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132001 01-23-12

Department of the Treasury Internal Revenue Service

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

benefit trust or private foundation)

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

OMB No 1545-0047 Open to Public Inspection

A	For the	2011 calendar year, or tax year beginning ${ m SEP}~1$, ${ m 2011}$ and ending	AUG 31, 2	2012				
В	Check if applicable	BOYS & GIRLS CLOBS OF METROPOLITAN	D Employer i	dentific	cation number			
	Address change	PHOENIX FOUNDATION						
	Name change	Doing Business As	9	<u>14-2</u> 1	876537			
	Initial return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address) Room/s 2645 NORTH 24TH STREET	number 5029!	548182				
	Amende	City or town, state or country, and ZIP + 4	G Gross receipts	\$	4,476,791.			
	Application	FHOUNTX, AB 05000-1024	H(a) Is this a g	roup re				
	pending	F Name and address of principal officer: GLENN PARINE	for affiliat		Yes X No			
			85 H(b) Are all affil	iates inc	luded? Yes No			
1.	Tax-exe	mpt status: X 501(c)(3) 501(c) () ((Insert no) 4947(a)(1) or	<u>527</u> If "No," a	ttach a	list. (see instructions)			
		n: ► NONE	H(c) Group ex					
		<u> </u>	ear of formation 19	188 M	State of legal domicile AZ			
P		Summary						
Activities & Governance	1 5	Briefly describe the organization's mission or most significant activities: PROVIDE THE BOYS AND GIRLS CLUBS OF METROPOLITAN PHO	OPERATIONA ENIX.	L S	UPPORT FOR			
ř	2 (Check this box 🕨 🔲 if the organization discontinued its operations or disposed of n	nore than 25% of its	ı net aş	sets.			
ŏ	3 1	lumber of voting members of the governing body (Part VI, line 1a)		3	9			
<u>ග</u> න්	4 1	lumber of independent voting members of the governing body (Part VI, line 1b)		4	8			
es	5 T	otal number of individuals employed in calendar year 2011 (Part V, line 2a)		5	0			
ΞΞ	6 7	otal number of volunteers (estimate if necessary)		6	27			
Act	7a 7	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.			
_	1 d	let unrelated business taxable income from Form 990-T, line 34		7b	0.			
			Prior Year		Current Year			
Revenue	8 (Contributions and grants (Part VIII, line 1h)	49,8		94,346.			
	1	Program service revenue (Part VIII, line 2g)	0.	0.				
ě		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	220.	176,698.				
_		other revenue (Part VIII, column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)	215 (0.	0.			
		otal revenue add lines 8 through I (must equal Part VIII, column (A), line 12)	317,0		271,044.			
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	373,1		393,417.			
		Benefits paid to or for members (Partylx3collinn) (A), line 4)	22.2	0.	0.			
es	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,3		32,882.			
Expenses	16a F	Professional fundraising fees (Part-IX, column (A), line 11e)		0.	0.			
Ϋ́	b]	otal fundraising expenses (Part (X) column (D) line 25) 2,000.	70	00	67 004			
S	17	Other expenses (Part X, column-(A), lines 11a-11d, 11f-24e)	70,3 466,8		67,094.			
\bigcirc	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<149,8		493,393. > <222,349.>			
Net Assetslor	19 F	Revenue less expenses. Subtract line 18 from line 12						
tslo		7. I (D V. / 40)	Beginning of Current 7,457,3		End of Year 7,444,010.			
SS	20	otal assets (Part X, line 16)	407,3		412,165.			
Jet.	21 7	otal liabilities (Part X, line 26)	7,049,9		7,031,845.			
10	22 Mart II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1104513	000	770317043.			
		ties of perjury) declare that I have examined this return, including accompanying schedules and sta	tements and to the h	act of my	knowledge and helief it is			
, C		, and complete Declaration of preparer (other than officer) is based on all information of which prep			A knowledge and belief, it is			
(tiue	, correct	, and configure internation of preparer (other than officer) is based on an information of which prep	x 14	700	13			
్త ΞSig	_	Signature of officer	Date	 ''- 				
ے ک He		, PETER C. GUYLD, CHAIRMAN						
пе		Type or print name and title						
Pai	d i	Print/Type preparer's name AMY A. O'LOUGHLIN Preparer's signature AMY A. O'LOUGHLIN	12-11-12	if self-employe				
	- F	Firm's name CBIZ MHM, LLC	Firm's		34-1884125			
		Firm's address 3101 N. CENTRAL AVE., STE. 300	1 111113	-114				
J36	· ····y	PHOENIX, AZ 85012	Phone	nn 6	02-264-6835			
Ma	v the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No			

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

Form 990 (2011) Part IV Checklist of Required Schedules

94-2876	537	P	age 3
		Yes	No
	1	X	
	2	Х	
lidates for			
	3_		<u>X</u>
ction in effect			Х
sments, or	4		
Silients, Oi	5		X
ne right to			
dule D, Part I	6		X
	7		X
mplete			
	8		Χ_
provide			Х
Part IV , permanent	9		Λ.
, permanent	10	х	
III, IX, or X			
chedule D,			
	11a		X
s total			v
a tatal	11b		Х
s total	11c		Х
orted in			
	11d		X
•	11e		X
esses			
rt X	11f	Х	
te		х	
	12a	Λ	
ptional .	12b		Х
	13		X
	14a		X
business,			
\$100,000			
	14b		<u>X</u>
zation	4.5		Х
ndıvıduals	15		Λ
IUIVIUUAIS	16		X
t IX,			
	17		X
VIII, lines			
	18		Х

			163	140
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		17	
	If "Yes," complete Schedule A	1	<u>X</u>	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	_	<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Λ.
