables from any curren       |            |            |                |                   |     |             |
|                             |      | trustee, key employee, creator or founder, su     | ubstantia  | al contrib | outor, or 35%  |                   |     |             |
|                             |      | controlled entity or family member of any of t    | these pe   | rsons      |                |                   | 5   |             |
|                             | 6    | Loans and other receivables from other disquere   | ualified p | persons    | (as defined    |                   |     |             |
|                             |      | under section 4958(f)(1)), and persons descr      | ibed in s  | ection 4   | 958(c)(3)(B)   |                   | 6   |             |
| ţs                          | 7    | Notes and loans receivable, net                   |            |            |                |                   | 7   |             |
| Assets                      | 8    | Inventories for sale or use                       |            |            |                |                   | 8   |             |
| Ä                           | 9    | Prepaid expenses and deferred charges             |            |            |                | 438,685.          | 9   | 314,803     |
|                             | 10a  | Land, buildings, and equipment: cost or othe      |            |            |                |                   |     |             |
|                             |      | basis. Complete Part VI of Schedule D             | 10a        | a          | 31,379,742.    |                   |     |             |
|                             | b    | Less: accumulated depreciation                    |            |            | 12,340,373.    | 18,737,457.       | 10c | 19,039,369  |
|                             | 11   | Investments - publicly traded securities          |            |            |                | 16,192,366.       | 11  | 22,536,741  |
|                             | 12   | Investments - other securities. See Part IV, lin  |            |            |                | 5,731,049.        | 12  | 6,129,599   |
|                             | 13   | Investments - program-related. See Part IV, li    |            |            | 13             |                   |     |             |
|                             | 14   | Intangible assets                                 |            |            |                | 15,000.           | 14  | 15,000      |
|                             | 15   | Other assets. See Part IV, line 11                |            |            |                | 60,000.           | 15  | 0           |
|                             | 16   | Total assets. Add lines 1 through 15 (must e      |            |            |                | 47,318,566.       | 16  | 58,317,594  |
|                             | 17   | Accounts payable and accrued expenses             |            |            |                | 1,275,539.        | 17  | 1,634,082   |
|                             | 18   | Grants payable                                    |            | 18         |                |                   |     |             |
|                             | 19   | Deferred revenue                                  |            | 537,324.   | 19             | 868,966           |     |             |
|                             | 20   | Tax-exempt bond liabilities                       |            |            |                |                   | 20  |             |
|                             | 21   | Escrow or custodial account liability. Comple     |            |            |                |                   | 21  |             |
| ŝ                           | 22   | Loans and other payables to any current or f      | former of  | fficer, di | rector,        |                   |     |             |
| Ě                           |      | trustee, key employee, creator or founder, su     | ubstantia  | al contrik | outor, or 35%  |                   |     |             |
| Liabilities                 |      | controlled entity or family member of any of t    | these pe   | rsons      |                |                   | 22  |             |
|                             | 23   | Secured mortgages and notes payable to un         | related t  | third par  | ties           |                   | 23  |             |
|                             | 24   | Unsecured notes and loans payable to unrel        | ated thir  | d parties  | s              |                   | 24  |             |
|                             | 25   | Other liabilities (including federal income tax,  | , payable  | es to rela | ated third     |                   |     |             |
|                             |      | parties, and other liabilities not included on li | ines 17-2  | 24). Com   | plete Part X   |                   |     |             |
|                             |      | of Schedule D                                     |            |            |                | 1,000,000.        | 25  | 2,854,190   |
|                             | 26   | Total liabilities. Add lines 17 through 25        |            |            |                | 2,812,863.        | 26  | 5,357,238   |
| ~                           |      | Organizations that follow FASB ASC 958,           | check h    | ere 🕨      | X              |                   |     |             |
| š                           |      | and complete lines 27, 28, 32, and 33.            |            |            |                |                   |     |             |
| llan                        | 27   | Net assets without donor restrictions             |            |            |                | 28,192,941.       | 27  | 33,735,626  |
| ñ                           | 28   | Net assets with donor restrictions                |            |            |                | 16,312,762.       | 28  | 19,224,730  |
| nn                          |      | Organizations that do not follow FASB AS          | ere 🕨 🗌    |            |                |                   |     |             |
| Ē                           |      | and complete lines 29 through 33.                 |            |            |                |                   |     |             |
| Net Assets or Fund Balances | 29   | Capital stock or trust principal, or current fur  | nds        |            |                |                   | 29  |             |
| sset                        | 30   | Paid-in or capital surplus, or land, building, o  |            |            |                |                   | 30  |             |
| t As                        | 31   | Retained earnings, endowment, accumulated         |            |            |                |                   | 31  |             |
| Net                         | 32   | Total net assets or fund balances                 |            |            | [              | 44,505,703.       | 32  | 52,960,356  |
|                             | 33   | Total liabilities and net assets/fund balances    |            |            |                | 47,318,566.       | 33  | 58,317,594  |

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Form **990** (2019)

## OVS AND GIRLS CLUBS OF METRO DENVER INC

| Form | 990 (2019) BOYS AND GIRLS CLUBS OF METRO DENVER INC   | 84-0510404 |    | Pa   | ge <b>12</b> |
|------|---|------------|----|------|--------------|
| Pa   | rt XI Reconciliation of Net Assets  |            |    |      | 2            |
|      | 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          | 25 | ,847 | ,928.        |
| 2    | Total expenses (must equal Part IX, column (A), line 25)  | 2          | 18 | ,378 | ,769.        |
| 3    | Revenue less expenses. Subtract line 2 from line 1  | 3          | 7  | ,469 | ,159.        |
| 4    | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                           | 4          | 44 | ,505 | ,703.        |
| 5    | Net unrealized gains (losses) on investments  | 5          |    | 985  | ,494.        |
| 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 on Schedule O)  | 9          |    |      | 0.           |
| 10   | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,                  |            |    |      |              |
|      | column (B))   | 10         | 52 | ,960 | ,356.        |
| Pa   | rt XII Financial Statements and Reporting   |            |    |      |              |
|      | Check if Schedule O contains a response or note to any line in this Part XII  |            |    |      | X            |
|      |   |            |    | 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      | О.         |    |      |              |
| 2a   | Were the organization's financial statements compiled or reviewed by an independent accountant?                     |            | 2a |      | Х            |
|      | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed     | l on a     |    |      |              |
|      | separate basis, consolidated basis, or both:  |            |    |      |              |
|      | Separate basis Consolidated basis Both consolidated and separate basis  |            |    |      |              |
| b    | Were the organization's financial statements audited by an independent accountant?                                  |            | 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:  |            |    |      |              |
|      | X Separate basis 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 the  |            |    |      |              |
|      | review, or compilation of its financial statements and selection of an independent accountant?                      |            | 2c | Х    |              |
|      | If the organization changed either its oversight process or selection process during the tax year, explain on Sch   | nedule O.  |    |      |              |
| 3a   | 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 |    |      | l I          |
|      | Act and OMB Circular A-133?   |            | 3a |      | Х            |
| b    | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ   | ired audit |    |      | 1            |
|      | or audits, explain why on Schedule O and describe any steps taken to undergo such audits                            |            | 3b |      |              |

Form **990** (2019)

**SCHEDULE A** 

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|-------------------|
| 2019              |
| Open to Public    |

Inspection Employer identification numb

| Name of the organization |  |
|--------------------------|--|
|--------------------------|--|

| Tun  |  | uic  | organization                                  |                          |   |                    |                 |                 | Employer        |                            |  |  |
|------|--|--|---|--------------------------|---|--------------------|-----------------|-----------------|-----------------|----------------------------|--|--|
| _    |  | _  |   |                          | OF METRO DENVER IN                            |                    |                 |                 |                 | 4-0510404                  |  |  |
| Pa   | rt I   |  | Reason for Public (                           | Charity Status (A        | All organizations must co                     | mplete th          | is part.) Se    | e instruction   | S.              |                            |  |  |
| The  | orga   | nizat  | tion is not a private found                   | ation because it is: (I  | For lines 1 through 12, c                     | heck only          | one box.)       |                 |                 |                            |  |  |
| 1    |  | A  | church, convention of ch                      | urches, or associatio    | n of churches described                       | d in <b>sectio</b> | n 170(b)(1      | I)(A)(i).       |                 |                            |  |  |
| 2    |  | A  | school described in <b>secti</b>              | ion 170(b)(1)(A)(ii). (A | Attach Schedule E (Form                       | n 990 or 99        | 90-EZ).)        |                 |                 |                            |  |  |
| 3    |  | 1  | hospital or a cooperative                     |                          |   |                    |                 | ii).            |                 |                            |  |  |
| 4    |  | 1  | medical research organiza                     |                          |   |                    |                 | -               | )(iii). Enter   | the hospital's name,       |  |  |
|      |  |  | y, and state:                                 | •                        | , ,   |                    |                 |                 | ~ /             | 1 ,                        |  |  |
| 5    |  | 1  | organization operated for                     | or the benefit of a col  | llege or university owned                     | d or operat        | ted by a g      | overnmental     | unit describ    | bed in                     |  |  |
| ·    |  |  | ection 170(b)(1)(A)(iv). (C                   |                          |   | a er epera         |                 |                 |                 |                            |  |  |
| 6    |  | 1  | federal, state, or local gov                  | • •                      | pental unit described in a                    | section 17         | 0(b)(1)(A)      | (14)            |                 |                            |  |  |
| 7    | X  | 1  | organization that normal                      | -                        |   |                    |                 |                 | bo gonoral      | public described in        |  |  |
| '    |  |  | -   | •                        | initial part of its support i                 | ion a you          | erninentai      |                 | ne general      | public described in        |  |  |
| •    |  | 1  | ection 170(b)(1)(A)(vi). (Co                  | -                        |   |                    |                 |                 |                 |                            |  |  |
| 8    | $\square$  | 1  | community trust describe                      |                          |   |                    |                 |                 |                 |                            |  |  |
| 9    |  |  | agricultural research org                     |                          |   |                    | -               |                 | -               | -                          |  |  |
|      |  |  | university or a non-land-g                    | grant college of agric   | ulture (see instructions).                    | Enter the          | name, city      | /, and state o  | t the colleg    | e or                       |  |  |
|      |  | 1  | iiversity:                                    |                          |   |                    |                 |                 |                 |                            |  |  |
| 10   |  | Ar   | organization that normal                      | lly receives: (1) more   | than 33 1/3% of its sup                       | port from          | contributi      | ons, member     | ship fees, a    | ind gross receipts from    |  |  |
|      |  | ac   | tivities related to its exem                  | npt functions - subjec   | ct to certain exceptions,                     | and (2) no         | more tha        | n 33 1/3% of    | its suppor      | t from gross investment    |  |  |
|      |  | inc  | come and unrelated busir                      | ness taxable income      | (less section 511 tax) fro                    | om busine          | sses acqu       | ired by the o   | rganization     | after June 30, 1975.       |  |  |
|      |  | Se   | e <b>section 509(a)(2).</b> (Cor              | mplete Part III.)        |   |                    |                 |                 |                 |                            |  |  |
| 11   |  | Ar   | n organization organized a                    | and operated exclusi     | vely to test for public sa                    | fety. See          | section 50      | )9(a)(4).       |                 |                            |  |  |
| 12   |  | Ar   | organization organized a                      | and operated exclusi     | vely for the benefit of, to                   | perform t          | the functio     | ons of, or to c | arry out the    | e 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. |   |                          |   |                    |                 |                 |                 |                            |  |  |
| а    |  |  | Type I. A supporting orga                     | nization operated, si    | upervised, or controlled                      | by its sup         | ported org      | ganization(s),  | typically by    | ' giving                   |  |  |
|      |  | 1  | the supported organization                    | on(s) the power to rea   | gularly appoint or elect a                    | a majority (       | of the dire     | ctors or truste | ees of the s    | supporting                 |  |  |
|      |  |  | organization. You must c                      |                          |   |                    |                 |                 |                 | iii o                      |  |  |
| b    |  |  | Type II. A supporting orga                    | -                        |   | tion with it       | s support       | ed organizatio  | on(s), by ha    | ivina                      |  |  |
|      |  |  | control or management of                      | -                        |   |                    |                 | -               |                 | -                          |  |  |
|      |  |  | organization(s). You mus                      |                          |   |                    |                 |                 | age the eap     | portou                     |  |  |
| с    |  |  | Type III functionally inte                    | -                        |   | in connec          | tion with       | and functions   | llv integrat    | ed with                    |  |  |
| Ŭ    |  |  | its supported organization                    |                          |   |                    |                 |                 | iny integration | ca with,                   |  |  |
| ام   |  |  |   |                          |   |                    |                 |                 | rtad argani     | (a)                        |  |  |
| d    |  |  | Type III non-functionally                     |                          |   |                    |                 |                 | -               |                            |  |  |
|      |  |  | that is not functionally int                  |                          |   | •                  |                 | -               | u an alleni     | iveness                    |  |  |
| _    |  |  | requirement (see instructi                    | -                        |   |                    |                 |                 |                 |                            |  |  |
| е    |  |  | Check this box if the orga                    |                          |   |                    |                 | а туре ї, туре  | ii, iype iii    |                            |  |  |
|      |  |  | functionally integrated, or                   |                          | nally integrated support                      | ing organiz        | zation.         |                 |                 |                            |  |  |
| t    |  |  | ne number of supported o                      | •                        |   |                    |                 |                 |                 |                            |  |  |
| g    |  |  | the following information<br>ame of supported | i about the supporte     | d organization(s). (iii) Type of organization | (iv) Is the orga   | nization listed | (v) Amount o    | fmonotony       | (vi) Amount of other       |  |  |
|      |  | (1) 134  | organization                                  |                          | (described on lines 1-10                      | in your governi    | ng document?    | support (see in |                 | support (see instructions) |  |  |
|      |  |  | organization                                  |                          | above (see instructions))                     | Yes                | No              |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
|      |  |  |   |                          |   |                    |                 |                 |                 |                            |  |  |
| Tota | al   |  |   |                          |   |                    |                 |                 |                 |                            |  |  |

