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Devartment 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)

Open to Public Inspection

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

C Name of organization Address change change change initial return Terminated Amended return C Name of organization BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION Doing Business As Number and street (or P.0. box if mail is not delivered to street address) Room/su Room/su City, town, or post office, state, and ZIP code	94-2	ntification number			
Address change Name change Initial return return return return return are and street (or P.O. box if mail is not delivered to street address) Address change PHOENIX FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/su	94-2				
Change PHOENIX FOUNDATION		876537			
Change		876537			
Termin- ared 2645 NORTH 24TH STREET Room/su	uite E Telephone num				
lated Z645 NORTH Z4TH STREET		nber			
Amended return City, town, or post office, state, and ZIP code	602-	954-8182			
	G Gross receipts \$				
Application PHOENIX AZ 85008-1824	H(a) is this a group				
F Name and address of principal officer PETER GUILD	for affiliates?				
2645 N 24TH ST PHOENIX AZ 85008-1824	H(b) Are all affiliates				
		h a list (see instructions)			
Website: ► NONE	H(c) Group exemp	•			
		M State of legal domicile: AZ			
Part I Summary					
Briefly describe the organization's mission or most significant activities. PROVIDE OPERA	ATIONAL SUPPORT FO	OR .			
THE BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX. Check this box In the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operations or disposed of monopolity in the organization discontinued its operation discontinued its operation disposed or disposed o					
2 Check this box I if the organization discontinued its operations or disposed of m	nore than 25% of its net	t assets			
3 Number of voting members of the governing body (Part VI, line 1a)	1	3			
4 Number of independent voting members of the governing body (Part VI, line 1b)	<u> -</u>	4			
Total number of individuals employed in calendar year 2012 (Part V, line 2a)	 	5			
Total number of volunteers (estimate if necessary)	_	6 3			
7 a Total unrelated business revenue from Part VIII, column (C), line 12	 -				
b Net unrelated business taxable income from Form 990-T, line 34	—				
B Not directated business taxable meetine north of the 550 Y, line 54	Prior Year	7b 0 Current Year			
8 Contributions and grants (Part VIII, line 1h)	94.34				
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
	176,69				
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e), 12 Total revenue · add lines 8 through 11 (must equal Part VIII, column (A) line 12) 13 Grants and similar amounts paid (Part IX, column (A) lines 1.3)		0. 0			
12 Total revenue - add lines 8 through 11 (must equal Part VIII, columni(A), line 12)	271,04				
13 Grants and similar amounts paid (Part IX, column (A), line 37, 3) 14 Benefits paid to or for members (Part IX, column (A), line 47, 17, 17, 17, 17, 17, 17, 17, 17, 17, 1	393,41				
	\ \ \	0. 0			
15 Salaries, other compensation, employee benefits (Part IX, Solumn (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)	32,88				
b Total fundraising expenses (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25)		0. 0			
b Total fundraising expenses (Part IX, column (D), line 25)		_			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,09	4. 58,682			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	493,39				
19 Revenue less expenses Subtract line 18 from line 12	<222,34				
DUC STATE OF THE S	Beginning of Current Yea	End of Year			
[편] 20 Total assets (Part X, line 16)	7,444,01	0. 7,299,938			
20 Total labilities (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	412,16	5. 429.742			
22 Net assets or fund balances Subtract line 21 from line 20	7,031,84	5 6 870 196			
Part II Signature Block					
nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stat		f my knowledge and belief, it is			
ue, correct, and complete. Declaration of preparer (other/than efficer) is based on all information of which preparer					
* runc. / June		14/14			
Signature of officer	Date				
ere PETER C. GUILD, CHAIRMAN					
Type or print name and title					
, I AM A AMIA A	Date Check	PTIN			
Print/Type preparer's name	4-14-14 If self-emp	ployed P00869687			
Print/Type preparer's name AMY A. O'LOUGHLIN Preparer's significant of the parer's significant of th	Seil-em,				
VIII. 17/24 40/1/	Firm's EIN	34-1884125			
eparer Firm's name CBIZ MHM, LLC		34-1884125			
reparer Firm's name CBIZ MHM, LLC	Firm's EIN				
AMY A. O'LOUGHLIN Teparer Firm's name CBIZ MHM, LLC Firm's address 3101 N. CENTRAL AVE., STE. 300	Firm's EIN	34-1884125 602-264-6835 x Yes No			