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
0	Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
9	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 temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	-	<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	4-		Х
40	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	16		X
47	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		Х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-17		
18	to and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	_10		
13	complete Schedule G, Part III	19		х
202	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		- <u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
	ii 165 to line 204, die trie organization actaon a copy of its addited finalicial statements to this feturit		~~~	

Form 990 (2011)

PHOENIX FOUNDATION

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	ĺ		
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) 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
ь	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	1	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
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		X
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		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	i	X
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 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
			~~~	

PHOENIX FOUNDATION
egarding Other IRS Filings and Tax Compliance

1. OI	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		.00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			
C	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return  2a  0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		_
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:		1	
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
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?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v
	any contributions that were not tax deductible?	6a		Х
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		Х
	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?  If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
С	to file Form 8282?	7c		Х
d	If "Yes," Indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	.7h		ļ.,
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ. <del></del> .	<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a_		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12.  Gross receipts included on Form 990, Part VIII, line 12, for public use of club facilities.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:			
11	Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against			
U	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the	[		1
	organization is licensed to issue qualified health plans			Ī
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	990	(2011)

Form 990 (2011) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			
		<b></b>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9	:	
•	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X_
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	l	Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests Information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	<u></u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done .	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	ļ
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1		
а	The organization's CEO, Executive Director, or top management official	15a		X
þ	Other officers or key employees of the organization	15b	ļ	<u> X</u>
	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 arrangement with a			1
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			Ī
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoons$	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	) avaılat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	ınd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	ation.		
	DALE WANEK - 602-954-8182	_		
	2645 N 24TH STREET, PHOENIX, AZ 85008-1824			

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

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

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

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

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

Check this box if neither the organization					nper	nsat	ľ	ł			
<b>(A)</b> Name and Title	(B) Average	(C) Position				1		( <b>D)</b> Reportable	(E) Reportable	(F) Estimated	
нате ало ние	hours per	(do	(do not check box, unless pe			than 4	one h an	compensation	compensation	amount of	
	week	offic	er an	dad	irecto	or/trus	tee)	from	from related	other	
	(describe	ector						the	organizations	compensation	
	hours for	or dir	R			gted		organization	(W-2/1099-MISC)	from the	
	related organizations	trustee or director	fast		8	npens		(W-2/1099-MISC)		organization and related	
	in Schedule	dual tr	Institutional trustee	_	Key emptoyee	st cor	<u></u>			organizations	
	O)	Individual	Instit	Отвоел	Keye	Highest compensated employee	Forms				
(1) BOB BURGESS										•	
TRUSTEE	2.00	X						0.	0.	0.	
(2) PETER GUILD	2 00	٠,,		,,					_	^	
VICE CHAIR	2.00	X	_	X				0.	0.	0.	
(3) GLENN PAHNKE	10.00	v		J.				0.	0.	^	
CHAIRMAN	10.00	Х		X		$\vdash$	<u></u>	· · · · · ·	·	0.	
(4) AMY GIBBONS	2.00	v						0.	199,652.	18,001.	
TRUSTEE	2.00	Λ	-			╁	-		199,032.	10,001	
(5) WAYNE ALLCOTT TRUSTEE	2.00	Х						0.	0.	0.	
(6) JOHN KEANE	2.00	71			-	<b> </b>		-	•		
TRUSTEE	2.00	x	İ					0.	0.	0.	
(7) GEORGE JACKSON			-	$\vdash$							
SECRETARY/TREASURER	2.00	X		x				0.	0.	0.	
(8) JIM ORDERS											
TRUSTEE	2.00	Х	l					0.	0.	0.	
(9) KIMBERLY MCWATERS											
TRUSTEE	2.00	X						0.	0.	0.	
		-	_	-	-	_					
<del></del>		-				1		-			
						<u> </u>					
				-	-	$\vdash$	-	-			
		<u> </u>		_		<u> </u>					
					1	<del> </del>					
			-	-	$\vdash$	$\vdash$	_				
	<u> </u>		<u>.                                    </u>		_			<del></del>	<u> </u>	Form <b>990</b> (2011)	

PHOENIX FOUNDATION

Part VII Section	n A. Officers, Directors, Tru		mple	oyee			High	est		l	1			
N:	(A) ame and title	(B) Average			Pos				( <b>D)</b> Reportable	(E) Reportable		(F) Estimated		
		hours per	box	not c	ss pe	rson	ıs bol	h an	compensation	compensatio			ount	
		week	-	icer ar	nd a d	lirecto	or/trus	itee)	from	from related	1		other	
		(describe hours for	director					ł	the organization	organization:			pensa om th	
		related g	80.	stee		1	nsate	1	(W-2/1099-MISC)	(W-2/1099-MISC)	,,,		anizat	
		organizations	al frust	멸되		ag S	omo:					_	d relat	
		in Schedule O)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	omer				orga	ınizatı	ons
			=			×	<u> </u>	_						
								_						
												u		
												<u> </u>		
	<del> </del>					-								
				-										
												_		
1b Sub-total		<u> </u>	<u> </u>						0.	199,65	52.	1:	8,0	01.
	ontinuation sheets to Part VI	I, Section A					•		0.		0.			0.
	nes 1b and 1c)	•					<b>&gt;</b>		0.	199,65	52.	18	8,0	01.