## Schedule A (Form 990 or 990 EZ) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC

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

| Sec      | ction A. Public Support                      |                              |                     |                            |                               |                     |                  |
|----------|--|------------------------------|---------------------|----------------------------|-------------------------------|---------------------|------------------|
| Cale     | ndar year (or fiscal year beginning in) 🕨    | <b>(a)</b> 2015              | <b>(b)</b> 2016     | <b>(c)</b> 2017            | <b>(d)</b> 2018               | <b>(e)</b> 2019     | <b>(f)</b> Total |
| 1        | Gifts, grants, contributions, and            |                              |                     |                            |                               |                     |                  |
|          | membership fees received. (Do not            |                              |                     |                            |                               |                     |                  |
|          | include any "unusual grants.")               | 12,357,631.                  | 13,556,578.         | 13,167,174.                | 12,625,392.                   | 18,912,097.         | 70,618,872.      |
| 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          |                              |                     |                            |                               |                     |                  |
|          | furnished by a governmental unit to          |                              |                     |                            |                               |                     |                  |
|          | the organization without charge              | 864,821.                     | 796,271.            | 816,920.                   | 869,600.                      | 918,380.            | 4,265,992.       |
| 4        | Total. Add lines 1 through 3                 | 13,222,452.                  | 14,352,849.         | 13,984,094.                | 13,494,992.                   | 19,830,477.         | 74,884,864.      |
|          | The portion of total contributions           |                              |                     |                            |                               |                     |                  |
|          | by each person (other than a                 |                              |                     |                            |                               |                     |                  |
|          | governmental unit or publicly                |                              |                     |                            |                               |                     |                  |
|          | supported organization) included             |                              |                     |                            |                               |                     |                  |
|          | on line 1 that exceeds 2% of the             |                              |                     |                            |                               |                     |                  |
|          | amount shown on line 11,                     |                              |                     |                            |                               |                     |                  |
|          |  |                              |                     |                            |                               |                     | 13,731,273.      |
| 6        |  |                              |                     |                            |                               |                     | 61,153,591.      |
|          | Public support. Subtract line 5 from line 4. |                              |                     |                            |                               |                     | 01,155,551.      |
|          | ndar year (or fiscal year beginning in)      | <b>(a)</b> 2015              | <b>(b)</b> 2016     | (c) 2017                   | (d) 2018                      | (e) 2019            | (f) Total        |
|          | Amounts from line 4                          | 13,222,452.                  | 14,352,849.         | 13,984,094.                | 13,494,992.                   | 19,830,477.         | 74,884,864.      |
|          | Gross income from interest,                  | 13,222,432.                  | 11,352,045.         | 13,501,051.                | 13,494,992.                   | 19,000,477.         | /1,001,001.      |
| 0        |  |                              |                     |                            |                               |                     |                  |
|          | dividends, payments received on              |                              |                     |                            |                               |                     |                  |
|          | securities loans, rents, royalties,          | 164 020                      | 462 221             | 467 402                    | EE0 370                       | 675 110             | 2 2 2 2 2 5 1    |
| -        | and income from similar sources              | 164,030.                     | 463,231.            | 467,493.                   | 552,379.                      | 675,118.            | 2,322,251.       |
| 9        | Net income from unrelated business           |                              |                     |                            |                               |                     |                  |
|          | activities, whether or not the               |                              |                     |                            |                               |                     |                  |
|          | business is regularly carried on             |                              |                     |                            |                               |                     |                  |
| 10       | Other income. Do not include gain            |                              |                     |                            |                               |                     |                  |
|          | or loss from the sale of capital             |                              |                     |                            |                               |                     |                  |
|          | assets (Explain in Part VI.)                 | 4,646,300.                   | 3,982,113.          | 4,184,799.                 | 3,764,974.                    | 5,184,403.          | 21,762,589.      |
|          | Total support. Add lines 7 through 10        |                              |                     |                            |                               |                     | 98,969,704.      |
|          | Gross receipts from related activities,      |                              | ,                   |                            |                               | 12                  | 1,324,877.       |
| 13       | First five years. If the Form 990 is for     | the organization's           | first, second, thir | d, fourth, or fifth ta     | x year as a sectio            | n 501(c)(3)         |                  |
| <u> </u> | organization, check this box and stop        | here                         |                     |                            |                               |                     |                  |
|          | ction C. Computation of Public               |                              | •                   |                            |                               |                     | C1 = 2           |
|          | Public support percentage for 2019 (I        |                              |                     |                            |                               | 14                  | 61.79 %          |
|          | Public support percentage from 2018          |                              |                     |                            |                               | 15                  | 69.79 %          |
| 16a      | 33 1/3% support test - 2019. If the c        |                              |                     |                            |                               |                     |                  |
|          | stop here. The organization qualifies        |                              |                     |                            |                               |                     |                  |
| b        | 33 1/3% support test - 2018. If the c        |                              |                     |                            |                               |                     | nis box          |
|          | and <b>stop here.</b> The organization qual  |                              |                     |                            |                               |                     | ▶∟               |
| 17a      | 10% -facts-and-circumstances test            | t - 2019. If the org         | anization did not c | heck a box on line         | 13, 16a, or 16b, a            | and line 14 is 10%  | or more,         |
|          | and if the organization meets the "fac       | ts-and-circumstan            | ces" test, check th | is box and <b>stop h</b>   | <b>ere.</b> Explain in Pa     | t VI how the organ  | ization          |
|          | meets the "facts-and-circumstances"          | test. The organizat          | tion qualifies as a | publicly supported         | l organization                |                     | ▶□               |
| b        | 10% -facts-and-circumstances test            | <b>t - 2018.</b> If the orga | anization did not c | heck a box on line         | 13, 16a, 16b, or <sup>-</sup> | 17a, and line 15 is | 10% or           |
|          | more, and if the organization meets th       | ne "facts-and-circu          | mstances" test, ch  | neck this box and <b>s</b> | stop here. Explain            | in Part VI how the  | •                |
|          | organization meets the "facts-and-circ       | umstances" test.             | The organization o  | jualifies as a public      | cly supported orga            | anization           |                  |
| 18       | Private foundation. If the organizatio       |                              |                     |                            |                               |                     |                  |

Schedule A (Form 990 or 990-EZ) 2019

84 - 0510404

Part II

## Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC

#### 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.)

| See  | ction A. Public Support  |                           |                      |                             |                      |                      |             |
|------|--|---------------------------|----------------------|-----------------------------|----------------------|----------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016      | (c) 2017                    | (d) 2018             | (e) 2019             | (f) Total   |
| 1    | Gifts, grants, contributions, and  |                           |                      |                             |                      |                      |             |
|      | membership fees received. (Do not  |                           |                      |                             |                      |                      |             |
|      | include any "unusual grants.")   |                           |                      |                             |                      |                      |             |
| 2    | Gross receipts from admissions,<br>merchandise sold or services per-<br>formed, or facilities furnished in<br>any activity that is related to the<br>organization's tax-exempt purpose |                           |                      |                             |                      |                      |             |
| 3    | Gross receipts from activities that  |                           |                      |                             |                      |                      |             |
|      | are not an unrelated trade or bus-   |                           |                      |                             |                      |                      |             |
|      | iness under section 513  |                           |                      |                             |                      |                      |             |
| 4    | Tax revenues levied for the organ-   |                           |                      |                             |                      |                      |             |
|      | 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  |                           |                      |                             |                      |                      |             |
| 6    | Total. Add lines 1 through 5   |                           |                      |                             |                      |                      |             |
|      | Amounts included on lines 1, 2, and  |                           |                      |                             |                      |                      |             |
| 10   | 3 received from disqualified persons   |                           |                      |                             |                      |                      |             |
| b    | Amounts included on lines 2 and 3 received<br>from other than disqualified persons that<br>exceed the greater of \$5,000 or 1% of the  |                           |                      |                             |                      |                      |             |
|      | amount on line 13 for the year   |                           |                      |                             |                      |                      |             |
|      | Add lines 7a and 7b  |                           |                      |                             |                      |                      |             |
|      | Public support. (Subtract line 7c from line 6.)  |                           |                      |                             |                      |                      |             |
|      | ction B. Total Support   | ( ) 00/5                  | (1) 00 (0            | () 00/-                     | ( 1) 00 ( 0)         | () 00/0              | (0          |
|      | ndar year (or fiscal year beginning in) 🕨  | <b>(a)</b> 2015           | <b>(b)</b> 2016      | (c) 2017                    | (d) 2018             | (e) 2019             | (f) Total   |
|      | Amounts from line 6<br>Gross income from interest,<br>dividends, payments received on<br>securities loans, rents, royalties,<br>and income from similar sources                        |                           |                      |                             |                      |                      |             |
| b    | Unrelated business taxable income  |                           |                      |                             |                      |                      |             |
|      | (less section 511 taxes) from businesses acquired after June 30, 1975  |                           |                      |                             |                      |                      |             |
|      | Add lines 10a and 10b  |                           |                      |                             |                      |                      |             |
| 11   | Net income from unrelated business<br>activities not included in line 10b,<br>whether or not the business is<br>regularly carried on   |                           |                      |                             |                      |                      |             |
| 12   | Other income. Do not include gain<br>or loss from the sale of capital<br>assets (Explain in Part VI.)  |                           |                      |                             |                      |                      |             |
| 13   | Total support. (Add lines 9, 10c, 11, and 12.)   |                           |                      |                             |                      |                      |             |
| 14   | First five years. If the Form 990 is for   | the organization'         | s first, second, thi | rd, fourth, or fifth t      | tax year as a sectio | on 501(c)(3) organiz | zation,     |
|      | check this box and stop here   | <u></u>                   | <u></u>              | <u></u>                     |                      |                      | <b>&gt;</b> |
| Se   | ction C. Computation of Publi  | ic Support Pe             | ercentage            |                             |                      |                      |             |
| 15   | Public support percentage for 2019 (li   | ine 8, column (f),        | divided by line 13,  | column (f))                 |                      | 15                   | %           |
| 16   | Public support percentage from 2018  | Schedule A, Parl          | t III, line 15       |                             |                      | 16                   | %           |
|      | ction D. Computation of Inves  |                           |                      |                             |                      |                      |             |
| 17   | Investment income percentage for 20  | <b>19</b> (line 10c, colu | mn (f), divided by I | ine 13, column (f))         |                      | 17                   | %           |
|      | Investment income percentage from 2  |                           | - · · · · · · · -    |                             |                      | 18                   | %           |
|      | <b>33 1/3% support tests - 2019.</b> If the  |                           |                      |                             |                      |                      |             |
|      | more than 33 1/3%, check this box ar   |                           |                      |                             |                      |                      |             |
| h    | <b>33 1/3% support tests - 2018.</b> If the  |                           |                      |                             |                      |                      | and         |
| ~    | line 18 is not more than 33 1/3%, che  |                           |                      |                             |                      |                      |             |
| 20   | Private foundation. If the organization  |                           |                      |                             |                      |                      |             |
|      |  | in and not oncor a        |                      | $\alpha$ , or rob, oncorr t |                      |                      |             |

## 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?
- 6 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 (as 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 disgualified 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.)

6 7 8 9a 9b 9c 10a 10b

No

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

|  | (Form 990 or 990-EZ) 2019 |  |  |  |  | Or | MEIKO | DENVER | INC |
|--|---------------------------|--|--|--|--|----|-------|--------|-----|
| Part IV Supporting Organizations (continued) |                           |  |  |  |  |    |       |        |     |

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|     |  |          | Yes | No |
|-----|--|----------|-----|----|
| 11  | Has the organization accepted a gift or contribution from any of the following persons?  |          |     |    |
| а   | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)                   |          |     |    |
|     | below, the governing body of a supported organization?   | 11a      |     |    |
|     | A family member of a person described in (a) above?  | 11b      |     |    |
|     | A 35% controlled entity of a person described in (a) or (b) above?If "Yes" to a, b, or c, provide detail in Part VI.           | 11c      |     |    |
| Sec | tion B. Type I Supporting Organizations  |          |     |    |
|     |  |          | Yes | No |
| 1   | Did the directors, trustees, or membership of one or more supported organizations have the power to                            |          |     |    |
|     | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the             |          |     |    |
|     | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or                  |          |     |    |
|     | controlled the organization's activities. If the organization had more than one supported organization,                        |          |     |    |
|     | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported                      |          |     |    |
|     | organizations and what conditions or restrictions, if any, applied to such powers during the tax year.                         | 1        |     |    |
| 2   | Did the organization operate for the benefit of any supported organization other than the supported                            |          |     |    |
|     | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in                     |          |     |    |
|     | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,                    |          |     |    |
|     | supervised, or controlled the supporting organization.   | 2        |     |    |
| Sec | tion C. Type II Supporting Organizations   |          |     |    |
|     |  |          | Yes | No |
| 1   | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors               |          |     |    |
|     | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control                  |          |     |    |
|     | or management of the supporting organization was vested in the same persons that controlled or managed                         |          |     |    |
|     | the supported organization(s).   | 1        |     |    |
| Sec | tion D. All Type III Supporting Organizations  |          |     |    |
|     |  |          | Yes | No |
| 1   | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the                 |          |     |    |
|     | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax          |          |     |    |
|     | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the         |          |     |    |
|     | organization's governing documents in effect on the date of notification, to the extent not previously provided?               | 1        |     |    |
| 2   | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported               |          |     |    |
|     | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how             |          |     |    |
|     | the organization maintained a close and continuous working relationship with the supported organization(s).                    | 2        |     |    |
| 3   | By reason of the relationship described in (2), did the organization's supported organizations have a                          |          |     |    |
|     | significant voice in the organization's investment policies and in directing the use of the organization's                     |          |     |    |
|     | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's                   |          |     |    |
|     | supported organizations played in this regard.   | 3        |     |    |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations  |          |     |    |
| 1   | Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions) |          |     |    |
| а   | The organization satisfied the Activities Test. Complete line 2 below.   |          |     |    |
| b   | The organization is the parent of each of its supported organizations. Complete line 3 below.                                  |          |     |    |
| с   | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins           | truction | s). |    |
| 2   | Activities Test. Answer (a) and (b) below.   | -        | Yes | No |
| а   | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of             |          |     |    |
|     | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify                     |          |     |    |
|     | those supported organizations and explain how these activities directly furthered their exempt purposes,                       |          |     |    |
|     | how the organization was responsive to those supported organizations, and how the organization determined                      |          |     |    |
|     | that these activities constituted substantially all of its activities.   | 2a       |     |    |
| b   | Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more            |          |     |    |
|     | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the                   |          |     |    |
|     | reasons for the organization's position that its supported organization(s) would have engaged in these                         |          |     |    |
|     | activities but for the organization's involvement.   | 2b       |     |    |
| 3   | Parent of Supported Organizations. Answer (a) and (b) below.   |          |     |    |
| a   |  |          |     |    |
|     | trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>                                     | 3a       |     |    |
| b   | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each            |          |     |    |
|     | of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.       | 3b       |     |    |
| -   |  |          | -   | -  |

## Schedule A (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 🔟 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Sect | ion A - Adjusted Net Income  |            | (A) Prior Year              | (B) Current Year<br>(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<br>(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):              |            |                             |                                |
| а    | Average monthly value of securities  | 1a         |                             |                                |
| b    | Average monthly cash balances  | 1b         |                             |                                |
| с    | 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 <b>Part VI</b> ):                                |            |                             |                                |
| 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          |                             |                                |
| 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          |                             |                                |
| 7    | Check here if the current year is the organization's first as a non-functional | ly integra | ted Type III supporting org | ganization (see                |
|      |  |            |                             |                                |

instructions).