	1990 (2012) PHOENIX FOUNDATION	94-2876537	Page 2
Pa	rt ill Statement of Program Service Accomplishments		
_ <u>`</u>	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission.		
	PROVIDE OPERATIONAL SUPPORT FOR THE BOYS AND GIRLS CLUBS OF		
	METROPOLITAN PHOENIX.		
2	Did the organization undertake any significant program services during the year which were not listed on		
2	the prior Form 990 or 990-EZ?		Yes 🗓 No
	If "Yes," describe these new services on Schedule O		ics Lanto
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi	ices?	Yes 🗓 No
•	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expe	nses
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expens	ses, and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 637,238, including grants of \$ 635,238,)	(Revenue \$)
	SUPPORT FOR BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX (EIN 86-0107639)		
	USED FOR OPERATIONS AND CAPITAL EXPENDITURES		
			
		·	
			
4b	(Code) (Expenses \$ including grants of \$)	Revenue \$	<u> </u>
	(occo	(November 9	
4c	(Code) (Expenses \$ including grants of \$)	(Revenue \$)
		<u> </u>	
			
		·	
4d	Other program services (Describe in Schedule O)		
-	(Expenses \$ including grants of \$) (Revenue \$)	
4e			
		Fo	rm 990 (2012)

	1990 (2012) PHOENIX FOUNDATION 94-2876537 rt-IV Checklist of Required Schedules		P	age 3
<u>, a</u>	Officerist of required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		res	No
•	If "Yes," complete Schedule A	1	x	
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			
	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ŀ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	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, VII, VIII, IX, or X			İ
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١		
	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	445		<u></u>
_	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	444		٠,,
a	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	11c		X
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	170		
-	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 and XII	12a	x	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	_16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_ X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	_		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_ X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ــ ا		
	complete Schedule G. Part III	19		ιX

Form 990 (2012)

20a

20a $\,$ Did the organization operate one or more hospital facilities? If "Yes," complete Schedule $\,H\,$

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

94-2876537

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	х	
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			
	Schedule J	23	x .	
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		
_	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
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<u> </u>
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
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		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		<u> </u>
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		<u>x</u> _
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			000	

	990 (2012) PHOENIX FOUNDATION 94-2876537		F	age
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
`	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable)		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0]		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			ľ
	(gambling) winnings to prize winners?	1c	ļ]
2 a	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?	2b		
	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
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
b	If "Yes," enter the name of the foreign country. ▶		·	
	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		х
С	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			
	any contributions that were not tax deductible as charitable contributions?	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		1
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	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		х
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		
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		
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		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	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		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		I	
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			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans . 13b			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990 (2012

BOYS & GIRLS CLUBS OF METROPOLITAN Form 990 (2012) PHOENIX FOUNDATION 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b 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 Section 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 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 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a 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 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization 15b 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 taxable entity during the year? 16a 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 exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Another's website Lx_ Upon request Own website Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, physical address, and telephone number of the person who possesses the books and records of the organization. 20 DALE WANEK - 602-954-8182

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

1) ROBERT BURGESS RUSTEE 2) PETER GUILD HAIRMAN 3) TIGE HOFER RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS RUSTEE	(list any hours for related organizations below line) 2.00	individual trustee or director	Institutional trustee			25		the	Organizations	(F) Estimated amount of other
RUSTEE 2) PETER GUILD HAIRMAN 3) TIGE HOFER RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS		1	las l	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
2) PETER GUILD HAIRMAN 3) TIGE HOFER RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	10.00	1						· · · · · · · · · · · · · · · · · · ·		-
HAIRMAN 3) TIGE HOFER RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	10.00	х						0.	0.	0.
3) TIGE HOFER RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS										
RUSTEE 4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS		х		х				0.	0.	0
4) JOHN KEANE ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	2.00									
ECRETARY/TREASURER 5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS		х_						0.	0.	0
5) JEFF LEVINSON RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	2.00									
RUSTEE 6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS		х		Х				0.	0.	0
6) KEVIN MCHOLLAND RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	2.00	ļ								
RUSTEE 7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS		х						0.	0.	0
7) GLENN PAHNKE ICE-CHAIR 8) AMY GIBBONS	2.00									
ICE-CHAIR 8) AMY GIBBONS		Х	_					0.	0.	0
8) AMY GIBBONS	10.00									
		Х	-	Х				0.	0.	0
DITCMPP	2.00									
ROSTEE	50,00	X						0.	199,400,	15,592
9) DAVE SCIOTTO	2,00									
RUSTEE		Х		_				0.	0.	0
10) JEFF NEWMAN	2.00									
RUSTEE		Х						0.	0.	0
-										
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	<u> </u>									
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		\vdash		\vdash						
<u> </u>										