	of individuals (including but n	ot limited to th	nose	liste	ed al	bove	e) wl	no re	eceived more than \$100	,000 of reportabl	е			0
compensatio	n from the organization								<del></del>				Yes	No
_	nization list any <b>former</b> officer, es," c <i>omplete Schedule J for</i> s			e, ke	ey er	nplo	yee	, or	highest compensated e	mployee on		3	1	Х
	dual listed on line 1a, is the su			amo	ensa	atior	n and	d ot	her compensation from	the organization		-		•••
-	rganizations greater than \$15											4	X	
	on listed on line 1a receive or a							elat	ed organization or indivi	dual for services		_		v
	he organization? <i>If</i> "Yes," com endent Contractors	plete Schedul	<u>e J 1</u>	for s	<u>uch</u>	per	son				I	5		<u> </u>
1 Complete this	s table for your five highest co	=									pensa	ation f	rom	
tho organizat	(A)	the outerious y	<u> </u>	01101	119 7	*****	<u> </u>		(B)			(C		
	Name and business	address	N	INC	Ε			_	Description of s	services	C	omper	nsatio	n 
						-					-		_	
									-					
	<del> </del>								· <del>-</del> · · · · ·			_		
	r of independent contractors (		not li	mite	d to		se li	stec	d above) who received m	nore than		<del>-</del>		
Φ100,000 010	compensation from the organi	ZatiOil										Form 9	990 (	2011)

PHOENIX FOUNDATION

Fe	it ali	Statement of Rever	lue		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve 1f	94,346.	94,346.			
	n 2 a b			Business Code	94,340.			
Program Service Revenue	c d e f	<del></del>						
•	9 3 4	Total. Add lines 2a-2f Investment income (including other similar amounts) Income from investment of ta	dıvıdends, intere	. •	240,610.			240,610.
	b	Royalties  Gross rents Less: rental expenses	(i) Real	(ii) Personal				
	d 7 a	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory	(i) Securities 4,141,835.	(ii) Other				
	С	Less: cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	4,205,747.	<b>&gt;</b>	`<63 <b>,</b> 912.	>		<63,912.
Other Revenue			of 1c). See		`			
8	с 9 а	Less: direct expenses  Net income or (loss) from fund  Gross income from gaming ac  Part IV, line 19	ctivities. See	•				
	c 10 a	Less: direct expenses  Net income or (loss) from gam  Gross sales of inventory, less and allowances  Less: cost of goods sold		. •				,
		Net income or (loss) from sale Miscellaneous Revenu	le	Business Code			_	
	c d e	All other revenue  Total. Add lines 11a-11d		•	271,044.	0.		176 600
13200 01-23	12 19 -12	Total revenue. See instructions.			2/1,044.	U.	0.	176,698. Form <b>990</b> (2011)

### 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) but are not required to complete columns (B), (C), and (D).

	Check if Schedule O contains a response to include amounts reported on lines 6b; 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and			gonora expenses	5.45011003
	organizations in the United States See Part IV, line 21	393,417.	393,417.		
	Grants and other assistance to individuals in			lister, iliano, il	· · · · · · · · · · · · · · · · · · ·
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				<u></u>
	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20.000		20.000	
	Other salaries and wages	32,882.		32,882.	
	Pension plan accruals and contributions (include				
	section 401(k) and section 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
	Fees for services (non-employees):				
	Management				
	Legal	12,358.	2,000.	8,358.	2,000
	Accounting	12,330.	2,000.	0,330.	2,000
	Lobbying .				
e	Professional fundraising services. See Part IV, line 17	13,249.		13,249.	<del> </del>
T	Investment management fees	13,247.		13,243.	
_	Other				
	Advertising and promotion  Office expenses				
	Information technology				
	Royalties				
	Occupancy	1,213.		1,213.	
	Travel				<del></del>
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,440.		2,440.	
20	Interest	-			
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization				
23	Insurance	26,776.		26,776.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)			7.500	
а	COMMISSIONS AND TRADING	7,583.		7,583.	
b	PRINTING AND PUBLICATIO	1,157.		1,157.	
С	EQUIPMENT AND MAINTENAN	973.	-	973.	
d	TELEPHONE	838.		838.	
	All other expenses	507.	205 417	507.	2 000
	Total functional expenses. Add lines 1 through 24e	493,393.	395,417.	95,976.	2,000
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here If following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sheet			
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	62,190.	2	59,218.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key		1	
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	·
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)	-	6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other		1	
		basis. Complete Part VI of Schedule D . 10a	_		
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	7,110,849.	11	6,855,705.
	12	Investments - other securities. See Part IV, line 11	159,807.	12	349,577.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	124,456.	15	179,510.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,457,302.	16	7,444,010.
	17	Accounts payable and accrued expenses	34,205.	17	18,748.
	18	Grants payable	373,108.	18	393,417.
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ja j		highest compensated employees, and disqualified persons. Complete Part II		#	
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	407,313.	25	412,165.
	26	Total liabilities. Add lines 17 through 25	407,313.	26	412,103.
		Organizations that follow SFAS 117, check here   X and complete			
ces		lines 27 through 29, and lines 33 and 34.	4,067,412.		4,038,769.
<u>lan</u>	27	Unrestricted net assets	22,319.	27	14,676.
æ	28	Temporarily restricted net assets	2,960,258.	28 29	2,978,400.
ב	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check here	2/300/230.	29	2/3/0/400.
Ē					
Š		complete lines 30 through 34.		20	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30 31	<del></del>
t As	31	Paid-in or capital surplus, or land, building, or equipment fund			
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	7,049,989.	32	7,031,845.
-	33	Total net assets or fund balances	7,457,302.	33 34	7,444,010.