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A (Form 990 or 990-EZ) 2 | 2019 BOYS | AND | GIRLS | CLUBS | OF | METRO | DENVER | INC |
|-----------------------------------|-----------|-----|-------|-------|----|-------|--------|-----|
|-----------------------------------|-----------|-----|-------|-------|----|-------|--------|-----|

|      | Type III Non-Functionally Integrated 509  | (a)(3) Supporting Orga        | anizations (continued)                 | Fage /                                    |
|------|---|-------------------------------|--|---|
| Sect | ion D - Distributions   |                               | (continueu)                            | Current Year                              |
| 1    | Amounts paid to supported organizations to accomplish exe                                       | mpt purposes                  |  |   |
| 2    | Amounts paid to perform activity that directly furthers exemption                               |                               |  |   |
|      | organizations, in excess of income from activity  |                               |  |   |
| 3    | Administrative expenses paid to accomplish exempt purpose                                       | es of supported organization  | IS                                     |   |
| 4    | Amounts paid to acquire exempt-use assets   |                               |  |   |
| 5    | Qualified set-aside amounts (prior IRS approval required)                                       |                               |  |   |
| 6    | Other distributions (describe in <b>Part VI</b> ). See instructions.                            |                               |  |   |
| 7    | Total annual distributions. Add lines 1 through 6.  |                               |  |   |
| 8    | Distributions to attentive supported organizations to which the                                 | ne organization is responsive | 9                                      |   |
|      | (provide details in <b>Part VI</b> ). See instructions.   |                               |  |   |
| 9    | Distributable amount for 2019 from Section C, line 6  |                               |  |   |
| 10   | Line 8 amount divided by line 9 amount  |                               |  |   |
| Sect | ion E - Distribution Allocations (see instructions)   | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
| 1    | Distributable amount for 2019 from Section C, line 6  |                               |  |   |
| 2    | Underdistributions, if any, for years prior to 2019 (reason-                                    |                               |  |   |
|      | able cause required- explain in Part VI). See instructions.                                     |                               |  |   |
| 3    | Excess distributions carryover, if any, to 2019   |                               |  |   |
| а    | From 2014   |                               |  |   |
| b    | From 2015   |                               |  |   |
| с    | From 2016   |                               |  |   |
| d    | From 2017   |                               |  |   |
| е    | From 2018   |                               |  |   |
| f    | Total of lines 3a through e   |                               |  |   |
| g    | Applied to underdistributions of prior years  |                               |  |   |
| h    | Applied to 2019 distributable amount  |                               |  |   |
| i    | Carryover from 2014 not applied (see instructions)  |                               |  |   |
| j    | Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                               |  |   |
| 4    | Distributions for 2019 from Section D,<br>line 7: \$  |                               |  |   |
| а    | Applied to underdistributions of prior years  |                               |  |   |
| b    | Applied to 2019 distributable amount  |                               |  |   |
| С    | Remainder. Subtract lines 4a and 4b from 4.   |                               |  |   |
| 5    | Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h  |                               |  |   |
|      | and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                               |  |   |
| 7    | Excess distributions carryover to 2020. Add lines 3j and 4c.                                    |                               |  |   |
| 8    | Breakdown of line 7:  |                               |  |   |
|      | Excess from 2015  |                               |  |   |
|      | Excess from 2016  |                               |  |   |
|      | Excess from 2017  |                               |  |   |
|      | Excess from 2018  |                               |  |   |
|      |   |                               |  |   |
| е    | Excess from 2019  |                               | Schedule A (                           | Form 990 or 990-FZ) 20                    |

Schedule A (Form 990 or 990-EZ) 2019

| Schedule A | (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC  | 84-0510404  | Page <b>8</b> |
|------------|---|---|---------------|
| Part VI    | <b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.) | nes 1 and 2; Part IV, Sectio<br>Part V, Section B, line 1e; F | on C.         |
|            |   |   |               |
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## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

| * * | PUBLIC | DISCLOSURE | COPY | * * |
|-----|--------|------------|------|-----|
|     |        |            |      |     |

## 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

2019

Employer identification number

|                            | BOYS AND GIRLS CLUBS OF METRO DENVER INC  | 84-0510404            |  |  |  |
|----------------------------|---|-----------------------|--|--|--|
| Organization type (chec    | sk one):  |                       |  |  |  |
| Filers of:                 | Section:  |                       |  |  |  |
| Form 990 or 990-EZ         | X 501(c)( <sup>3</sup> ) (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  |                       |  |  |  |
|                            |   |                       |  |  |  |
| Check if your organization | on is covered by the General Rule or a Special Rule.  |                       |  |  |  |
| Note: Only a section 50    | 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru | le. See instructions. |  |  |  |
| General Rule               |   |                       |  |  |  |

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

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.

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.

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

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) (2019)

| Name of | organization |
|---------|--------------|
|         |              |

Employer identification number

BOYS AND GIRLS CLUBS OF METRO DENVER INC

84-0510404

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional | l space is needed.         |  |
|------------|---|----------------------------|--|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 1          |   | \$457,565.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 2          |   | \$6,647,061.               | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 3          |   | \$1,071,602.               | Person X<br>Payroll Noncash (Complete Part II for<br>noncash contributions.)       |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 4          |   | \$480,260.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
| 5          |   | \$679,747.                 | Person X<br>Payroll<br>Noncash<br>(Complete Part II for<br>noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution  |
|            |   | \$                         | Person Payroll Noncash (Complete Part II for noncash contributions.)               |

| Schedule B (For | rm 990, 990- | EZ, or 990-P | F) (2019) |
|-----------------|--------------|--------------|-----------|
|-----------------|--------------|--------------|-----------|

Name of organization

Employer identification number

84-0510404

BOYS AND GIRLS CLUBS OF METRO DENVER INC

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

| Part II N                    | <b>Ioncash Property</b> (see instructions). Use duplicate copies of Pa | rt II if additional space is needed.            |                      |
|------------------------------|--|---|----------------------|
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$  |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
| —   <u>-</u><br>             |  | \$  | <br>                 |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given                           | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | <br>  \$  |                      |

| Schedule B (Form 990 | , 990-EZ, or 990-PF) (2019) |
|----------------------|-----------------------------|
|----------------------|-----------------------------|

Page 4

| Name of or                | ganization   |  | Employer identification num  |
|---------------------------|--|--|--|
| BOYS AND                  | GIRLS CLUBS OF METRO DENVER INC  |  | 84-0510404   |
| Part III                  | Exclusively religious, charitable, etc., contribut<br>from any one contributor. Complete columns (a)<br>completing Part III, enter the total of exclusively religious,<br>Use duplicate copies of Part III if additional | hthrough (e) and the following line er charitable, etc., contributions of \$1,000 or | n section 501(c)(7), (8), or (10) that total more than \$1,000 for the entry. For organizations or less for the year. (Enter this info. once.)<br>\$ |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|                           |  | (e) Transfer of git  |  |
| -                         | Transferee's name, address, a  |  | Relationship of transferor to transferee   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|                           | Transferee's name, address, an   | (e) Transfer of git  | ift Relationship of transferor to transferee   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
|                           |  | (e) Transfer of git  |  |
|                           | Transferee's name, address, a  | nd ZIP + 4   | Relationship of transferor to transferee   |
| (a) No.<br>from<br>Part I | (b) Purpose of gift  | (c) Use of gift  | (d) Description of how gift is held  |
| <br>                      |  | (e) Transfer of git  |  |
| -                         | Transferee's name, address, ar   | nd ZIP + 4   | Relationship of transferor to transferee   |
|                           |  |  |  |

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



|          | ment of the Treasury<br>I Revenue Service | ►Go to www.irs.gov/Form9                      | Attach to Form 990.<br>90 for instructions and the latest information | Open to Public<br>Inspection      |
|----------|---|---|---|-----------------------------------|
|          | e of the organizati                       |   |   | Employer identification number    |
|          | <b>-</b>                                  | BOYS AND GIRLS CLUBS OF MET                   | RO DENVER INC   | 84-0510404                        |
| Pa       | rt I Organiza                             | ations Maintaining Donor Advise               | ed Funds or Other Similar Funds or A                                  | Accounts.Complete if the          |
|          | _   | on answered "Yes" on Form 990, Part IV, lin   |   | ·                                 |
|          |   |   |   | (b) Funds and other accounts      |
| 1        | Total number at e                         | nd of year                                    |   |                                   |
| 2        |   | of contributions to (during year)             |   |                                   |
| 3        |   | of grants from (during year)                  |   |                                   |
| 4        |   | at end of year                                |   |                                   |
| 5        |   |   | writing that the assets held in donor advised fu                      | nds                               |
|          | -   |   | exclusive legal control?  |                                   |
| 6        |   |   | advisors in writing that grant funds can be used                      |                                   |
|          | •   | <b>u</b>                                      | or donor advisor, or for any other purpose confe                      |                                   |
|          | impermissible priv                        | ate benefit?                                  |   | Yes No                            |
| Pa       | rt II Conserv                             |   | ganization answered "Yes" on Form 990, Part I                         |                                   |
| 1        | Purpose(s) of con                         | servation easements held by the organizat     | ion (check all that apply).   |                                   |
|          | Preservation                              | n of land for public use (for example, recrea | ation or education)   | torically important land area     |
|          | Protection c                              | of natural habitat                            |   | tified historic structure         |
|          | Preservation                              | n of open space                               |   |                                   |
| 2        | Complete lines 2a                         | through 2d if the organization held a quali   | fied conservation contribution in the form of a c                     | conservation easement on the last |
|          | day of the tax yea                        |   |   | Held at the End of the Tax Year   |
| а        | Total number of c                         | onservation easements                         |   | 2a                                |
| b        |   |   |   | 2b                                |
| с        | Number of conser                          | vation easements on a certified historic str  | ructure included in (a)   | 2c                                |
| d        | Number of conser                          | vation easements included in (c) acquired     | after 7/25/06, and not on a historic structure                        |                                   |
|          | listed in the Natior                      | nal Register                                  |   | 2d                                |
| 3        | Number of conser                          | vation easements modified, transferred, re    | leased, extinguished, or terminated by the orga                       | inization during the tax          |
|          | year 🕨                                    |   |   |                                   |
| 4        | Number of states                          | where property subject to conservation ea     | sement is located 🕨   |                                   |
| 5        | Does the organiza                         | tion have a written policy regarding the pe   | riodic monitoring, inspection, handling of                            |                                   |
|          | violations, and ent                       | forcement of the conservation easements i     | it holds?   | Yes 📖 No                          |
| 6        | Staff and voluntee                        | er hours devoted to monitoring, inspecting,   | handling of violations, and enforcing conserva-                       | tion easements during the year    |
|          | ▶   |   |   |                                   |
| 7        | -   | ses incurred in monitoring, inspecting, hand  | dling of violations, and enforcing conservation e                     | asements during the year          |
|          | ▶\$                                       |   |   |                                   |
| 8        |   |   | ve satisfy the requirements of section 170(h)(4)                      |                                   |
|          |   |   |   |                                   |
| 9        |   | •   | ion easements in its revenue and expense state                        |                                   |
|          |   |   | note to the organization's financial statements                       | hat describes the                 |
| De       | organization's acc                        | counting for conservation easements.          | f Art Historical Tracquires or Other                                  | Similar Acceta                    |
| Pa       |   |   | f Art, Historical Treasures, or Other                                 | Similar Assets.                   |
| <u> </u> | -   | f the organization answered "Yes" on Form     |   |                                   |
| та       | 0   | , ,   | 58, not to report in its revenue statement and b                      |                                   |
|          |   |   | blic exhibition, education, or research in further                    | ance of public                    |
|          |   |   | ncial statements that describes these items.                          |                                   |
| b        | -   |   | 58, to report in its revenue statement and balan                      |                                   |
|          |   |   | c exhibition, education, or research in furtheran                     | ce or public service,             |
|          | -   | ing amounts relating to these items:          |   |                                   |
|          |   |   |   | • •                               |
| ~        |   |   |   | <b>P D</b>                        |
| 2        |   |   | easures, or other similar assets for financial gain                   | , provide                         |
| _        | -   | unts required to be reported under FASB A     | -   |                                   |
| a<br>L   |   | l on Form 990, Part VIII, line 1              |   |                                   |
| n        | ASSERS INCLUDED IN                        |   |   | , D                               |

| Calcadula D | (Fauna 000)  | 0040    |
|-------------|--------------|---------|
| Schedule D  | (FOUIII 990) | ) 20 19 |