94-2876537

PHOENIX FOUNDATION

Pai	T VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	<u>ees</u>	, an	<u>d Hi</u>	ghe	st C	Compensated Employe	es (continued)				
	· (A) (B)				(C)				(D)	(E)			(F)	
	Name and title	Average	(do			nore.	than	оле	Reportable	Reportable	Э	Es	timate	ed
		hours per	box	, unle	ss pe	rson	is bot	h an	· ·	compensati			nount	of
		week (list any	\vdash	Cei ai		III ECIL	T	1	1 ""	from relate			other	
		hours for	Individual trustee or director						the	organizatioi (W-2/1099-MI			pensa	
		related	eord	eg e			sated		organization (W-2/1099-MISC)	(00-2/1099-011	30)		om th anızat	
		organizations	ruste	Institutional trustee		9	mpen		(***27 1033-141100)			•	d relat	
		below	lanp	uton	_	Key employee	sst co	₌					anızatı	
		line)	Indiv	instit.	Officer	Key e	Highest compensated employee	F				Ū		
														
			ĺ					ĺ						
										-			-	
			1								j			
											}			
	•													
			<u> </u>											
		<u> </u>	L	<u> </u>		<u> </u>								
1b	Sub-total								0.	199	400.		15	592.
С	Total from continuation sheets to Part VI	I, Section A							0,		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		<u> </u>		400.		15	592.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d al	pove	e) wh	no re	eceived more than \$100	,000 of reportab	le			
	compensation from the organization								· · · · · · · · · · · · · · · · · · ·			- Т	¥	0
_											ſ		Yes	No
3	Did the organization list any former officer,		iste	e, ke	y er	npio	yee,	or	highest compensated e	mployee on		_		
	line 1a? If "Yes," complete Schedule J for s										ŀ	3_		X
4	For any individual listed on line 1a, is the su	•							•	the organization				
-	and related organizations greater than \$150									.dal fau a a	_	4	Х	
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	•				•		eiai	ed organization or indiv	idual for Services	,	_		
Sec	tion B. Independent Contractors	piete Scrieduii	.	01.50	ICII j	pers	OH		· · · · · · · · · · · · · · · · · · ·	-		5	J	<u> </u>
1	Complete this table for your five highest co	mnensated inc	dene	nde	nt c	Ontr	acto	rs t	hat received more than	\$100 000 of cor	nnene	ation f	rom	
•	the organization Report compensation for										ponde	1011		
	(A)	ino odiomadi y	<u> </u>				<u> </u>	T	(B)	, ou.		(C	:)	
	Name and business	address	NO	NE:					Description of s	ervices	C		nsatio	n
			110						 ·					
											İ			
								1						
								T						
							_		·					
								\perp						
2	Total number of independent contractors (i	ncluding but n	ot lii	nite	d to	tho	se lis	sted	d above) who received m	ore than	}			
	\$100,000 of compensation from the organia	zation					0							

232008 12-10-12

Page 9 Form 990 (2012) PHOENIX FOUNDATION Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (B) Total revenue Related or Unrelated exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns <u>1</u>b b Membership dues c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 370 489 g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 370 489 **Business Code** Program Service 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 233,369 Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 4,612,107 b Less: cost or other basis and sales expenses 4,659,089 c Gain or (loss) d Net gain or (loss) <46,982. <46.982.> 8 a Gross income from fundraising events (not Other Revenue contributions reported on line 1c) See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue

556 876

e Total. Add lines 11a-11d Total revenue. See instructions.