	34	Total liabilities and net assets/fund balances	1,731,302.	34	7,444,010.

<u> Form</u>	1990 (2011) PROENTA FOUNDATION	34-207	0337	<u>Рас</u>	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		<u>-</u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>44.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	_2			93.
3	Revenue less expenses. Subtract line 2 from line 1	3	<22		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,04		
5	Other changes in net assets or fund balances (explain in Schedule O)	5			<u>05.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,03	<u>1,8</u>	<u>45.</u>
Par	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				Ш.
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			. 1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.		. 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>X</u>	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.		. 1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a			
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis			. 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Audıt			
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	1	. 1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3ь	. 1	

# SCHEDULE A (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

2011

OMB No 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Employer identification number 94-2876537

Tall:	neason	for Public Charl	ty Status (All organiz	ations mu	st complet	e ms part	.) See ins	tructions.		
The organi	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check	only one b	ox.)			
1 🗀	A church, cor	nvention of churches	, or association of churc	ches desci	nbed in se	ction 170	(b)(1)(A)(i)			
2	A school des	cribed in section 170	<b>0(b)(1)(A)(ii).</b> (Attach Sc	hedule E.)						
з 🔲	A hospital or	a cooperative hospit	al service organization o	described i	n section	170(b)(1)(	(A)(iii).			
4 🔲	A medical res	earch organization o	perated in conjunction	with a hos	pital desci	nbed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter t	he hospital's name,
	city, and state									
5	• •		penefit of a college or un	niversity ov	vned or op	perated by	a governi	nental uni	t describe	ed in
• —	•	(b)(1)(A)(iv). (Comple	~	•	•	•	•			
6			ent or governmental unit	described	l in sectio	n 170(b)(1	)(A)(v).			
7 🗂			eives a substantial part					r from the	general i	oublic described in
	-	b)(1)(A)(vi). (Complet	•	or its capp		90.0			54	
8 🔲	-		ection 170(b)(1)(A)(vi). (	Complete.	Part II.)					
9 🗔	-		eives: (1) more than 33 1			rom contri	butions m	nembershu	n fees, ar	nd gross receipts from
• —			ctions - subject to certa							
			xable income (less sect							
		509(a)(2). (Complete			,,	011100000	.04000 0	, alo olga	· · · · · · · · · · · · · · · · · · ·	
10			erated exclusively to tes	st for publi	c safety. S	See sectio	n 509(a)(4	I).		
11 🗓	-		erated exclusively for th						out the	numoses of one or
	_		tions described in section							
							.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-/(-/: 0	
	describes the type of supporting organization and complete lines 11e through 11h.  a Type I b Type II c Type III · Functionally integrated d X Type III · Other									
e X			t the organization is not			•	_	r more disc		• •
ليني ۵		_	nan one or more publicly							
f			en determination from t						,(α)(1) O1 .	section oostajtzj.
•	•	ganization, check th		110 1110 1116	шизату	pe i, Type	ii, oi Type	7 111		
_		-	rganization accepted an	walft or co	Satabution	from any	of the follo	owing per	eone?	
9	-		rectly controls, either al							Yes No
	•	-		one or tog	ettiet with	persons u	iescribed i	ii (ii) ailo (i	ii) DelOw,	11g(i) X
	•		pported organization? described in (i) above?						•	11g(i) X
		•	**		.2			•	•	11g(ii) X
			person described in (i) o					•	-	119(11) 22
h	Provide the id	ollowing information	about the supported or	yanızanonı	(5).					
		,,,, <u></u>	(lii) Type of	Viv) Is the o	rnanization	(v) Did you	i notify the	(vi) Is	the T	(vii) A
	of supported	(ii) EIN	organization		sted in your			l organizátio	n in col l	(vii) Amount of
orga	inization		(described on lines 1-9	governing				(I) organiz	ea in ine   ?	support
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No	
BGC M	ETRO		(000 11101120110110))	100		1.00		1.00		
PHX		86-0107639	7	x		x		x		393,417.
THA		00-010/039	· · · · · · · · · · · · · · · · · · ·					<del>  ^</del> -		373/41/•
				<del>                                     </del>					<del>                                     </del>	
				1						
	<del></del>		- · · · · · · · · · · · · · · · · · · ·	-				<del>                                     </del>		
							•			

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

Schedule A (Form 990 or 990-EZ) 2011

393,417.

### Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (c) 2009 (e) 2011 (f) Total (a) 2007 **(b)** 2008 (d) 2010 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization'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 4 Total. Add lines 1 through 3 5 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, column (f) 6 Public support. Subtract line 5 from line 4

Cale	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total_
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, 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 IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions) .			12	
42	First five years If the Form 000 is for	the organization	e firet eacond thi	rd fourth or fifth t	av voar as a secti	on 501(c)(3)	

12	Gross receipts from related activities, etc. (see instructions)	12			_
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a sectio	n 501	(c)(3)		
	organization, check this box and stop here				
Se	ction C. Computation of Public Support Percentage				_
14	Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	<u>.                                    </u>	9	6
15	Public support percentage from 2010 Schedule A, Part II, line 14	15		9	6
16a	33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or n stop here. The organization qualifies as a publicly supported organization	nore, c	check this box and	<b>▶</b> □	
t	33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% and stop here. The organization qualifies as a publicly supported organization	or m	ore, check this box	▶□	
17a	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Page and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Page 2.				1
t	meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain			▶Ш	
18	organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization for the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	anızatı	on .	<b>▶</b> □	
			A (Form 990 or 990-E	Z) 2011	1

Section B. Total Support

# Schedule A (Form 990 or 990-EZ) 2011 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to
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16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 9	Se	ction A. Public Support	<u></u>					
membership feer received (Do not include any "unusual grants.")  2 Gross receipts from admissions, memorabandise acid or services performed, or facilities furnished in any activity that is related to the organization's tex-exampl purpose of Gross receipts from admissions and the performance and any activity that is related to the organization's tex-exampl purpose of Gross receipts from activates that are not an unrelated trade or business under section 513  4 Tax revenues levide for the organization's benefits and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefits and either paid to or expended on its behalf  6 Total. Add lines 1 through 5  7 Amounts included on himse 1, 2, and 3 received from disqualified persons be accessed to general visible of the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support (approximation) and the persons that second to general visible support tests - 2011	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
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Section C. Computation of Public Support Percentage  15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								▶□
Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))  15  Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2010 Schedule A, Part III, line 13, column (f)  Investment income percentage from 2010 Schedule A, Part III, line 15  Investment income percentage from 2010 Schedule A, Part III, line 15  Investment income percentage from 2010 Schedule A, Part III, line 15  Investment income percentage from	Se		ic Support Pe	ercentage				
Public support percentage from 2010 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment income percentage from 2010 Schedule A, Part III, line 17  Investment					column (f))		15	%
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions							16	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	Se	ction D. Computation of Inve	stment Incom	e Percentage				·
19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	17	Investment income percentage for 20	<b>)11</b> (line 10c, colur	mn (f) dıvıded by lı	ne 13, column (f))		17	
more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	18	Investment income percentage from	2010 Schedule A,	Part III, line 17			18	%
b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	19		_					e 17 is not
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								▶∟
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								
								on P
	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			. <b>P</b>

# (Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN PHOENTY FOUNDATION

Employer identification number 94-2876537

		PHOENIX FOUNDATION		040-1	1		2010	
Par		ations Maintaining Donor Advised		Otner Similar Fund	os or Ac	counts	. Complete if	tne
	organizatio	on answered "Yes" to Form 990, Part IV, line		and advisor of five of -		1 Eusster	and other secs	unto.
		]-	(a) Do	nor advised funds	(E	) Funds a	ind other acco	unts
1	Total number at e				<u> </u>			
2	Aggregate contrib	outions to (during year)		<del></del>	ļ			
3	Aggregate grants	from (during year)			1			
4	Aggregate value a							
5		on inform all donors and donor advisors in w			vised fund	is		
		on's property, subject to the organization's $\epsilon$					└── Yes	L No
6		on inform all grantees, donors, and donor ac						
	for charitable pur	poses and not for the benefit of the donor or	r donor adviso	or, or for any other purpos	se conferr	ing		
	ımpermissible priv		<u>.</u>	<del> </del>			Yes	<u>No</u>
Par	11111111111111	vation Easements. Complete if the org			, Part IV, I	ine 7.		
1	Purpose(s) of con	servation easements held by the organization	on (check all t					
	Preservatio	n of land for public use (e.g., recreation or ed	ducation)	Preservation of an I	nistorically	/ Importan	nt land area	
	Protection	of natural habitat		Preservation of a ce	ertified his	tone struc	cture	
		n of open space						
2	Complete lines 2a	a through 2d if the organization held a qualifi	ied conservati	on contribution in the fori	m of a cor	nservation	easement on	the last
	day of the tax yea	ar.			_			
						Held	d at the End of t	he Tax Year
а	Total number of o	onservation easements			_	2a		
b	Total acreage res	tricted by conservation easements		•	-	2b		
C		rvation easements on a certified historic stru				2c		
d	Number of conse	rvation easements included in (c) acquired a	after 8/17/06,	and not on a historic stru	cture			
	listed in the Natio		•	•	L	2d		
3	Number of conse	rvation easements modified, transferred, rele	eased, exting	uished, or terminated by t	he organı	zation dur	ing the tax	
	year ►							
4		where property subject to conservation eas			_			
5	-	ation have a written policy regarding the peri		ng, inspection, handling o	of			
		forcement of the conservation easements it					Yes	L No
6		er hours devoted to monitoring, inspecting,					-	
7		ses incurred in monitoring, inspecting, and e						<del></del>
8	Does each conse	rvation easement reported on line 2(d) above	e satisfy the r	equirements of section 17	70(h)(4)(B)	)(I)		
	and section 170()		-				Yes	L No
9		the how the organization reports conservation						
	include, if applica	ble, the text of the footnote to the organizat	tion's financial	statements that describe	es the org	anization's	s accounting f	or
	conservation eas			·	<u> </u>			
Pa		ations Maintaining Collections of			Otner S	imilar A	Assets.	