| Sche       | dule D (Form 990) 2019 BOYS AND GI                                     | RLS CLUBS OF ME         | TRO DENVER INC   |                 |                        | 84                 | -05104     | 04                | Pa      | age <b>2</b> |
|------------|--|-------------------------|--|-----------------|------------------------|--------------------|------------|-------------------|---------|--------------|
| Par        | t III Organizations Maintaining C                                      | ollections of Ar        | t, Historical Tr   | easures, or     | r Other                | Similar            | Asse       | <b>ts</b> (contir | nued)   |              |
| 3          | Using the organization's acquisition, accessi                          | on, and other records   | s, check any of the  | following that  | make sig               | nificant us        | se of its  |                   |         |              |
|            | collection items (check all that apply):                               |                         |  |                 |                        |                    |            |                   |         |              |
| а          | Public exhibition  | d                       | Loan or exc  | hange progran   | n                      |                    |            |                   |         |              |
| b          | Scholarly research   | е                       | Other  |                 |                        |                    |            |                   |         |              |
| с          | Preservation for future generations                                    |                         |  |                 |                        |                    |            |                   |         |              |
| 4          | Provide a description of the organization's co                         | ollections and explain  | how they further t   | he organizatior | n's exemp              | ot purpose         | e in Par   | t XIII.           |         |              |
| 5          | During the year, did the organization solicit o                        | r receive donations o   | f art, historical trea   | sures, or other | <sup>r</sup> similar a | ssets              |            | _                 |         | _            |
|            | to be sold to raise funds rather than to be ma                         |                         |  |                 |                        |                    | L          | Yes               |         | No           |
| Par        | t IV Escrow and Custodial Arran<br>reported an amount on Form 990, Par |                         | te if the organizatio  | n answered "Y   | ′es" on F              | orm 990, I         | Part IV,   | line 9, or        | •       |              |
| <b>1</b> a | Is the organization an agent, trustee, custodi                         |                         |  |                 |                        |                    |            | Yes               |         | No           |
| h          | on Form 990, Part X?<br>If "Yes," explain the arrangement in Part XIII |                         |  |                 |                        |                    | ····· └──  | 165               | L       |              |
| D          |  | and complete the fol    | lowing table.  |                 |                        |                    |            | Amoun             | t       |              |
| c          | Beginning balance  |                         |  |                 |                        | 1c                 |            | 7 arrio arr       |         |              |
|            | Additions during the year  |                         |  |                 |                        | 1d                 |            |                   |         |              |
|            | Distributions during the year  |                         |  |                 |                        | 1e                 |            |                   |         |              |
| f          | Ending balance   |                         |  |                 |                        | 1f                 |            |                   |         |              |
| 2a         | Did the organization include an amount on Fe                           |                         |  |                 |                        | ?                  |            | Yes               |         | No           |
| b          | If "Yes," explain the arrangement in Part XIII.                        | Check here if the ex    | planation has been   | provided on P   | Part XIII              |                    |            |                   |         | ]            |
| Par        | t V Endowment Funds. Complete in                                       | f the organization and  | swered "Yes" on Fo   | orm 990, Part I | V, line 10             |                    |            |                   |         |              |
|            |  | (a) Current year        | (b) Prior year   | (c) Two years   | back (d                | <b>)</b> Three yea | rs back    | (e) Four          | ' years | back         |
| 1a         | Beginning of year balance  | 11,590,850.             | 11,432,807.  | 11,255,         | ,871.                  | 9,339              | 9,884.     | 9                 | ,084,   | 570.         |
| b          | Contributions  | 49,252.                 |  |                 |                        | 1,136              | 5,890.     |                   |         |              |
| с          | Net investment earnings, gains, and losses                             | 980,412.                | 486,583.   | 563,            | ,256.                  | 1,151              | L,175.     |                   | 598,    | 647.         |
| d          | Grants or scholarships   |                         |  |                 |                        |                    |            |                   |         |              |
| е          | Other expenditures for facilities                                      |                         |  |                 |                        |                    |            |                   |         |              |
|            | and programs   | 297,805.                | 328,540.   | 386,            | ,320.                  | 372                | 2,078.     |                   | 343,    | 333.         |
| f          | Administrative expenses  |                         |  |                 |                        |                    |            |                   |         |              |
| g          | End of year balance  | 12,322,709.             | 11,590,850.  |                 | ,807.                  | 11,255             | 5,871.     | 9                 | ,339,   | 884.         |
| 2          | Provide the estimated percentage of the curr                           | rent year end balance   | e (line 1g, column (a  | a)) held as:    |                        |                    |            |                   |         |              |
|            | Board designated or quasi-endowment                                    |                         | _%   |                 |                        |                    |            |                   |         |              |
|            | Permanent endowment 95.87  | %                       |  |                 |                        |                    |            |                   |         |              |
| с          | Term endowment   | <i>,</i> -              |  |                 |                        |                    |            |                   |         |              |
| 0-         | The percentages on lines 2a, 2b, and 2c sho                            |                         | the second s |                 |                        |                    |            |                   |         |              |
| 3a         | Are there endowment funds not in the posse                             | ession of the organiza  | tion that are held a   | nd administere  | ed for the             | organizat          | lon        | I                 | Vaa     | Na           |
|            | by:  |                         |  |                 |                        |                    |            | 20(1)             | Yes     | No<br>X      |
|            | (i) Unrelated organizations  |                         |  |                 |                        |                    |            | 3a(i)             | x       | <u>л</u>     |
| h          | (ii) Related organizations   | tions listed as require | nd on Schedule R2  |                 |                        |                    |            | 3a(ii)<br>3b      | x       |              |
| 4          | Describe in Part XIII the intended uses of the                         |                         |  |                 |                        |                    |            | 56                |         |              |
| <u> </u>   | t VI Land, Buildings, and Equipm                                       |                         |  |                 |                        |                    |            |                   |         |              |
|            | Complete if the organization answere                                   |                         | Part IV, line 11a, S   | See Form 990.   | Part X, lir            | ne 10.             |            |                   |         |              |
|            | Description of property  | (a) Cost or ot          | · · · · · · · · · · · · · · · · · · ·  | or other        |                        | umulated           |            | (d) Boo           | k valu  | e            |
|            |  | basis (investm          | • • •  | (other)         | • •                    | eciation           |            | (, 200            |         |              |
| 1a         | Land   | <u> </u>                | <u> </u>   | 984,365.        | ·                      |                    |            |                   | 984.    | 365.         |
|            | Buildings  |                         | 26   | ,239,968.       | :                      | 8,749,30           | 01.        | 17                | ,490,   |              |
|            | Leasehold improvements   |                         |  |                 |                        | •                  |            |                   |         |              |
|            | Equipment  |                         | 4  | ,026,247.       | :                      | 3,508,65           | 59.        |                   | 517,    | 588.         |
|            | Other  |                         |  | 129,162.        |                        | 82,41              | L3.        |                   | 46,     | 749.         |
|            | . Add lines 1a through 1e. (Column (d) must e                          |                         | X, column (B), line 1  | 0c.)            |                        |                    | ►          | 19                | ,039,   | 369.         |
| -          |  |                         |  |                 |                        |                    | le e de de |                   | - 0001  | 0040         |

Schedule D (Form 990) 2019

#### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives  |                |   |
| (2) Closely held equity interests                                    |                |   |
| (3) Other  |                |   |
| (A) PERPETUAL TRUST MANAGED BY A THIRD                               |                |   |
| (B) PARTY  | 155,118.       | END-OF-YEAR MARKET VALUE                                  |
| (C) INVESTMENTS HELD BY BGCMD FOUNDATION                             | 4,195,853.     | END-OF-YEAR MARKET VALUE                                  |
| (D) RIVERBEND FUND, LLC  | 1,778,628.     | END-OF-YEAR MARKET VALUE                                  |
| (E)  |                |   |
| (F)  |                |   |
| (G)  |                |   |
| (H)  |                |   |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨   | 6,129,599.     |   |

## Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment                                    | (b) Book value | (c) Method of valuation: Cost 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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (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" on Form 990, Part IV, line 11e or 11f. See Form 990, Part > |                |
| 1.     (a) Description of liability   | (b) Book value |
| (1) Federal income taxes  |                |
| (2) UNSECURED BOND PAYABLE  | 1,000,000.     |
| (3) PAYCHECK PROTECTION PROGRAM LOAN  | 1,854,190.     |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)                                      | ▶ 2,854,190.   |

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.

| Sche | dule D (Form 990) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER  | 84-0510404  | Page <b>4</b> |             |             |
|------|--|-------------|---------------|-------------|-------------|
| Par  | t XI Reconciliation of Revenue per Audited Financial State   | ements With | Revenue per R | eturn.      |             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line                                 | 12a.        |               |             |             |
| 1    | Total revenue, gains, and other support per audited financial statements                               |             | 1             | 28,053,573. |             |
| 2    | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                    |             |               |             |             |
| а    | Net unrealized gains (losses) on investments   | 2a          | 985,494.      |             |             |
| b    | Donated services and use of facilities   | 2b          | 947,521.      |             |             |
| с    | Recoveries of prior year grants  |             |               |             |             |
| d    | Other (Describe in Part XIII.)   | 2d          | 328,492.      |             |             |
| е    | Add lines 2a through 2d  |             |               | 2e          | 2,261,507.  |
| 3    | Subtract line 2e from line 1   |             |               | 3           | 25,792,066. |
| 4    | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                   |             |               |             |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                                       | 4a          | 55,862.       |             |             |
| b    | Other (Describe in Part XIII.)   | 4b          |               |             |             |
| с    |  |             | 4c            | 55,862.     |             |
| 5    | Total revenue. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990, Part I, line 12.</i> ) |             |               | 5           | 25,847,928. |
| Pa   | t XII Reconciliation of Expenses per Audited Financial Stat  | ements With | Expenses per  | Return.     |             |
|      | Complete if the organization answered "Yes" on Form 990, Part IV, line                                 | 12a.        |               |             |             |
| 1    | Total expenses and losses per audited financial statements   |             |               | 1           | 19,270,428. |
| 2    | Amounts included on line 1 but not on Form 990, Part IX, line 25:                                      |             |               |             |             |
| а    | Donated services and use of facilities   | 2a          | 947,521.      |             |             |
| b    | Prior year adjustments   | 2b          |               |             |             |
| с    | Other losses   | 2c          |               |             |             |
| d    | Other (Describe in Part XIII.)   | 2d          |               |             |             |
| е    | Add lines 2a through 2d  |             |               | 2e          | 947,521.    |
| 3    | Subtract line 2e from line 1   |             |               | 3           | 18,322,907. |
| 4    | Amounts included on Form 990, Part IX, line 25, but not on line 1:                                     |             |               |             |             |
| а    | Investment expenses not included on Form 990, Part VIII, line 7b                                       |             |               |             |             |
| b    | Other (Describe in Part XIII.)   | 4b          |               |             |             |
| с    | Add lines 4a and 4b  | 4c          | 55,862.       |             |             |
| 5    | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)                       |             | 5             | 18,378,769. |             |
| Pa   | rt XIII Supplemental Information.  |             |               |             |             |

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

PART V, LINE 4:

THE WILFLEY ENDOWMENT FUND IS HELD BY BGCMD FOUNDATION. THE EARNINGS ARE

RESTRICTED FOR GENERAL OPERATING EXPENSES OF BGCMD FACILITIES.

DISTRIBUTIONS ARE MADE IN ACCORDANCE WITH BGCMD'S DISTRIBUTION POLICIES.

THE HELEN AND ARTHUR E. JOHNSON ENDOWMENT FUND (THE FUND) WAS ESTABLISHED

TO SUPPORT THE GENERAL OPERATIONS OF THE CURRENT ARTHUR E. JOHNSON BOYS

AND GIRLS CLUB OR A NEW FACILITY THAT REPLACES THE CURRENT ARTHUR E.

JOHNSON BOYS AND GIRLS CLUB. THE FUND IS SUBJECT TO BGCMD'S ENDOWMENT AND

DISTRIBUTION POLICIES. DISTRIBUTIONS MAY BE MADE FROM THE FUND WITHOUT

REGARD TO THE ACTUAL INCOME OR HISTORIC DOLLAR VALUE OF THE FUND.

| Part XIII | Supplemental    | Inform |
|-----------|-----------------|--------|
|           | (Form 990) 2019 | ]      |

| Schedule D (Form 990) 2019 BOYS AND GIRLS CLOBS OF METRO DENVER INC       | 84-0510404 | Page 5 |
|---|------------|--------|
| Part XIII Supplemental Information (continued)                            |            |        |
| THE SHOPNECK ENDOWMENT WAS ESTABLISHED IN 2016 AND CONSISTS OF FOUR       |            |        |
| DONATED MORTGAGES AND CASH ON HAND. PER THE ENDOWMENT AGREEMENT BGCMD IS  |            |        |
| NOT TO MAKE ANY APPROPRIATIONS FOR THE FIRST TEN YEARS THAT THE ENDOWMENT |            |        |
|   |            |        |
| IS HELD BY BGCMD.   |            |        |
|   |            |        |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:                                     |            |        |
| CHANGE IN NET ASSETS OF THE BGCMD FOUNDATION 328,492.                     |            |        |
|   |            |        |
|   |            |        |
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| SCHEDULE G  | Suppleme  | ental Information Regarding  | Fun                                       | drais   | ing or Gaming A  | \cti   | vities  | OMB No. 1545-0047 |  |  |
|---|---|--|---|---|--|--|---|-------------------|--|--|
| (Form 990 or 990-EZ)  | 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.                                  |  |   |   |  |  |   |                   |  |  |
| Department of the Treasury<br>Internal Revenue Service  | ► Go  | <ul> <li>▶ Attach to Form 990 or Form 990-EZ.</li> <li>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</li> </ul> |   |   |  |  |   |                   |  |  |
| Name of the organization  | lame of the organization Employer identification number   |  |   |   |  |  |   |                   |  |  |
| BOYS AND GIRLS CLUBS OF METRO DENVER INC 84-0510404   |   |  |   |   |  |  |   |                   |  |  |
|   | complete this par   | <ul> <li>Complete if the organization answer</li> <li>t.</li> </ul>  | ered "Y                                   | es" o   | n Form 990, Part IV, I   | ine 1  | 7. Form 990-E   | Z filers are not  |  |  |
| <ul> <li>a X Mail solicitat</li> <li>b X Internet and</li> <li>c X Phone solicitat</li> <li>d X In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul> | tions<br>email solicitations<br>tations<br>blicitations<br>on have a written o<br>ted in Form 990, F  | s <b>f</b> X Solicita<br><b>g</b> X Special<br>or oral agreement with any individua<br>Part VII) or entity in connection with p            | tion of<br>tion of<br>fundra<br>l (inclue | non-g<br>gover<br>aising<br>ding o<br>ional 1 | overnment grants<br>nment grants<br>events<br>fficers, directors, trus<br>undraising services? | stees  | X Yes   |                   |  |  |
| <b>b</b> If "Yes," list the 10<br>compensated at le   | •   | viduals or entities (fundraisers) pursi<br>e organization.   | uant to                                   | agree   | ements under which t   | he fu  | undraiser is to   | be                |  |  |
| .,  | (i) Name and address of individual<br>or entity (fundraiser)<br>(ii) Activity<br>(iii) Activity<br>(iii) Activity<br>(iii) Activity<br>(iv) Gross receipts<br>from activity<br>(v) Ar<br>to (or u |  |   |   |  | Amount paid<br>or retained by)<br>fundraiser<br>ted in col. <b>(i)</b> | (vi) Amount paid<br>to (or retained by)<br>organization |                   |  |  |
| NZ CONSULTING - 33  |   |  | Yes                                       | No<br>X                                       |  |  |   |                   |  |  |
| AVE, SAN FRANCISCO  |   | RAFFLE CONSULTATION  |   |   | 6,591,409.   |  | 651,900   | 5,939,509.        |  |  |
|   |   | on is registered or licensed to solicit  |   | bution:                                       | 6 , 591 , 409 .<br>s or has been notified  | l it is  | 651,900<br>exempt from r                                | ; ;               |  |  |
|   |   |  |   |   |  |  |   | _                 |  |  |

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

Schedule G (Form 990 or 990-EZ) 2019

| Schedule G ( | Eorm 000  | 000 E7      | 2010 | BOYS | AND | GTRLS | CLUBS | OF | METRO | DENVER | TNC  |
|--------------|-----------|-------------|------|------|-----|-------|-------|----|-------|--------|------|
| Schedule G ( | (Form 990 | J OF 990-EZ | 2019 | BOID | AND | GIVID | CTOPP | Or | MEIKO | DENVER | TINC |