94-2876537

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX (A) Total expenses (D) Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b, Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to governments and organizations in the United States, See Part IV, line 21 635,238 635,238 Grants and other assistance to individuals in the United States See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 5 trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 34,432 34,432 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (non-employees): Management Legal b Accounting 11,612 2,000 7,612 2,000. C Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 12,919 12,919 f Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13 Office expenses 641 641 Information technology 14 15 Royalties Occupancy 1,200 1,200 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,065 1,065 Interest 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 20,834 20,834 23 Other expenses. Itemize expenses not covered 24 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.) 7.719 7.719 a COMMISSIONS/TRADE_FEES EQUIPMENT/MAINTENANCE 1,322 1,322 880 880 C TELEPHONE d PRINTING/PUBLICATIONS 465 465 e All other expenses 25 25 Total functional expenses. Add lines 1 through 24e 728,352 637,238 89,114 2,000. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2012)

if following SOP 98-2 (ASC 958-720)

Check here

Form 990 (2012)
Part X Balance Sheet PHOENIX FOUNDATION

		Check if Schedule O contains a response to any question in		(A)		(B)
				Beginning of year		End of year
	1	Cash · non-interest-bearing	ļ-		1	
	2	Savings and temporary cash investments	<u> </u>	59,218.	2	19,023
	3	Pledges and grants receivable, net	Ļ		3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers				
		trustees, key employees, and highest compensated employe	ees. Complete		_	
	_	Part II of Schedule L	/a.a. dafira.a.da.d		5	··
	6	Loans and other receivables from other disqualified persons				
		section 4958(f)(1)), persons described in section 4958(c)(3)(B				
ı		employers and sponsoring organizations of section 501(c)(9)				
2	_	employees' beneficiary organizations (see instr) Complete P	art II of Sch L		6	
	7	Notes and loans receivable, net Inventories for sale or use	-		7	
1	8	Prepaid expenses and deferred charges	-		8	
	9		-	·	9	
	ioa	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a				
	h	basis Complete Part VI of Schedule D Less. accumulated depreciation 10b			40-	
		Investments - publicly traded securities	,	C 055 705	10c	
- 1	11 12	Investments - other securities. See Part IV, line 11	F	6,855,705.	11	7,020,887
- 1	13	Investments - other securities, see Part IV, line 11	<u> </u>	349,577.	12	36,699
	14	Intangible assets	-	W. 444	14	
- 1	15	Other assets. See Part IV, line 11	-	179,510.	15	222 226
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7 444 010.	16	223,329 7,299,938	
	17	Accounts payable and accrued expenses	18,748.	17	37,339	
	18	Grants payable		393,417.	18	392,403
	19	Deferred revenue	373, 417.	19	3,32,403	
ı,	20	Tax-exempt bond liabilities			20	· · · · · · · · · · · · · · · · · · ·
	21	Escrow or custodial account liability. Complete Part IV of Sci	nedule D		21	· · · · · · · · · · · · · · · · · · ·
!!	22	Loans and other payables to current and former officers, dire	<u> </u>			
		key employees, highest compensated employees, and disqu	· 1			
i		Complete Part II of Schedule L			22	
- 1:	23	Secured mortgages and notes payable to unrelated third pai	ties		23	
- ;	24	Unsecured notes and loans payable to unrelated third partie	_	***	24	.v
	25	Other liabilities (including federal income tax, payables to rela				
		parties, and other liabilities not included on lines 17-24). Com	plete Part X of			
		Schedule D .			25	
:	26	Total liabilities. Add lines 17 through 25		412,165,	26	429 742
		Organizations that follow SFAS 117 (ASC 958), check her	e ▶ x and			·- •
		complete lines 27 through 29, and lines 33 and 34.				
:	27	Unrestricted net assets		4,038,769.	27	3,753,796
:	28	Temporarily restricted net assets	<u> </u>	14,676.	28	123,000
· :	29	Permanently restricted net assets		2,978,400.	_29	2,993,400
		Organizations that do not follow SFAS 117 (ASC 958), che	eck here 🕨 📖 📗		ļ	
		and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds	L		30	
;	31	Paid-in or capital surplus, or land, building, or equipment fundament	d L		31	
;	32	Retained earnings, endowment, accumulated income, or oth	er funds		32	
· ;	33	Total net assets or fund balances .	<u> </u>	7,031,845.	33	6,870,196
1:	34	Total liabilities and net assets/fund balances		7,444,010.	34	7,299,938