		if the organization answered "Yes" to Form					<u> </u>	
1a	•	n elected, as permitted under SFAS 116 (AS		•				
		es, or other similar assets held for public exh			rance of p	oublic serv	vice, provide, i	n Part XIV,
		otnote to its financial statements that describ						
b	•	n elected, as permitted under SFAS 116 (AS						
	treasures, or other	er similar assets held for public exhibition, ec	ducation, or re	search in furtherance of p	public ser	vice, provi	ide the followi	ng amounts
	relating to these							
	(i) Revenues inc	cluded in Form 990, Part VIII, line 1				▶ \$_		
		led in Form 990, Part X					_	
2	If the organization	n received or held works of art, historical trea	asures, or oth	er sımılar assets for financ	cial gain, p	orovide		
	the following amo	ounts required to be reported under SFAS 1	16 (ASC 958)	relating to these items:				
a	Revenues include	ed in Form 990, Part Vill, line 1				<b>▶</b> \$_		
b	Assets included i	n Form 990, Part X				<b>&gt;</b> \$ _		

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

Schedule D (Form 990) 2011

Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, or Oti	ner S	Simil	ar Asse	ts (conti	nued)	)
3	Using the organization's acquisition, accessi						-			
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organization's ex	empt	purpo	se in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	sures, or other simil	ar ass	sets		_		_
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?				Yes		No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	n answered "Yes" t	o For	m 990 	, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other assets no	ot incl	luded	_	٦.,		3
	on Form 990, Part X?						_	_ Yes		J No
D	If "Yes," explain the arrangement in Part XIV	and complete the for	llowing table:		ſ					
	Decrease halassa				-	4.		Amount		
0	Beginning balance					1c				
	Additions during the year	•		•	٠	1d				
	Distributions during the year .	•		• ••	-	1e 1f				
f 22	Ending balance  Did the organization include an amount on Fe	orm 000 Port Y line	212	•	L			Yes		No
	If "Yes," explain the arrangement in Part XIV.		211					7 162		JINO
Par			swered "Yes" to For	rm 990. Part IV. line	10.		<del>- · · · </del>			
<u> </u>	.,	(a) Current year	(b) Prior year	(c) Two years back	1	Three v	ears back	(e) Four	vears	hack
1a	Beginning of year balance	2,982,577.	2,858,121.	2,587,032			93,076.	(C) i cui	<u> </u>	<u> </u>
	Contributions	18,142.	32,032.	11,550	1		23,600.			
	Net investment earnings, gains, and losses	160,447.	196,864.	259 539	+-		29,644.			
	Grants or scholarships				1		, , , , , , ,	1,11,	****	
	Other expenditures for facilities				1				~~~~	
•	and programs	168,090.	104,440.							
f	Administrative expenses	, ,			İ				~~~~	
	End of year balance	2,993,076,	2,982,577.	2,858,121.		2,5	87,032.	1 1111111111111111111111111111111111111	*******	
2	Provide the estimated percentage of the curr	rent year end balance								************
а	Board designated or quasi-endowment	•	%	,,						
	Permanent endowment ▶ 99.51	%	<del>-</del>							
С	Temporarily restricted endowment ▶	<u>.4</u> 9 %								
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.								
3a	Are there endowment funds not in the posse		ation that are held a	nd administered for	the o	rganiz	ation			
	by:							[	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations					-		3a(ii)		X
ь	if "Yes" to 3a(ii), are the related organizations	s listed as required o	n Schedule R?					3ь		
4	Describe in Part XIV the intended uses of the	organization's endo	wment funds.							
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or of basis (investing	1 ' '			mulate ation	d	(d) Book	value	9
1a	Land									
b	Buildings									
С	Leasehold improvements				_					
	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	0(c) )			<b></b>			0.

Schedule D (Form 990) 2011

PHOENTY	FC	TIMIT	ጉልጥ	TON

Part VII Investments - Other Securities. Se	ee Form 990, Part X, line	12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Me	thod of valuation: d-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		-	
(B)	<u> </u>		
(C)			
(E)		-	
(F)	-	<del>-</del>	
(G)			
(H)			
(l)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12 ) ► Part VIII Investments - Program Related. S	See Form 990. Part X. line	13.	
	(b) Book value	(c) Me	thod of valuation:
(a) Description of investment type	(b) Book value	Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5) (6)	<del> </del>		
(7)			
(8)			
(9)			
(10)			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13 )	<u> </u>		
Dart IY Other Accete Cas Care 000 Dart V has	. 45		
Part IX Other Assets. See Form 990, Part X, line			(h) Pook value
(a)	Description		(b) Book value
(a)			(b) Book value
(a) (1) (2)			(b) Book value
(a) (1) (2) (3)			(b) Book value
(a) (1) (2) (3) (4)			(b) Book value
(a) (1) (2) (3)			(b) Book value
(a) (1) (2) (3) (4) (5)			(b) Book value
(a) (1) (2) (3) (4) (5)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,	Description	(b) Book value	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability	Description	(b) Book value	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lin  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes	Description	(b) Book value	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes  (2)	Description	(b) Book value	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	(b) Book value	(b) Book value
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) line  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description	(b) Book value	<b>&gt;</b>
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description	(b) Book value	<b>&gt;</b>
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	Description	(b) Book value	<b>&gt;</b>
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	Description	(b) Book value	<b>&gt;</b>
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	Description  Pe 15.) , line 25.		<b>&gt;</b>
(a)  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lim  Part X Other Liabilities. See Form 990, Part X,  1. (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)	Description  Pe 15.) , line 25.		<b>&gt;</b>
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Column (b) must equal Form 990, Part X, col (B) lime Part X Other Liabilities. See Form 990, Part X,  (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9) (10)	Description  Pe 15.) , line 25.		<b>&gt;</b>

# SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Open to Public OMB No 1545-0047 2011

**% Employer identification number** 94-2876537 Inspection (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient traces of organization (b) EIN (c) IRC section or government (c) EIN (d) EIN (e) IRC section or government (e) EIN (f) EI Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection 。 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. 393,417 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table OF METROPOLITAN 501(C)(3) BOYS & GIRLS CLUBS PHOENIX FOUNDATION 86-0107639 General Information on Grants and Assistance criteria used to award the grants or assistance? BOYS & GIRLS CLUBS OF METROPOLITAN 1 (a) Name and address of organization PHOENIX - 2645 NORTH 24TH STREET Name of the organization PHOENIX, AZ 85008 Parti Part II

Schedule I (Form 990) (2011)

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

Page 2

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. PHOENIX FOUNDATION Schedule I (Form 990) (2011)

Part III

(f) Description of non-cash assistance -(book, FMV, appraisal, other) THE BOYS AND GIRLS CLUB OF METRO Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. FOUNDATION'S GRANTS ARE SPENT. GRANTEE MONTHLY FINANCIAL STATEMENTS ARE PHOENIX ATTEND THE FOUNDATION'S BOARD MEETINGS AND REPORTS HOW THE (d) Amount of non-cash assistance ALSO MONITORED FOR COMPLIANCE WITH GRANT PROVISIONS. (c) Amount of cash grant (b) Number of 2: MANAGEMENT OF recipients (a) Type of grant or assistance LINE PART I, SCHEDULE I,