84-0510404 Page **2** 

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

|   |       |                                    | (a) Event #1      | (b) Event #2           | (c) Other events | (d) Total events          |  |  |
|---|-------|------------------------------------|-------------------|------------------------|------------------|---------------------------|--|--|
|   |       |                                    | YOUTH OF THE YEAR |                        | NONE             | (add col. (a) through     |  |  |
|   |       |                                    | GALA              | BGCMD INVITATIONAL     |                  | col. (c)                  |  |  |
| e   |       |                                    | (event type)      | (event type)           | (total number)   |                           |  |  |
| Revenue   | 1     | Gross receipts                     | 691,375.          | 137,983.               |                  | 829,358.                  |  |  |
|   | 2     | Less: Contributions                | 641,804.          | 119,398.               |                  | 761,202.                  |  |  |
|   | 3     | Gross income (line 1 minus line 2) | 49,571.           | 18,585.                |                  | 68,156.                   |  |  |
|   | 4     | Cash prizes                        |                   |                        |                  |                           |  |  |
| ş   | 5     | Noncash prizes                     |                   |                        |                  |                           |  |  |
| xpense  | 6     | Rent/facility costs                |                   |                        |                  |                           |  |  |
| Direct Expenses   | 7     | Food and beverages                 |                   |                        |                  |                           |  |  |
|   | 8     | Entertainment                      |                   |                        |                  |                           |  |  |
|   | 9     | Other direct expenses              | 49,571.           | 18,585.                |                  | 68,156.                   |  |  |
|   | 10    | 68,156.                            |                   |                        |                  |                           |  |  |
| 11 Net income summary. Subtract line 10 from line 3, column (d) |       |                                    |                   |                        |                  |                           |  |  |
| Pa  | art I |                                    |                   |                        |                  |                           |  |  |
|   |       | \$15,000 on Form 990-EZ, line 6a.  |                   |                        |                  |                           |  |  |
|   |       |                                    |                   | (I-) Dull tobe/instant |                  | (a) Tatal manala a (a dal |  |  |

| Revenue   |   |  | (a) Bingo (b) Pull tabs/instant bingo/progressive bingo |                          | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |  |  |  |  |
|---|---|--|---|--------------------------|------------------|--|--|--|--|--|
| Rev   | 1 | Gross revenue  |   |                          | 6,591,409.       | 6,591,409.                                       |  |  |  |  |
| es  | 2 | Cash prizes  |   |                          | 1,688,810.       | 1,688,810.                                       |  |  |  |  |
| Direct Expenses   | 3 | Noncash prizes   |   |                          |                  |  |  |  |  |  |
| Direct F  | 4 | Rent/facility costs  |   |                          |                  |  |  |  |  |  |
|   | 5 | Other direct expenses  |   |                          |                  |  |  |  |  |  |
|   | 6 | Volunteer labor  | └── Yes %<br>└── No                                     | └── Yes %<br>└── No      | X Yes 5.00 %     |  |  |  |  |  |
|   | 7 |  | 1,688,810   |                          |                  |  |  |  |  |  |
|   | 8 | Net gaming income summary. Subtract line 7                         | from line 1, column (d)                                 |                          |                  | 4,902,599.                                       |  |  |  |  |
| 9 Enter the state(s) in which the organization conducts gaming activities: CO                                     |   |  |   |                          |                  |  |  |  |  |  |
| a Is the organization licensed to conduct gaming activities in each of these states? X Yes No b If "No," explain: |   |  |   |                          |                  |  |  |  |  |  |
|   |   |  |   |                          |                  |  |  |  |  |  |
|   |   | ere any of the organization's gaming licenses re<br>Yes," explain: | evoked, suspended, or te                                | erminated during the tax | year?            | Yes X No   |  |  |  |  |
|   |   |  |   |                          |                  |  |  |  |  |  |

| Sch | edule G (Form 990 or 990-EZ) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC 84-05   | 10404       |        | Page 3   |
|-----|--|-------------|--------|----------|
|     | Does the organization conduct gaming activities with nonmembers?   | X           | Yes    | No       |
|     | 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    | X No     |
| 13  | Indicate the percentage of gaming activity conducted in:   |             |        |          |
| á   | a The organization's facility  | 13a         | 1      | 00.00 %  |
| I   | o An outside facility  | 13b         |        | %        |
| 14  | Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                  |             |        |          |
|     | Name  LEAH MCFALL  |             |        |          |
|     | Address 🕨 2017 W. 9TH AVENUE - DENVER, CO 80204  |             |        |          |
| 15a | a Does the organization have a contract with a third party from whom the organization receives gaming revenue?                                     | 🗆           | Yes    | X No     |
|     | o If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ |             |        |          |
| (   | If "Yes," enter name and address of the third party:   |             |        |          |
|     | Name   |             |        |          |
|     | Address ►  |             |        |          |
| 16  | Gaming manager information:  |             |        |          |
|     | Name STEVE KORELL  |             |        |          |
|     |  |             |        |          |
|     | Gaming manager compensation 🕨 \$   |             |        |          |
|     | Description of services provided  RAFFLE OVERSIGHT.  |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |
|     | Director/officer Employee X Independent contractor   |             |        |          |
| 17  | Mandatory distributions:   |             |        |          |
| á   | a Is the organization required under state law to make charitable distributions from the gaming proceeds to  |             |        |          |
|     | retain the state gaming license?   | <b>x</b>    | Yes    | L No     |
| I   | • 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 <b>&gt;</b> \$ 4,902,599.   |             |        |          |
| Pa  | <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV                          | art III, li | nes 9, | 9b, 10b, |
|     | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.   |             |        |          |
| PAP | RT I, LINE 2B, COLUMN (V):   |             |        |          |
| PAY | MENTS FOR MARKETING SERVICES WERE MADE AS PART OF THE RAFFLE   |             |        |          |
| PRO | DMOTION.   |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |
|     |  |             |        |          |

| SCHEDULE I<br>(Form 990)<br>Department of the Treasury |   |                      |                                    |                             |   |   |                                       |  |  |
|--|---|----------------------|------------------------------------|-----------------------------|---|---|---------------------------------------|--|--|
| Internal Revenue Service                               |   |                      | Go to www.ir                       | rs.gov/Form990 fo           | or the latest inform                    | nation.                                       |                                       | Inspection                                   |  |
| Name of the organization                               |   | S CLUBS OF MET       | RO DENVER INC                      |                             |   |   |                                       | Employer identification number<br>84-0510404 |  |
| Part I General   | Information on Grants a                                 | and Assistance       |                                    |                             |   |   |                                       |  |  |
| criteria used to                                       | nization maintain records<br>a award the grants or assi | stance?              |                                    |                             |   |   |                                       |  |  |
|  | rt IV the organization's pro                            |                      |                                    |                             |   |   | (                                     |  |  |
|  | and Other Assistance to                                 |                      |                                    |                             |   | anization answered "                          | res" on Form 990, Par                 | t IV, line 21, for any                       |  |
|  | that received more than                                 |                      |                                    | 1                           |   | (f) Method of                                 | (a) Description (                     |  |  |
| • •  | address of organization<br>overnment                    | (b) EIN              | (c) IRC section<br>(if applicable) | (d) Amount of<br>cash grant | (e) Amount of<br>non-cash<br>assistance | valuation (book,<br>FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant<br>or assistance        |  |
|  |   |                      |                                    |                             |   |   |                                       |  |  |
|  |   |                      |                                    |                             |   |   |                                       |  |  |
|  | nber of section 501(c)(3) a                             |                      |                                    | ne line 1 table             |   |   |                                       | 🟲  |  |
|  | nber of other organization                              |                      |                                    | <u></u>                     |   |   |                                       | <b>&gt;</b>                                  |  |
| LHA For Paperwo  | rk Reduction Act Notice                                 | e, see the Instructi | ions for Form 990.                 |                             |   |   |                                       | Schedule I (Form 990) (2019)                 |  |

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Page 2

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.

| (a) Type of grant or assistance              | (b) Number of recipients | (c) Amount of<br>cash grant | (d) Amount of non-<br>cash assistance | <b>(e)</b> Method of valuation<br>(book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|-----------------------------|---------------------------------------|---|---------------------------------------|
|  |                          |                             |                                       |   |                                       |
| SCHOLARSHIPS                                 | 5                        | 11,283.                     | 0.                                    |   |                                       |
|  |                          |                             |                                       |   |                                       |
| RENT AND ESSENTIAL NEEDS ASSISTANCE FOR CLUB |                          |                             |                                       |   |                                       |
| FAMILIES DURING THE COVID-19 PANDEMIC.       | 86                       | 44,993.                     | 0.                                    |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |
|  |                          |                             |                                       |   |                                       |

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

SCHOLARSHIPS: STUDENTS ARE GRANTED SCHOLARSHIPS BASED ON MERIT AND NEED.

ALL STUDENTS GRANTED SCHOLARSHIPS ARE REQUIRED TO SEND THE BOYS & GIRLS

CLUBS OF METRO DENVER THEIR GRADES AT THE END OF THE SCHOOL TERM. IF THE

STUDENTS FALL BELOW A 2.0 GPA OR IF THEY HAVE QUIT THEIR PROGRAMS, THEN

FUTURE GRANT FUNDS ARE DISALLOWED.

RENT AND ESSENTIAL NEEDS ASSISTANCE DURING COVID-19: CLUB STAFF IDENTIFIED

FAMILIES WHO WERE IN NEED AND THE EXTENT OF THE NEED. CLUB STAFF SUBMITTED

### Part IV Supplemental Information

RECOMMENDATIONS TO A COMMITTEE WHO REVIEWED THE REQUESTS AND MADE DECISIONS

ON WHAT WOULD BE AWARDED. THE PAYMENT METHOD WAS DETERMINED (CHECK, CREDIT

CARD, ETC.) AND THE FINANCE TEAM PROCESSED THE REQUESTS.

| SCHEDULE J   | Compensation Information  | OMB No                                    | . 1545-00 | 47       |
|--|---|---|-----------|----------|
| (Form 990)   | Compensated Employees   |   | )19       |          |
|  | Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.                                | Open                                      | to Publ   | ic       |
| Department of the Treasury<br>Internal Revenue Service | Go to www.irs.gov/Form990 for instructions and the latest information.  |   | ection    |          |
| Name of the organizatio                                |   | Employer identification                   | tion nu   | mber     |
|  | BOYS AND GIRLS CLUBS OF METRO DENVER INC  | 84 - 0510404                              |           |          |
| Part I Question  | s Regarding Compensation  |   |           |          |
|  |   |   | Yes       | No       |
| 1a Check the appropr                                   | iate 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 o                                       | charter travel Housing allowance or residence for person  | naluse                                    |           |          |
| Travel for com   | panions Payments for business use of personal res   | sidence                                   |           |          |
| Tax indemnific   | ation and gross-up payments Health or social club dues or initiation fees   | 5   |           |          |
| Discretionary  | spending account Personal services (such as maid, chauffeu  | ır, chef)                                 |           |          |
|  |   |   |           |          |
|  | on line 1a are checked, did the organization follow a written policy regarding payment or                                     |   |           |          |
|  | provision of all of the expenses described above? If "No," complete Part III to explain                                       | 1b  | $\square$ |          |
| 2 Did the organizatio                                  | n require substantiation prior to reimbursing or allowing expenses incurred by all directors,                                 |   |           |          |
| trustees, and office                                   | rs, including the CEO/Executive Director, regarding the items checked on line 1a?   |   |           |          |
|  |   |   |           |          |
|  | ny, of the following the organization used to establish the compensation of the organization's                                |   |           |          |
|  | ector. Check all that apply. Do not check any boxes for methods used by a related organizati                                  | ion to                                    |           |          |
| establish compens                                      | ation of the CEO/Executive Director, but explain in Part III.   |   |           |          |
| Compensatior   |   |   |           |          |
|  | compensation consultant   |   |           |          |
| Form 990 of o  | ther organizations  | ommittee                                  |           |          |
|  |   |   |           |          |
|  | any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing                                       |   |           |          |
| organization or a re                                   |   | 4-  | x         |          |
|  | e payment or change-of-control payment?   |   |           | x        |
|  | ceive payment from, a supplemental nonqualified retirement plan?  |   | <u> </u>  | X        |
|  | ceive payment from, an equity-based compensation arrangement?   |   | -         | <u>^</u> |
| If "Yes" to any of lif                                 | nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.                                      |   |           |          |
| Only contion 501/                                      | (2) 501(c)(4) and 501(c)(20) argumentations must complete lines 5.0   |   |           |          |
|  | c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.   |   |           |          |
|  | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation                                |   |           |          |
| contingent on the r                                    |   | 5-  |           | x        |
| a me organization? b Any related ergeni-               | ation?  | 5a<br>5b                                  | +         | X        |
|  | ation?<br>or 5b, describe in Part III.  |   |           |          |
|  | -   | on la |           |          |
|  | on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation<br>bet earnings of:            |   |           |          |
| contingent on the r                                    |   | 6a  |           | x        |
|  | ation?  |   | +         | X        |
|  | ation?<br>or 6b, describe in Part III.  |   |           |          |
|  | -   |   |           |          |
|  | on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments                                 |   | x         |          |
|  | nes 5 and 6? If "Yes," describe in Part III   |   |           |          |
| •  | reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the partian departies in Part III. |   |           | x        |
|  | eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III                                       |   | +         | Δ        |
|  | id the organization also follow the rebuttable presumption procedure described in   | 9   |           |          |
|  | n 53.4958-6(c)?   | Schedule J (For                           |           | 0010     |
|  | eduction Act Notice, see the Instructions for Form 990.   | Schedule J (FO                            | 111 990   | 12019    |

Schedule J (Form 990) 2019

84-0510404

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

For each individual whose compensation must be reported 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>(A)</b> Name and Title |      | (B) Breakdown of         | W-2 and/or 1099-MI                        | SC compensation                           | (C) Retirement and other deferred | (D) Nontaxable benefits | (E) Total of columns<br>(B)(i)-(D) | (F) Compensation<br>in column (B)         |
|---------------------------|------|--------------------------|---|---|-----------------------------------|-------------------------|------------------------------------|---|
|                           |      | (i) Base<br>compensation | (ii) Bonus &<br>incentive<br>compensation | (iii) Other<br>reportable<br>compensation | compensation                      | Denents                 | (b)(I)-(D)                         | reported as deferred<br>on prior Form 990 |
| (1) ERIN PORTEOUS         | (i)  | 197,217.                 | 25,000.                                   | 0.  | 17,701.                           | 12,562.                 | 252,480.                           | 0   |
| CEO                       | (ii) | 0.                       | 0.  | 0.  | 0.                                | 0.                      | 0.                                 | 0   |
| (2) PHILLIP A. BLOISE     | (i)  | 151,922.                 | 10,000.                                   | 0.  | 15,309.                           | 19,731.                 | 196,962.                           | 0   |
| CFO (THRU 06/2020)        | (ii) | 0.                       | Ο.  | 0.  | 0.                                | 0.                      | 0.                                 | 0   |
| (3) KATHY A. LUNA         | (i)  | 134,686.                 | 50,000.                                   | 0.  | 11,158.                           | 15,905.                 | 211,749.                           | 0   |
| COO (THRU 12/2019)        | (ii) | 0.                       | Ο.  | 0.  | 0.                                | 0.                      | 0.                                 | 0   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |
|                           | (i)  |                          |   |   |                                   |                         |                                    |   |
|                           | (ii) |                          |   |   |                                   |                         |                                    |   |

### Part III Supplemental Information

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 I, LINE 4A:

PHILLIP BLOISE: \$25,000

PART I, LINE 7:

THE BGCMD PROVIDED NON-FIXED BONUS PAYMENTS TO ITS EMPLOYEES TOTALING

\$45,000. INCLUDED IN THE BONUS POOL ARE PAYMENTS TO THE EMPLOYEES LISTED ON

SCHEDULE J, PART II.