Eorn	1 990 (2012) PHOENIX FOUNDATION			_	. 40
	rt XI Reconciliation of Net Assets	94-28765	37	Pa	ge 12
<u> </u>	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	11		556	.876.
2	Total expenses (must equal Part IX, column (A), line 25)	2	·		352.
3	Revenue less expenses Subtract line 2 from line 1	3			. <u>332.</u> .476.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			. <u>476.</u> .845.
5	Net unrealized gains (losses) on investments	5			433.
6	Donated services and use of facilities	6			. 433.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-19	 ,606.>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				<u>, 000.</u> >
	column (B))	10		870	196
Pa	rt XII Financial Statements and Reporting			, , , ,	, 130.
_	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Sche	dule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ewed on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sep	arate basis,		-	-
	consolidated basis, or both:				
	x Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight	of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	Schedule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th	e Single Audit			
	Act and OMB Circular A-133?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	equired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	l	

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

Open to Public

OMB No. 1545-0047

Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN

Employer identification number

PHOENIX FOUNDATION 94-2876537 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). Lx... An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h ___ Type I ьL __ Type Ii c Type III - Functionally integrated d x Type III - Non-functionally integrated e x By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III f supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)

(i) Name of supported organization	(described on lines 1-9 above or IRC section 9			organization isted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of monetar support	
		(see instructions))	Yes	No	Yes	No	Yes	No		
BGC METRO PHX	86-0107639	7	x		х		х		635_238	
							_			
			-							
Total 1	1	İ							635 238	

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

h

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

Pa	art II Support Schedule for						
:	(Complete only if you checket fails to qualify under the test				on failed to qualif	y under Part III If th	e organization
Se	ction A. Public Support	s listed below, plea	ase complete Par	· · · · · · · · · · · · · · · · · · ·		<u>-</u>	
	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(0) 2010	(4) 0011	(-) 0010	10 T-1-1
	Gifts, grants, contributions, and	(a) 2000	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
•	membership fees received (Do not						
	include any "unusual grants ")						ļ
2	Tax revenues levied for the organ-				 	-	<u></u>
	ization's benefit and either paid to						
	or expended on its behalf				•		
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge				ľ		
4	Total. Add lines 1 through 3						
5	The portion of total contributions		-	 			
	by each person (other than a				1		
	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						
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on				İ		
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business		l				
	activities, whether or not the						
	business is regularly carried on						· · · · · · · · · · · · · · · · · · ·
10	Other income. Do not include gain						1
	or loss from the sale of capital						1
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10		L	<u> </u>			
	Gross receipts from related activities,	•	•			12	
13	First five years. If the Form 990 is for		s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3)	
800	organization, check this box and stor		roomtogo				
	tion C. Computation of Publ					1 1	
	Public support percentage for 2012 (• • •	•	column (f))		14	%
	Public support percentage from 2011				44 00 4 1004	15	%
16a	33 1/3% support test - 2012. If the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract to the contract t				14 is 33 1/3% or	more, check this bo	x and
_	stop here. The organization qualifies	, , , , ,	•				. ▶∟
D	33 1/3% support test - 2011. If the d	•		•	ine 15 is 33 1/39	% or more, check th	is box
47~	and stop here. The organization qual				410 10c - 10l		▶□
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fact					aπ IV now the organ	ization
L	meets the "facts-and-circumstances"				-	47	1004
0	10% -facts-and-circumstances tes more, and if the organization meets the						
	organization meets the "facts-and-circ				-		. □
12	Private foundation. If the organization		_	•			
	· · · · · · · · · · · · · · · · · · ·	GIG HOL GITCON A	PON OIL HITE TO, TO	u, ivo, ira, ur l/	D, CHECK HIS DOX	and see motruction	ح

Schedule A (Form 990 or 990-EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II)	

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and					1	
	membership fees received. (Do not					ľ	
	ınclude any "unusual grants ")						1
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that					-	
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-	-	-	 			
4	•						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	Amounts included on lines 2 and 3 received		-				
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the	I					
	amount on line 13 for the year	, ,					
c	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support	<u></u>	· · · · · · · · · · · · · · · · · · ·	·	.1		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	<u> </u>	(-,	(9,	(5/_5/	10,20.2	(1) 10(0)
-	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
L-	Unrelated business taxable income					-	
L							
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carned on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
	check this box and stop here						▶□
Sec	ction C. Computation of Publi	c Support Pe	rcentage				
15	Public support percentage for 2012 (li	ine 8, column (f) d	ıvıded by line 13, o	column (f))		15	%
	Public support percentage from 2011		•	``		16	%
	tion D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (ft)		17	%
	Investment income percentage from 2	•	•	.5 15, 55141111 (1))			
		· · · · · · · · · · · · · · · · · · ·	•	on line 14 and line	15 io	18	%
іуа	33 1/3% support tests - 2012. If the						/ is not
_	more than 33 1/3%, check this box ar	· •					▶□
b	33 1/3% support tests - 2011. If the						and
	line 18 is not more than 33 1/3%, che		-			•	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	<u>a, or 19b, check ti</u>	nis box and see in:	structions	