# SCHEDULE J (Form 990)

### **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Employer identification number 94-2876537

OMB No 1545-0047

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,		,	
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			ĺ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence		-	Ė
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
				ĺ
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
			-	Ė
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			Ė
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			ĺ
	establish compensation of the CEO/Executive Director. Explain in Part III.			ĺ
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			ĺ
	Form 990 of other organizations  Approval by the board or compensation committee		1	Ė
				Ė
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			Ė
	organization or a related organization:		1	i
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		;	Ė
	Outros din 504/3/0) and 504/3/4) and similar annual control for 5.0			É
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		-	Ė
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			Ė
_	contingent on the revenues of:	5a		Х
	The organization?	5a 5b		X
D	Any related organization?	30		
	If "Yes" to line 5a or 5b, describe in Part III.			Ĺ
6			-	Ė
_	contingent on the net earnings of:	6a		Х
	The organization?			X
D	Any related organization?	6b		
7				Í
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		х
ρ		<del>- '-  </del>		
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			Х
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	,		l

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Schedule J (Form 990) 2011

94-2876537

Schedule J (Form 990) 2011

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	0		(E)	(3)
<b>(A)</b> Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported as deferred in prior Form 990
	[6	0	0	0	0	0	0	0
1 AMY GIBBONS	<u> </u>	186,48	7,13	6,032.	9,983.	8,018.	217,653.	
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e	€							
	Ξ							
4	Ξ							
	€							
S	€							
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9	€							
	€							
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13	⊕							
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	Ξ							
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Schedule J (Form 990) 2011

# SCHEDULE O (Form 990 or 990-EZ)

### 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.

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Employer identification number 94-2876537

FORM 990, PART VI, SECTION A, LINE 3: THE BOYS AND GIRLS CLUB OF METRO

PHOENIX PROVIDES MANAGEMENT AND ADMINISTRATIVE SERVICES TO THE FOUNDATION.

THE FOUNDATION REIMBURSES THE CLUB FOR THESE SERVICES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE BOARD OF TRUSTEES BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY
COVERS OFFICERS, DIRECTORS, MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED
POWERS, AND VOLUNTEERS. IF A COVERED PERSON HAS AN ACTUAL OR POSSIBLE
CONFLICT OF INTEREST, HE OR SHE MUST DISCLOSE THE EXISTENCE AND NATURE OF
HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES
WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR
ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST, THE INTERESTED
PERSON MUST LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL
INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE
MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. ANNUALLY, THE
CONFLICT OF INTEREST POLICY IS REVIEWED BY THE TRUSTEES AND ALL TRUSTEES
COMPLETE A CONFLICT OF INTEREST STATEMENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ARTICLES OF INCORPORATION,

BYLAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE

TO THE PUBLIC BY REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 01-23-12

Schedule O (Form 990 or 990-EZ) (2011)

Name of the organization BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION	Employer identification number 94-2876537
NET UNREALIZED GAINS ON INVESTMENTS:	204,205.
	· · · · · · · · · · · · · · · · · · ·
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(g) Section 512(b)(13) controlled ٠ N Employer identification number 94–2876537 Open to Public Inspection OMB No 1545-0047 × entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Direct controlling 10,126,736.BGC METRO entity End-of-year assets N/A e status (if section Public charity 501(c)(3)) LINE 7 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. 624,744. Total income Exempt Code ਉ section 501(C)(3) ত্র Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) ARIZONA ARIZONA BOYS & GIRLS CLUBS OF METROPOLITAN Primary activity Primary activity CONSTRUCTION YOUTH DEV. PHOENIX FOUNDATION 86-0107639, 2645 NORTH 24TH STREET, PHOENIX BOYS AND GIRLS CLUB OF METROPOLITAN PHX -Name, address, and EIN Name, address, and EIN BG DEVELOPMENT, LLC - 20-8293147 of related organization of disregarded entity 2645 NORTH 24TH STREET Name of the organization 82008 Department of the Treasury Internal Revenue Service PHOENIX, AZ SCHEDULE R 82008 (Form 990) Part Part : ΑZ

Schedule R (Form 990) 2011

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OF METROPOLITAN BOYS & GIRLS CLUBS PHOENIX FOUNDATION

94-2876537

Page 2

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Schedule R (Form 990) 2011 Part III

Percentage ownership Percentage Schedule R (Form 990) 2011 managing ownership Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ 3 Yes No Share of end-of-year assets <u>6</u> Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Share of total income  $\mathbf{\varepsilon}$ ate aflocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets e <u>6</u> Direct controlling entity Share of total income ত্ত Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) છ **(** 31 Primary activity Direct controlling entity ত্ত (c)
Legal
domicile
(state or
foreign Primary activity Ð Name, address, and EIN of related organization Name, address, and EIN of related organization Œ 132162 01-23-12 Part IV

# BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Page 3

94-2876537

Schedule R (Form 990) 2011

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

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?	ons with one or more re	lated organizations listed	In Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	_			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				16	×	
c Gift, grant, or capital contribution from related organization(s)				2		×
				7		×
				2 4	<b>&gt;</b>	
<ul> <li>Loans or loan guarantees by related organization(s)</li> </ul>				9	<	
				•••		•••
f Sale of assets to related organization(s)				#		×
a Purchase of assets from related organization(s)				19		×
				÷		×
_				: :		<b> </b> >
i Lease of facilities, equipment, or other assets to related organization(s)				=		4
						<b>,</b>
<ul> <li>Lease of facilities, equipment, or other assets from related organization(s)</li> </ul>				=		∢ :
k Performance of services or membership or fundraising solicitations for related org	related organization(s)			*		×
1 Performance of services or membership or fundraising solicitations by related organization(s)	ganization(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			=	×	
n Sharing of paid employees with related organization(s)				=	×	
<ul> <li>Reimbursement paid to related organization(s) for expenses</li> </ul>				9	×	
<ul> <li>P Reimbursement paid by related organization(s) for expenses</li> </ul>				1 _p		×
q Other transfer of cash or property to related organization(s)				5		×
r Other transfer of cash or property from related organization(s)				=		×
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.	who must complete t	ns line, including covered	relationships and transaction thresholds.	17		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1)						
S						
						!