| SCHEDULE L   |                      | Tra     | insactior                       | ns V    | Vith               | Int      | erested          | Ρ           | ersons              |                   |          | 0               | ИВ No.           | 1545-00 | 47      |
|--|----------------------|---------|---------------------------------|---------|--------------------|----------|------------------|-------------|---------------------|-------------------|----------|-----------------|------------------|---------|---------|
| (Form 990 or 990-EZ)                                   |                      |         |                                 | swere   | d "Yes             | s" on F  | Form 990, Par    | 't IV       | , line 25a, 25b, 2  | 26, 27            | , 28a,   |                 | 20               | 19      | )       |
| Department of the Treasury<br>Internal Revenue Service |                      | So to s | •                               |         |                    |          | Form 990-E       |             | est information.    |                   |          |                 | pen T<br>spect   | o Pub   | lic     |
| Name of the organizatio                                | •                    |         | www.ii 3.gov/i c                | ,       |                    | 1511 40  |                  | , iut       | cot information.    | _                 | ploye    | r ident         | •                |         | mber    |
| 5  |                      | GIRL    | S CLUBS OF M                    | ETRO    | DENVI              | ER IN    | с                |             |                     | 1                 | 0510     |                 |                  |         |         |
| Part I Excess  | Benefit Tran         | sacti   | ons (section 50                 | 01(c)(3 | 3), sect           | ion 50   | 1(c)(4), and se  | ectic       | on 501(c)(29) orga  | anizat            | ions o   | nly).           |                  |         |         |
| Complete i   | if the organizatio   | n ansv  | wered "Yes" on                  | Form 9  | 990, Pa            | art IV,  | line 25a or 25t  | b, o        | r Form 990-EZ, P    | art V,            | line 40  | Db.             |                  |         |         |
| 1<br>(a) Name of disqua                                | lified person        | (b) F   | Relationship bet                |         |                    | lified   | le               | <u>ם (-</u> | escription of tran  | sactio            | 'n       |                 | (d)              | Corre   | cted?   |
|  |                      |         | person and o                    | rganiza | ation              |          |                  | , 0         |                     |                   |          |                 | <u> </u>         | es      | No      |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 | _                |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 | +                |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 | +                |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
| 2 Enter the amount of                                  | of tax incurred by   | / the o | rganization mar                 | nagers  | or dis             | qualifie | ed persons du    | ring        | the year under      |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   | ▶ \$     |                 |                  |         |         |
| 3 Enter the amount of                                  | of tax, if any, on I | ine 2,  | above, reimburs                 | sed by  | the or             | ganiza   | ation            |             |                     |                   | ▶ \$     |                 |                  |         |         |
| Part II   Loans to                                     | o and/or Fro         | n Int   | erested Per                     | sons    |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    | ' Part   | V line 38a or I  | Forr        | n 990, Part IV, lin | e 26 <sup>.</sup> | or if th | ne oraz         | nizati           | on      |         |
|  | n amount on For      |         |                                 |         |                    | , r arc  | v, into oou or i |             | n 000, r art rr, m  | .0 20,            | 01 11 11 | lo orge         | in near          | 011     |         |
| (a) Name of  | (b) Relatio          | onship  | (c) Purpose                     | (d) Lo  | oan to or<br>m the |          | e) Original      | (1          | f) Balance due      |                   | ) In     | (h) Ap<br>by bo | provec<br>ard or | (i) W   | /ritten |
| interested person                                      | with organ           | ization | of loan                         |         | ization?           | prino    | cipal amount     |             |                     | defa              | ault?    | comm            |                  | agree   | ment?   |
|  |                      |         |                                 | То      | From               |          |                  |             |                     | Yes               | No       | Yes             | No               | Yes     | No      |
|  |                      |         |                                 |         | <u> </u>           |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  | -           |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          | <u> </u>         |             |                     |                   |          |                 |                  |         |         |
| Total  | or Assistance        | - Ror   | ofiting Inter                   | rocto   | d Do               | reon     | <u> </u>         |             |                     |                   |          |                 |                  |         |         |
|  | if the organizatio   |         | -                               |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
| (a) Name of intere                                     | ů.                   |         | (b) Relationship                |         |                    | · · ·    | c) Amount of     |             | (d) Type            | of                |          | (e              | ) Purc           | ose o   | f       |
| (u) · · · · · · · · · · · · · · · · · · ·              |                      |         | interested pers<br>the organiza | son an  |                    |          | assistance       |             | assistan            |                   |          |                 | assist           |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      | _       |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      | _       |                                 |         |                    |          |                  |             |                     |                   | -+       |                 |                  |         |         |
|  |                      | _       |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      | +       |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      | +       |                                 |         |                    |          |                  |             |                     |                   | -+       |                 |                  |         |         |
|  |                      | +       |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |
|  |                      |         |                                 |         |                    |          |                  |             |                     |                   |          |                 |                  |         |         |

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

Schedule L (Form 990 or 990-EZ) 2019

| Schedule L (Form 990 or 990-EZ) 2019 | BOYS | AND | GIRLS | CLUBS | OF | METRO | DENVER | INC |
|--------------------------------------|------|-----|-------|-------|----|-------|--------|-----|
|--------------------------------------|------|-----|-------|-------|----|-------|--------|-----|

### Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

| (a) Name of interested person | (b) Relationship between interested person and the organization | (c) Amount of transaction | (d) Description of transaction | (e) Sha<br>organiz<br>rever | aring of<br>zation's<br>nues? |
|-------------------------------|---|---------------------------|--------------------------------|-----------------------------|-------------------------------|
|                               |   |                           |                                | Yes                         | No                            |
| RJ MCARTHUR                   | RJ MCARTHUR IS A TR   | 0.                        | RJ MCARTHUR                    |                             | X                             |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |
|                               |   |                           |                                |                             |                               |

### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RJ MCARTHUR

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

RJ MCARTHUR IS A TRUSTEE OF THE BGCMD.

(D) DESCRIPTION OF TRANSACTION: RJ MCARTHUR IS A PARTNER AT PLANTE

MORAN. PLANTE MORAN PROVIDED ACCOUNTING SERVICES TO BGCMD IN FY20

TOTALING \$163,307. THESE SERVICES WERE PROVIDED IN THE NORMAL COURSE OF

BUSINESS.

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

| Department of the Treasury |  |
|----------------------------|--|
| Internal Revenue Service   |  |

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

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

Open to Public Inspection

**|9** 

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

anization BOYS AND GIRLS CLUBS OF METRO DENVER INC

| Employer | identification number |
|----------|-----------------------|
| 84       | -0510404              |

20

| Pa  | rt I Types of Property  |                                      |   |  |   |     |     |    |
|-----|---|--------------------------------------|---|--|---|-----|-----|----|
|     |   | <b>(a)</b><br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of de<br>noncash contribu |     | •   | s  |
| 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                                 |                                      |   |  |   |     |     |    |
|     | trust interests   |                                      |   |  |   |     |     |    |
| 12  | Securities - Miscellaneous  |                                      |   |  |   |     |     |    |
| 13  | Qualified conservation contribution -                             |                                      |   |  |   |     |     |    |
|     | Historic structures   |                                      |   |  |   |     |     |    |
| 14  | Qualified conservation contribution - Other                       |                                      |   |  |   |     |     |    |
| 15  | Real estate - Residential   |                                      |   |  |   |     |     |    |
| 16  | Real estate - Commercial  |                                      |   |  |   |     |     |    |
| 17  | Real estate - Other   |                                      |   |  |   |     |     |    |
| 18  | Collectibles  |                                      |   |  |   |     |     |    |
| 19  | Food inventory  | Х                                    | 18  | 222,819.   | PROVIDED BY DONO                        | R   |     |    |
| 20  | Drugs and medical supplies  |                                      |   |  |   |     |     |    |
| 21  | Taxidermy   |                                      |   |  |   |     |     |    |
| 22  | Historical artifacts  |                                      |   |  |   |     |     |    |
| 23  | Scientific specimens  |                                      |   |  |   |     |     |    |
| 24  | Archeological artifacts   |                                      |   |  |   |     |     |    |
| 25  | Other  ( PROGRAM SUPPL )  | X                                    | 157   | 593,202.   | FAIR MARKET VALU                        | E   |     |    |
| 26  | Other ► ()  |                                      |   |  |   |     |     |    |
| 27  | Other ► ()  |                                      |   |  |   |     |     |    |
| 28  | Other 🕨 ( )   |                                      |   |  |   |     |     |    |
| 29  | Number of Forms 8283 received by the organized                    |                                      |   |  |   |     |     |    |
|     | for which the organization completed Form 828                     | 83, Part IV, I                       | Donee Acknowled   | gement 29  |   |     |     |    |
|     |   |                                      |   |  |   |     | Yes | No |
| 30a | During the year, did the organization receive by                  |                                      |   |  |   |     |     |    |
|     | must hold for at least three years from the date                  |                                      |   |  |   |     |     | 77 |
|     | exempt purposes for the entire holding period?                    | ?                                    |   |  |   | 30a |     | X  |
|     | If "Yes," describe the arrangement in Part II.                    | opliny that m                        | auiroo tha raview   | of any popotondard contails  | itiono?                                 | 24  | v   |    |
| 31  | Does the organization have a gift acceptance p                    | -                                    |   | •  |   | 31  | X   |    |
| J∠a | Does the organization hire or use third parties of contributions? |                                      | -   |  |   | 32a |     | х  |
| b   | If "Yes," describe in Part II.                                    |                                      |   |  |   |     |     |    |

**33** If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2019

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

84-0510404

SCHEDULE O (Form 990 or 990-EZ)

, ,

Department of the Treasury Internal Revenue Service Name of the organization

### Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ

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

ZU19 Open to Public Inspection Employer identification number

84-0510404

BOYS AND GIRLS CLUBS OF METRO DENVER INC

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BOYS & GIRLS CLUBS OF METRO DENVER IS ONE OF THE LARGEST, MOST

COMPREHENSIVE YOUTH-SERVING ORGANIZATIONS IN THE DENVER METRO AREA,

OPERATING 21 PROGRAM SITES (INCLUDING OUR SUMMER CAMP). AT THE CLUBS,

WE PROVIDE AFTERSCHOOL AND SUMMER ENRICHMENT PROGRAMS FOR YOUNG PEOPLE

BETWEEN THE AGES OF 6 AND 18. MANY OF THE KIDS WE SERVE COME FROM

WORKING FAMILIES WHO ARE LIVING ON LOW INCOME. BOYS & GIRLS CLUBS ARE

VITAL RESOURCES THAT ALLOW PARENTS AND FAMILIES TO WORK WITH THE

CONFIDENCE THAT THEIR CHILDREN ARE SAFE AND CARED FOR AFTER SCHOOL AND

DURING THE SUMMER.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUR MISSION IS TO PROVIDE OUR CLUB MEMBERS WITH A SAFE, SUPPORTIVE, FUN

AND ENRICHING ENVIRONMENT THAT INSPIRES AND EMPOWERS THEM TO ACHIEVE

THEIR GREATEST POTENTIAL. WE ACCOMPLISH OUR MISSION WITH A FOUNDATIONAL

SOCIAL-EMOTIONAL LEARNING APPROACH THAT IS USED TO DELIVER OUR FIVE

PRIMARY PROGRAMS: (1) EDUCATION, (2) THE ARTS, (3) CHARACTER &

LEADERSHIP, (4) HEALTH & WELLNESS, AND (5) SPORTS & RECREATION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR PROFESSIONAL YOUTH DEVELOPMENT STAFF PROVIDE A SAFE, STABLE

ENVIRONMENT FOR OUR CLUB MEMBERS TO ENJOY A NUTRITIOUS MEAL, IMPROVE

THEIR ACADEMICS, PARTICIPATE IN ORGANIZED ATHLETICS, EXPLORE THE ARTS,

DEVELOP TECHNICAL PROFICIENCIES, GAIN LEADERSHIP SKILLS AND CREATE

| Schedule O (Form 990 or 990-EZ) (2019)         | Page <b>2</b>                  |
|--|--------------------------------|
| Name of the organization                       | Employer identification number |
| BOYS AND GIRLS CLUBS OF METRO DENVER INC       | 84-0510404                     |
|  |                                |
| LASTING RELATIONSHIPS WITH STRONG ROLE MODELS. |                                |

WE PROVIDE MENTAL HEALTH SERVICES THROUGH FULL-TIME SOCIAL WORKERS WHO

PROVIDE SOCIAL-EMOTIONAL SUPPORT FOR OUR CLUB KIDS AS WELL AS

BEHAVIORAL HEALTH SERVICES.

BOYS & GIRLS CLUBS OF METRO DENVER IS UNIQUELY POSITIONED TO ADDRESS

THE NEEDS OF YOUTH BECAUSE WE MEET EACH CHILD WHERE THEY ARE, NOT ONLY

BY PROVIDING BASIC NEEDS (MEALS, CLOTHING, ETC.), BUT ALSO BY LAYERING

THAT BASIC SAFETY WITH EMOTIONAL AND SOCIAL SUPPORT (CARING, CONSISTENT

ADULT GUIDANCE), AND OFFERING A BROAD ARRAY OF HIGH-QUALITY, INTEREST

AND NEEDS-BASED, ENGAGING PROGRAMS - PROVIDING EXPERIENCES THAT ADVANCE

LEARNING AND DEVELOPMENT. WHAT'S MORE, WE DO ALL OF THIS OVER THE

LONG-TERM, SUPPORTING KIDS FROM KINDERGARTEN ALL THE WAY THROUGH HIGH

SCHOOL GRADUATION.

EVERYTHING WE DO AT THE CLUBS IS DESIGNED TO HELP KIDS FIND SUCCESS. WE

PROVIDE PROGRAMMING ACROSS THREE KEY OUTCOME AREAS:

ACADEMIC SUCCESS: BY THE TIME THEY REACH 6TH GRADE, MIDDLE CLASS KIDS

HAVE LIKELY SPENT 6,000 MORE HOURS LEARNING THAN KIDS BORN INTO

POVERTY. THROUGH ENGAGING ACADEMIC AND CAREER PROGRAMS, WE ARE FILLING

THE LEARNING GAP FACED BY MANY OF THE KIDS AND FAMILIES WE SERVE.

EXAMPLES OF PROGRAMS OFFERED IN THIS AREA INCLUDE:

- POWER HOUR IS A DAILY PROGRAM DESIGNED TO HELP CLUB MEMBERS BE MORE

SUCCESSFUL IN SCHOOL BY PROVIDING HOMEWORK HELP AND ENCOURAGING MEMBERS

TO BECOME SELF-DIRECTED LEARNERS.

| Name of the organization  | Employer identification number |
|---|--------------------------------|
| BOYS AND GIRLS CLUBS OF METRO DENVER INC                                | 84-0510404                     |
| - LITERACY IS A YEAR-ROUND READING PROGRAM THAT USES EVIDENCE-BASED     |                                |
| ACCELERATED READER AND MYON READING SYSTEMS. BASELINE READING LEVELS    |                                |
| ARE DETERMINED, THEN, WITH SUPPORT FROM STAFF, YOUTH READ BOOKS IN      |                                |
| THEIR "JUST RIGHT" READING LEVEL, TAKE SHORT QUIZZES TO MEASURE         |                                |
| COMPREHENSION, AND RECEIVE INCENTIVES FOR REACHING THEIR READING GOALS. |                                |
|   |                                |
| - THE ARTS PROGRAMMING ENABLES YOUTH TO DEVELOP THEIR CREATIVITY AND    |                                |
| CULTURAL AWARENESS THROUGH KNOWLEDGE AND APPRECIATION OF DIFFERENT ART  |                                |
| FORMS (FINE, APPLIED, PERFORMING AND DIGITAL ARTS, AS WELL AS CRAFTS)   |                                |
| PROJECTS ENCOURAGE IMAGINATION, SELF EXPRESSION, AND CRITICAL THINKING  |                                |
| THROUGH ART AWARENESS.  |                                |
| - STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH) PROGRAMS DEVELOP     |                                |
| 21ST CENTURY SKILLS FOR CAREER SUCCESS AND SUPPORT MEMBERS' ACADEMIC    |                                |
| PERFORMANCE BY CHALLENGING YOUTH TO "THINK BEYOND THE SCREEN."          |                                |
| INQUIRY-BASED LEARNING PROJECTS, TARGETED PROGRAMS AND HIGH-YIELD       |                                |
| ACTIVITIES BUILD PROBLEM-SOLVING AND PRESENTATION SKILLS, TEAMWORK      |                                |
| STRATEGIES, CREATIVITY, INNOVATION, TECHNICAL SKILLS, AND               |                                |
| INFORMATION/MEDIA COMPETENCY AND ETHICS.                                |                                |
| - PACE (PROMOTING ACADEMICS AND CHARACTER EDUCATION) IS AN INTERVENTION |                                |
| PROGRAM SERVING YOUTH WITH SIGNIFICANT BEHAVIOR PROBLEMS OR WHO HAVE    |                                |
| BEEN SUSPENDED OR FACE EXPULSION FROM DENVER PUBLIC SCHOOL DISTRICT. A  |                                |
| JNIQUE, PROVEN APPROACH TO RESPONDING TO PROBLEMATIC BEHAVIORS OF       |                                |
| STUDENTS, THIS 15-DAY INTERVENTION PROVIDES YOUTH WITH SUPPORT AND      |                                |
| INSTRUCTION FROM COMPASSIONATE STAFF MEMBERS WHO HELP YOUTH IDENTIFY    |                                |
| THE CAUSES OF THEIR BEHAVIORS AS WELL AS RECOGNIZE THEIR STRENGTHS AND  |                                |
| VALUES. YOUTH ARE ALSO LINKED TO OTHER SUPPORTIVE SERVICES AS NEEDED,   |                                |
| INCLUDING COUNSELING, EDUCATIONAL TESTING AND FAMILY SERVICES. THE      |                                |
|   |                                |

| Schedule O (Form 990 or 990-EZ) (2019)                                  | Pag  |
|---|--|
| Name of the organization<br>BOYS AND GIRLS CLUBS OF METRO DENVER INC    | Employer identification numb<br>84-0510404 |
|   |  |
| ANAGE THEIR BEHAVIOR AND INCREASE THEIR CHANCES FOR GRADUATING FROM     |  |
| IIGH SCHOOL.  |  |
| JUNIOR STAFF CAREER DEVELOPMENT IS A PROGRAM DESIGNED TO GUIDE YOUTH,   |  |
| GES 14-17, TOWARD CAREERS IN YOUTH DEVELOPMENT OR HUMAN SERVICES BY     |  |
| JURTURING THEIR LEADERSHIP SKILLS AND PROVIDING GUIDED, PRACTICAL       |  |
| EXPERIENCES. WHILE WORKING AT THE CLUBS, YOUTH LEARN VALUABLE JOB       |  |
| KILLS FOR FUTURE CAREERS WHILE THEY RUN THE FRONT DESK, SUPPORT         |  |
| PROGRAMMING, AND MAINTAIN THE MEMBERSHIP TRACKING SYSTEM.               |  |
| FINANCIAL LITERACY PROGRAMS PROMOTE FINANCIAL RESPONSIBILITY AND        |  |
| NDEPENDENCE AMONG CLUB MEMBERS BY BUILDING BASIC MONEY MANAGEMENT       |  |
| KILLS. PARTICIPANTS LEARN HOW TO MANAGE A CHECKING ACCOUNT, BUDGET,     |  |
| SAVE AND INVEST. THEY ALSO LEARN ABOUT STARTING SMALL BUSINESSES AND    |  |
| PAYING FOR COLLEGE.   |  |
|   |  |
| FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:           |  |
|   |  |
| HEALTHY LIFESTYLES: GOOD HEALTH REQUIRES PRACTICE. IT MEANS NOT ONLY    |  |
| NAVING A PLACE TO GO WHERE YOU GET THE CHANCE TO RUN, JUMP, KICK, THROW |  |
| AND HIGH-FIVE; IT ALSO MEANS EATING RIGHT AND HAVING THE KNOWLEDGE AND  |  |
| CONFIDENCE NECESSARY TO CHOOSE WISELY. WE PROVIDE THE RIGHT RESOURCES - |  |
| ROM COACHES TO CARROTS - TO HELP KIDS MAKE THE RIGHT CHOICES.           |  |
|   |  |

EXAMPLES OF PROGRAMS IN THIS AREA INCLUDE:

- TRIPLE PLAY CHALLENGES MEMBERS TO BECOME HEALTHY AND ACTIVE BY

LEARNING NEW WAYS TO MANAGE STRESS, MAINTAIN HEALTHY FITNESS LEVELS AND

FORM POSITIVE RELATIONSHIPS WITH PEERS. TRIPLE PLAY PROGRAM COMPONENTS

INCREASE YOUNG MEMBERS' UNDERSTANDING OF WHAT CONSTITUTES A HEALTHY

LIFESTYLE, IMPROVE THEIR PHYSICAL FITNESS THROUGH ENHANCED DAILY,

| Schedule O (Form 990 or 990-EZ) (2019)                                  | Page 2                                       |
|---|--|
| Name of the organization<br>BOYS AND GIRLS CLUBS OF METRO DENVER INC    | Employer identification number<br>84-0510404 |
| PHYSICAL ACTIVITIES AND COMPETITIVE SPORTS LEAGUES, AND BUILD THEIR     |  |
| PRO-SOCIAL SKILLS AND CHARACTER. THE TRIPLE PLAY COMPREHENSIVE STRATEGY |  |
| ADDRESSES THE MINDS, BODIES AND SOULS OF CLUB MEMBERS THROUGH SPECIFIC  |  |
| CURRICULA AND ACTIVITIES IN THE FOLLOWING AREAS: HEALTHY HABITS DAILY   |  |
| PHYSICAL CHALLENGES, AND SOCIAL RECREATION.                             |  |
| - PLAY60 IS THE NFL'S INITIATIVE TO ENCOURAGE YOUTH TO ENGAGE IN        |  |
| PHYSICAL ACTIVITY 60 MINUTES EACH DAY. LOCALLY, THE DENVER BRONCOS      |  |
| PARTNERS WITH THE AMERICAN HEART ASSOCIATION, MILE HIGH UNITED WAY AND  |  |
| BOYS & GIRLS CLUBS OF METRO DENVER TO OFFER THIS PROGRAM TO CLUB        |  |
| MEMBERS. THE PLAY60 FITNESS PROGRAM IS OFFERED DAILY AT THE CLUBS AND   |  |
| INCLUDES SEVERAL SPECIAL INCENTIVES FOR PARTICIPANTS.                   |  |
| - SMART MOVES IS A NATIONALLY ACCLAIMED COMPREHENSIVE PREVENTION        |  |
| PROGRAM THAT HELPS YOUNG PEOPLE RESIST ALCOHOL, TOBACCO AND OTHER DRUG  |  |
| USE, AS WELL AS PREMATURE SEXUAL ACTIVITY. THE PROGRAM FEATURES         |  |
| ENGAGING, INTERACTIVE SMALL GROUP ACTIVITIES DESIGNED TO INCREASE       |  |
| PARTICIPANTS' PEER SUPPORT, ENHANCE THEIR LIFE SKILLS, BUILD THEIR      |  |
| RESILIENCY AND STRENGTHEN THEIR LEADERSHIP SKILLS.                      |  |
| - GATES CAMP - AT CAMP, CLUB MEMBERS AGES 8-13, ARE CHALLENGED TO       |  |
| UTILIZE THEIR HEADS, THEIR HEARTS, AND THEIR HANDS TO EXPLORE WHO THEY  |  |
| ARE THROUGH THE LENS OF OUR FIVE CAMP PILLARS: LEADERSHIP, ENTHUSIASM,  |  |
| RESPECT, COOPERATION AND HONESTY. FOR JUST \$10, YOUTH PARTICIPATE IN A |  |
| WEEK-LONG, GENDER-SPECIFIC SESSION THAT INCLUDES HIKING, CANOEING, ROCK |  |
| CLIMBING, ARCHERY, HANDS-ON ENVIRONMENTAL GAMES, AND OTHER OUTDOOR      |  |
| ACTIVITIES. GATES CAMP ALSO OFFERS A COUNSELOR IN TRAINING (CIT)        |  |
| PROGRAM FOR TEENS.  |  |
| - KIDS CAFE - IN PARTNERSHIP WITH THE FOOD BANK OF THE ROCKIES, HOT     |  |
| NUTRITIOUS MEALS ARE SERVED EVERY EVENING IN THE SCHOOL YEAR AND        |  |
| DAYTIME IN THE SUMMER TO MEMBERS AT NO ADDITIONAL COST.                 |  |

| Schedule O (Form 990 or 990-EZ) (2019)<br>Name of the organization      | Page<br>Employer identification numbe |
|---|---------------------------------------|
| BOYS AND GIRLS CLUBS OF METRO DENVER INC                                | 84-0510404                            |
| - SPORTS LEAGUES - ALL CLUBS PARTICIPATE IN YEAR-ROUND INTER-CLUB AND   |                                       |
| INTRAMURAL SPORTS LEAGUES SUCH AS FOOTBALL, SOCCER, BASKETBALL,         |                                       |
| VOLLEYBALL, BASEBALL, SOFTBALL, AND TEE-BALL.                           |                                       |
| - SEXUAL HEALTH EDUCATION USES EVIDENCE-BASED AND EVIDENCE-INFORMED     |                                       |
| CURRICULA THAT HELP YOUNG PEOPLE MAKE POSITIVE DECISIONS, SET           |                                       |
| BOUNDARIES, UNDERSTAND ANATOMY AND SEXUAL SAFETY, BUILD POSITIVE        |                                       |
| RELATIONSHIPS, AND MORE. THE ULTIMATE GOALS ARE TO REDUCE TEEN          |                                       |
| PREGNANCY AND EARLY INITIATION OF SEXUAL ACTIVITY, AND INSTANCES OF     |                                       |
| STIS/STDS, WHILE ALSO TEACHING IMPORTANT LESSONS ON CONSENT AND         |                                       |
| RELATIONAL SKILLS.  |                                       |
| - MENTAL HEALTH - STAFF SOCIAL WORKERS OFFER FOUR CRITICAL SERVICES:    |                                       |
| MENTAL HEALTH COUNSELING, SOCIAL-EMOTIONAL GROUP LESSONS, FAMILY CASE   |                                       |
| MANAGEMENT, AND EMERGENCY RESOURCES.                                    |                                       |
|   |                                       |
| OUR HEALTHY LIFESTYLES PROGRAMMING ALLOWS OUR CLUB KIDS TO LIVE         |                                       |
| HEALTHIER LIVES:  |                                       |
| - CLUB MEMBERS ARE LESS LIKELY TO USE SUBSTANCES LIKE TOBACCO AND       |                                       |
| ALCOHOL, WITH APPROXIMATELY 90% OF OUR CLUB MEMBERS ABSTAINING.         |                                       |
| - 74% OF CLUB MEMBERS EXERCISE AT LEAST THREE TIMES PER WEEK.           |                                       |
| FOR MANY CLUB MEMBERS, THE CLUBS BECOME A SECOND HOME, WHERE THEY NOT   |                                       |
| ONLY TRY NEW ACTIVITIES, LEARN NEW SKILLS, AND MAKE NEW FRIENDS, BUT    |                                       |
| WHERE THEY BEGIN TO PRACTICE THEIR ROLES AS CITIZENS IN THEIR           |                                       |
| COMMUNITIES. CLUBS MAKE A DIFFERENCE IN THE LIVES OF YOUNG PEOPLE. IN   |                                       |
| FACT, WE'VE PROVEN THROUGH RIGOROUS EXTERNAL EVALUATION THAT ATTENDANCE |                                       |
| AND PARTICIPATION IN BOYS & GIRLS CLUB PROGRAMS GIVE YOUNG PEOPLE A     |                                       |
| CRITICAL ADVANTAGE IN OUR THREE KEY OUTCOME AREAS LISTED ABOVE. LEARN   |                                       |
| MORE ABOUT OUR NATIONALLY RECOGNIZED PROGRAMS AT                        |                                       |
| WW.GREATFUTURESDENVER.ORG.  |                                       |

| Schedule O (Form 990 or 990-EZ) (2019)<br>Name of the organization      | Employer identification number      |
|---|-------------------------------------|
| BOYS AND GIRLS CLUBS OF METRO DENVER INC                                | 84-0510404                          |
|   |                                     |
| FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:           |                                     |
| CHARACTER AND LEADERSHIP: DEVELOPING GOOD CHARACTER AND DEMONSTRATING   |                                     |
| LEADERSHIP SKILLS ARE CRITICAL FOR YOUNG PEOPLE TO SUCCEED IN SCHOOL    |                                     |
| AND IN LIFE. OUR PROGRAMS CHALLENGE KIDS TO BE COMMUNITY-MINDED AND     |                                     |
| EMPOWER THEM BY DEMONSTRATING HOW THEY CAN AFFECT CHANGE BY WORKING     |                                     |
| TOGETHER.   |                                     |
|   |                                     |
| EXAMPLES OF PROGRAMS OFFERED IN THIS AREA INCLUDE:                      |                                     |
| - PATHWAYS TO SUCCESS PREPARES CLUB MEMBERS FOR SUCCESS IN COLLEGE AND  |                                     |
| CAREER THROUGH HANDS-ON EXPLORATION AND PREPARATION. THE PROGRAM        |                                     |
| FOCUSES ON THREE MAIN AREAS: (1) COLLEGE PREPARATION, (2) CAREER        |                                     |
| EXPLORATION AND (3) FINANCIAL LITERACY. YOUTH TAKE TOURS OF HIGHER      |                                     |
| EDUCATION INSTITUTIONS ACROSS THE STATE, GET HELP APPLYING TO SCHOOLS   |                                     |
| AND FOR FINANCIAL AID, VISIT JOB FAIRS, MEET PROFESSIONALS FROM A WIDE  |                                     |
| VARIETY OF INDUSTRIES, AND ENGAGE IN BOTH CURRICULUM-BASED AND INFORMAL |                                     |
| MONEY MANAGEMENT LESSONS.   |                                     |
| - KEYSTONE CLUB IS BOYS & GIRLS CLUBS' MOST DYNAMIC TEEN PROGRAM.       |                                     |
| KEYSTONE CLUBS ARE CHARTERED, SMALL-GROUP LEADERSHIP AND SERVICE CLUBS  |                                     |
| FOR TEENS AGES 14-18. KEYSTONE MEMBERS ELECT OFFICERS, PLAN AND         |                                     |
| IMPLEMENT SERVICE PROJECTS, AND FUNDRAISE TO ATTEND LEADERSHIP          |                                     |
| CONFERENCES AT A LOCAL, STATE AND NATIONAL LEVEL.                       |                                     |
| - TORCH CLUBS ARE CHARTERED, SMALL-GROUP LEADERSHIP AND SERVICE CLUBS   |                                     |
| FOR YOUTH AGES 11-13 FOCUSING ON CHARACTER DEVELOPMENT. TORCH CLUBS ARE |                                     |
| POWERFUL VEHICLES THROUGH WHICH CLUB STAFF CAN HELP MEET THE SPECIAL    |                                     |
| NEEDS OF YOUNGER ADOLESCENTS AT A CRITICAL STAGE IN THEIR DEVELOPMENT.  |                                     |
| TORCH CLUB MEMBERS LEARN TO ELECT OFFICERS AND WORK TOGETHER TO PLAN    |                                     |
| AND IMPLEMENT ACTIVITIES IN FOUR AREAS: SERVICE TO CLUB AND COMMUNITY,  |                                     |
| 932212 09-06-19   | Schedule O (Form 990 or 990-EZ) (20 |