(3)						
9						
(c)						
(9)					İ	
132183 01-23-12	32		Schedule R (Form 990) 2011	R (For	n 990	) 2011

94-2876537

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BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Schedule R (Form 990) 2011

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

(e)	(a)	(6)	(e) (p)	6	(0)	3	0	9	8
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	t income related, rom tax	િક્ક ક	Share of end-of-year assets	Dispropor- tionate allocations?	-UBI box 20 ile K-1	Seneral or managing partner?	Percentage ownership
			No sea No			ves No	(200	Yes No	
			•					_	
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Schedule R (Form 990) 2011

01-23-12

## Form **8868**

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2012)

• If yo	are filing for an Automatic 3-Month Extension	, complete only Pa	rt I and check this box			ightharpoonup
	are filing for an Additional (Not Automatic) 3-N			this form).	i	
Electr	complete Part II unless you have already been nic filing (e-file). You can electronically file Form to file Form 990-T), or an additional (not automa	n 8868 if you need a	a 3-month automatic extension of tir	ne to file (	6 months for	
of time	to file any of the forms listed in Part I or Part II w	ith the exception of	Form 8870, Information Return for	Transfers .	Associated W	/ith Certain
Persor	al Benefit Contracts, which must be sent to the I	RS in paper format	(see instructions). For more details	on the elec	ctronic filing o	of this form,
visit w	w.irs.gov/efile and click on e-file for Chanties & N	Vonprofits				
Part	Automatic 3-Month Extension	of Time. Only:	submit original (no copies	needed	)	<u>.                                    </u>
	ration required to file Form 990-T and requesting	g an automatic 6-mc	onth extension - check this box and	complete	-	
Part I d						
	r corporations (including 1120-C filers), partners/ come tax returns.	hips, REMICs, and to	rusts must use Form 7004 to reques	st an exter	nsion of time	
Type o	Name of exempt organization or other filer, s BOYS & GIRLS CLUBS OF PHOENIX FOUNDATION		ΓAN	Employe	r identification	n number (EIN) or 76537
File by the due date filing you	or Number, street, and room or suite no. If a P. 2645 NORTH 24TH STREET		tions.	Social se	curity numbe	er (SSN)
return S instruction			ress, see instructions.			
Enter t	e Return code for the return that this application	n is for (file a separa	te application for each return)			0 1
Application Return Application						Return
ls For		Code	Is For			
Form 9	90	01	Form 990-T (corporation)			07
Form 9		02	Form 1041-A			08
Form 9		01	Form 4720			09
Form 9		04	Form 5227			10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
	90-T (trust other than above)	06	Form 8870			12
	DALE WANEK	ζ				
	books are in the care of 2645 N 24T	H STREET -	_	8-182	4	
	phone No. ► 602-954-8182		FAX No. ►			. $\square$
	e organization does not have an office or place o			•		▶ □
	s is for a Group Return, enter the organization's				-	
box 🕨					ers the exter	ision is for.
1	request an automatic 3-month (6 months for a co					
-		he exempt organiza	tion return for the organization nam	ed above.	The extension	n
1	for the organization's return for:					
ļ	calendar year or	. 1	B110 21 2012			
ļ	X tax year beginning SEP 1, 201	, an	d ending AUG 31, 2012		<u> </u>	
2	the tax year entered in line 1 is for less than 12 in Change in accounting period	months, check reas	on: Initial return	Final retur	m	
	this application is for Form 990-BL, 990-PF, 990	-T, 4720, or 6069, e	nter the tentative tax, less any			0
	onrefundable credits. See instructions.	.0000		3a_	\$	0.
	this application is for Form 990-PF, 990-T, 4720				_	^
	stimated tax payments made. Include any prior y	year overpayment a		3b	\$	<u>0.</u>
_ :	Colonia di Anna Calebra del Care Oli Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Calebra del Caleb	فتنا فممستم سينوس سينوين بسال	h this farm if rancing		1	
	alance due. Subtract line 3b from line 3a. Includ y using EFTPS (Electronic Federal Tax Payment			3c	\$	0.

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