Page **2** 

Schedule O (Form 990 or 990-EZ) (2019)

|   | Page <b>2</b>                  |
|---|--------------------------------|
| Name of the organization  | Employer identification number |
| BOYS AND GIRLS CLUBS OF METRO DENVER INC                                | 84-0510404                     |
| EDUCATION, HEALTH AND FITNESS AND SOCIAL RECREATION.                    |                                |
| - SERVICE LEARNING - BOYS & GIRLS CLUB MEMBERS ORGANIZE AND CARRY OUT   |                                |
| HUNDREDS OF PROJECTS TO LEND A HAND AND MAKE A DIFFERENCE IN THEIR      |                                |
| CLUBS AND COMMUNITIES EACH YEAR. BEING A PART OF SERVICE LEARNING       |                                |
| TEACHES THE YOUTH HOW TO BRAINSTORM, PLAN, IMPLEMENT AND REFLECT ON     |                                |
| PROJECTS AS A TEAM. THROUGH SERVICE, CLUB MEMBERS BUILD MEANINGFUL      |                                |
| RELATIONSHIPS, LEARN ABOUT THE DEMOCRATIC PROCESS, DEMONSTRATE HIGH     |                                |
| LEVELS OF COMMITMENT AND RESPONSIBILITY AND UNDERSTAND THE IMPORTANCE   |                                |
| OF LIFELONG SERVICE.  |                                |
| - YOUTH OF THE YEAR (YOY) IS A LEADERSHIP AND RECOGNITION PROGRAM THAT  |                                |
| ACKNOWLEDGES OUTSTANDING MEMBERS IN THE CLUBS. THE YOY PROGRAM HELPS    |                                |
| YOUTH DEVELOP THEIR LEADERSHIP AND COMMUNICATION SKILLS THROUGH AN      |                                |
| EXTENSIVE APPLICATION AND INTERVIEW PROCESS THAT IS HELD DURING THE     |                                |
| ANNUAL COMPETITION. 10 TO 13-YEAR-OLDS, JUNIOR (14-15 YEARS OLD) AND    |                                |
| SENIOR (16-18 YEARS OLD) YOUTH CAN COMPETE AT THEIR CLUB AND CITY       |                                |
| LEVELS. SENIOR WINNERS CAN ADVANCE TO THE STATE, REGIONAL, AND NATIONAL |                                |
| COMPETITION.  |                                |
| - YOUTH EMPOWERING YOUTH (YEY) IS A PROGRAM IN WHICH CLUB TEENS ARE     |                                |
| TRAINED TO LEAD PROGRAMS FOR OTHER YOUTH IN THE CLUBS. YEY IS MADE UP   |                                |
| OF SEVERAL PROGRAMS AND PARTNERSHIPS THAT INCLUDE PEER LEADER           |                                |
| POSITIONS, INCLUDING ACADEMICS, CULTURAL ARTS, PLAY 60, STEM (SCIENCE,  |                                |
| TECHNOLOGY, ENGINEERING AND MATH) AND HEALTH. PEER LEADERS RECEIVE      |                                |
| TRAINING TO BUILD THEIR SKILLS AS FACILITATORS IN THE CLUB AND EARN A   |                                |
| STIPEND FOR THEIR WORK.   |                                |
|   |                                |
| FORM 990, PART VI, SECTION B, LINE 11B:                                 |                                |

THE TAX RETURN IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD BY THE

TAX PREPARER. ONCE APPROVED BY THE EXECUTIVE COMMITTEE, THE ORGANIZATION

| Schedule O (Form 990 or 990-EZ) (2019)                                      | Page 2                                       |
|---|--|
| Name of the organization<br>BOYS AND GIRLS CLUBS OF METRO DENVER INC        | Employer identification number<br>84-0510404 |
|   | 01 0010101                                   |
| PROVIDES A DRAFT OF THE TAX RETURN ELECTRONICALLY TO THE FULL BOARD OF      |  |
| DIRECTORS TO REVIEW PRIOR TO FILING. ONCE APPROVED, THE TAX RETURN IS       |  |
| FILED.  |  |
|   |  |
| FORM 990, PART VI, SECTION B, LINE 12C:                                     |  |
| BOYS & GIRLS CLUBS OF METRO DENVER MONITORS ITS CONFLICT OF INTEREST POLICY |  |
| IN THE FOLLOWING WAYS: ALL TRUSTEES MUST COMPLETE AND SIGN AN ANNUAL        |  |
| CONFLICT OF INTEREST POLICY WHERE THEY LIST ANY POTENTIAL CONFLICTS. THESE  |  |
| ARE REVIEWED BY THE PRESIDENT/CEO AND CFO. ADDITIONALLY, ANY MONETARY       |  |
| TRANSACTIONS OVER \$2,500 BETWEEN A TRUSTEE AND THE ORGANIZATION MUST BE    |  |
| APPROVED BY THE FULL BOARD OF TRUSTEES AND BE COMPARED AGAINST SIMILAR      |  |
| BIDS.   |  |
|   |  |
|   |  |
| FORM 990, PART VI, SECTION B, LINE 15:                                      |  |
| ALL COMPENSATION FOR OFFICERS AND DIRECTORS IS COMPARED TO THREE SEPARATE   |  |
| SURVEYS: MOUNTAIN STATES EMPLOYER'S COUNCIL ANNUAL SALARY SURVEY FOR        |  |
| DENVER, COLORADO; COLORADO NONPROFIT ASSOCIATION ANNUAL SALARY SURVEY FOR   |  |
| COLORADO; AND BOYS & GIRLS CLUBS OF AMERICA ANNUAL SALARY SURVEY. THESE     |  |
| THREE SURVEYS ARE AVERAGED TOGETHER AND THE ORGANIZATION COMPARES ITS       |  |
| CURRENT SALARY STRUCTURE TO THAT AVERAGE. THE FINANCE COMMITTEE, EXECUTIVE  |  |
| COMMITTEE AND BOARD OF TRUSTEES APPROVES ANY SALARY INCREASES OF THE        |  |
| OFFICERS OF THE ORGANIZATION.   |  |
|   |  |
| FORM 990, PART VI, SECTION C, LINE 18:                                      |  |
| THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE TO THE PUBLIC UPON  |  |
| REQUEST.  |  |
|   |  |

FORM 990, PART VI, SECTION C, LINE 19:

| Schedule O (Form 990 or 990-EZ) (2019)<br>Name of the organization |                | Page 2 Employer identification number |
|--|----------------|---------------------------------------|
| BOYS AND GIRLS CLUBS OF METRO DENVER INC                           |                | 84-0510404                            |
| THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF IN     | NTEREST POLICY |                                       |
| AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST      | •              |                                       |
|  |                |                                       |
| FORM 990, PART IX, LINE 11G, OTHER FEES:                           |                |                                       |
| CUSTODIAL SERVICES:  |                |                                       |
| PROGRAM SERVICE EXPENSES   | 0.             |                                       |
| MANAGEMENT AND GENERAL EXPENSES                                    | 55,862.        |                                       |
| FUNDRAISING EXPENSES   | 0.             |                                       |
| TOTAL EXPENSES   | 55,862.        |                                       |
|  |                |                                       |
| PROFESSIONAL SERVICES:   |                |                                       |
| PROGRAM SERVICE EXPENSES   | 414,693.       |                                       |
| MANAGEMENT AND GENERAL EXPENSES                                    | 462,574.       |                                       |
| FUNDRAISING EXPENSES   | 903,839.       |                                       |
| TOTAL EXPENSES   | 1,781,106.     |                                       |
|  |                |                                       |
| AUDIT SERVICES:  |                |                                       |
| PROGRAM SERVICE EXPENSES   | 12,960.        |                                       |
| MANAGEMENT AND GENERAL EXPENSES                                    | 51,840.        |                                       |
| FUNDRAISING EXPENSES   | 0.             |                                       |
| TOTAL EXPENSES   | 64,800.        |                                       |
| TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A             | 1,901,768.     |                                       |
|  |                |                                       |
| FORM 990, PART XI, LINE 2C:  |                |                                       |
| THE FINANCE COMMITTE IS RESPONSIBLE FOR SELECTING THE INDEPEN      | DENT           |                                       |
| AUDITOR AND OVERSEEING THE RESULTS OF THE AUDIT. THERE HAVE B      | EEN NO         |                                       |
|  |                |                                       |

| SCH | EDUL | .ER |
|-----|------|-----|
|     |      | -   |

### (Form 990)

### Department of the Treasury Internal Revenue Service

# **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.

2019 Open to Public Inspection

Employer identification number

84-0510404

OMB No. 1545-0047

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

Name of the organization

BOYS AND GIRLS CLUBS OF METRO DENVER INC

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

| (a)                                    | (b)                   | (c)                      | (d)          | (e)                | (f)                |
|--|-----------------------|--------------------------|--------------|--------------------|--------------------|
| 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             |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  | INVEST IN REAL ESTATE |                          |              |                    |                    |
| RIVER BEND FUND, LLC - 47-2530484      | MORTGAGES             | COLORADO                 | 229,792.     | 1,778,625.         | BGCMD              |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |
|  | ]                     |                          |              |                    |                    |
|  |                       |                          |              |                    |                    |

Part II 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 organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | <b>(e)</b><br>Public charity<br>status (if section | (f)<br>Direct controlling<br>entity |     | <b>g)</b><br>512(b)(13)<br>rolled<br>ity? |
|--|--------------------------------|--|-------------------------------|--|-------------------------------------|-----|---|
|  |                                |  |                               | 501(c)(3))   |                                     | Yes | No  |
| BOYS & GIRLS CLUBS OF METRO DENVER                       |                                |  |                               |  |                                     |     |   |
| FOUNDATION - 74-2275383, 2017 W. 9TH AVENUE,             |                                |  |                               | LINE 12D,  |                                     |     |   |
| DENVER, CO 80204   | SUPPORT THE BGCMD              | COLORADO   | 501(C)(3)                     | III-0  | N/A                                 |     | х   |
|  |                                |  |                               |  |                                     |     |   |
|  |                                |  |                               |  |                                     |     |   |
|  |                                |  |                               |  |                                     |     |   |

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER INC 84 - 0510404Identification 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 Part III organizations treated as a partnership during the tax year. (b) (d) (i) (j) (k) (a) (e) (f) (h) (c) (g) Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal General or Percentage Name, address, and EIN Primary activity Direct controlling Share of total Share of Code V-UBI Disproportionate domicile end-of-year assets amount in box 20 of Schedule K-1 (Form 1065) Yes No of related organization entity income ownership (state or allocations? foreian country) 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 Part IV organizations treated as a corporation or trust during the tax year.

| (a)   | (b)              | (c)                                    | (d)                          | (e)   | (f)                   | (g)                               | (h)                     | (j                                   | i)                        |
|---|------------------|--|------------------------------|---|-----------------------|-----------------------------------|-------------------------|--------------------------------------|---------------------------|
| Name, address, and EIN<br>of related organization | Primary activity | Legal domicile<br>(state or<br>foreign | Direct controlling<br>entity | Type of entity<br>(C corp, S corp,<br>or trust) | Share of total income | Share of<br>end-of-year<br>assets | Percentage<br>ownership | (i<br>Sect<br>512(b<br>contr<br>enti | b)(13)<br>rolled<br>tity? |
|   |                  | country)                               |                              |   |                       |                                   |                         | Yes                                  | No                        |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |
|   |                  |  |                              |   |                       |                                   |                         |                                      |                           |

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

| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |    | Yes | No |  |
|--|----|-----|----|--|
| 1 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?                          |    |     |    |  |
| a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity  |    |     |    |  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | 1b |     | Х  |  |
| c Gift, grant, or capital contribution from related organization(s)  | 1c | X   |    |  |
| d Loans or loan guarantees to or for related organization(s)   |    |     | Х  |  |
| e Loans or loan guarantees by related organization(s)  |    |     | Х  |  |
|  |    |     |    |  |
| f Dividends from related organization(s)   | 1f |     | х  |  |
| g Sale of assets to related organization(s)  | 1g |     | Х  |  |
| h Purchase of assets from related organization(s)  |    |     | Х  |  |
| i Exchange of assets with related organization(s)  | 1i |     | Х  |  |
| j Lease of facilities, equipment, or other assets to related organization(s)   |    |     | Х  |  |
|  |    |     |    |  |
| k Lease of facilities, equipment, or other assets from related organization(s)   | 1k |     | х  |  |
| I Performance of services or membership or fundraising solicitations for related organization(s)   | 11 |     | Х  |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  | 1m |     | Х  |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |    |     | Х  |  |
| o Sharing of paid employees with related organization(s)   | 10 |     | Х  |  |
|  |    |     |    |  |
| p Reimbursement paid to related organization(s) for expenses   | 1p |     | х  |  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  |    |     | Х  |  |
|  |    |     |    |  |
| r Other transfer of cash or property to related organization(s)  | 1r |     | Х  |  |
| s Other transfer of cash or property from related organization(s)  | 1s |     | Х  |  |
| 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. |    |     |    |  |

|            | (a)<br>Name of related organization | <b>(b)</b><br>Transaction<br>type (a-s) | <b>(c)</b><br>Amount involved | (d)<br>Method of determining amount involved |
|------------|-------------------------------------|---|-------------------------------|--|
| (1)        |                                     |   |                               |  |
| <u>(2)</u> |                                     |   |                               |  |
| <u>(3)</u> |                                     |   |                               |  |
| <u>(4)</u> |                                     |   |                               |  |
| <u>(5)</u> |                                     |   |                               |  |
| (6)        |                                     |   |                               |  |

## Schedule R (Form 990) 2019 BOYS AND GIRLS CLUBS OF METRO DENVER 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.

| (a)<br>Name, address, and EIN<br>of entity | <b>(b)</b><br>Primary activity | <b>(c)</b><br>Legal domicile<br>(state or foreign<br>country) | (e)<br>Are a<br>partners<br>501(c)<br>orgs.<br>Yes | <b>(f)</b><br>Share of<br>total<br>income | <b>(g)</b><br>Share of<br>end-of-year<br>assets | (F<br>Dispr<br>tior<br>alloca | D)<br>opor-<br>ate<br>tions? | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General o<br>managing<br>partner?<br>Yes NO | <b>(k)</b><br>Percentage<br>ownership |
|--|--------------------------------|---|--|---|---|-------------------------------|------------------------------|---|--|---------------------------------------|
|  |                                |   |  |   |   | 103                           | No                           |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |
|  |                                | <u> </u>  |  |   |   |                               |                              |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |
|  |                                |   |  |   |   |                               |                              |   |  |                                       |

Schedule R (Form 990) 2019

# BOYS AND GIRLS CLUBS OF METRO DENVER INC 84-0510404 Page 5

| Part VII  | Supplemental Information |  |
|-----------|--------------------------|--|
| T art VII | Supplemental information |  |

Provide additional information for responses to questions on Schedule R. See instructions.