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

SCHEDULE D

(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

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts Complete if the
<u> </u>	organization answered "Yes" to Form 990, Part IV, line		or Adda artis. Complete if the
	Organization answered Tes to Form 990, Fait IV, mile	(a) Donor advised funds	(b) Funds and other accounts
	Total number at and of year	(a) Deliver deliver lands	(b) t direct direct control decedants
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	weeting that the popular hald in donor advisor	46,545
5	Did the organization inform all donors and donor advisors in	-	
_	are the organization's property, subject to the organization's		YesNo
6	Did the organization inform all grantees, donors, and donor a		-
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	
Pa	impermissible private benefit? † II Conservation Easements. Complete if the org	representation and warred "Vesti to Form 000. De-	Yes No
			t IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	·	rically important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	led conservation contribution in the form of	a conservation easement on the last
	day of the tax year.	_	10-14-10-5-1-70-7-14
_	Tatal average or of accompanies accompanies		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stri	``,	2c
a	Number of conservation easements included in (c) acquired a	arter 8/17/06, and not on a historic structure	
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the c	organization during the tax
	year >		
4	Number of states where property subject to conservation eas	' 	
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	-	
7	Amount of expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring, inspecting, and expenses incurred in monitoring in the control of the expenses in the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control o	-	
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(n)	
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation	on accompate in its revenue and evacues	Yes No
9	include, if applicable, the text of the footnote to the organization	· ·	· ·
	conservation easements.	ion's infancial statements that describes th	e organization's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Oth	er Similar Assets
	Complete if the organization answered "Yes" to Form		
10	If the organization elected, as permitted under SFAS 116 (AS	" "	nt and halance sheet works of art
10	historical treasures, or other similar assets held for public exh	•	•
	the text of the footnote to its financial statements that descri		or public service, provide, in rearrain,
	If the organization elected, as permitted under SFAS 116 (AS		nd balance sheet works of art, historical
b	treasures, or other similar assets held for public exhibition, ed		·
	relating to these items.	deation, or research in furtherance of publi	c service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		▶ ¢
	(ii) Assets included in Form 990, Part X		► \$ ► \$
0	If the organization received or held works of art, historical treation	Seuras or other similar assets for financial a	
2	the following amounts required to be reported under SFAS 1:	· · ·	ani, provide
_	Revenues included in Form 990, Part VIII, line 1	to (200 and) relating to these items.	L ¢
a	·		► \$ ► \$
D	Assets included in Form 990, Part X	-	Φ

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

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

Schedule D (Form 990) 2012

	edule D (Form 990) 2012 PHOENIX FOUNDATION	Maril D. D.	94-2876537	Page 4
Pai	TXI Reconciliation of Revenue per Audited Financial Statement	s With Revenue per R	eturn	
.1	Total revenue, gains, and other support per audited financial statements		1	566,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	. 1		
а	Net unrealized gains on investments	2a 29,433.		
þ	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d <19,606.	>	
е	Add lines 2a through 2d			9,827.
3	Subtract line 2e from line 1		3	556,876.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	·	
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b)	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	556 876.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts With Expenses per	Return	
1	Total expenses and losses per audited financial statements		1	728,352.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1	
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	728,352.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1	=
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	ĺ	5	728,352,
	t XIII Supplemental Information			
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	nes 1a and 4, Part IV, lines 1b	and 2b, Part V,	line 4, Part
X, line	e 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to pro	ovide any additional information	on	
PARI	II LINE 5: THE INTENDED USE OF THE ENDOWMENT IS TO PROVIDE STEA	DY		
ONGO	ING. RELIABLE FINANCIAL SUPPORT TO THE CLUBS.			
PART	X LINE 2: THE FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS			
IF A	NY ON A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND			
			_	•
PROC	EDURES, REVIEW OF ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH			
OUTS	IDE EXPERTS, THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPP	ORT		
FOR	ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN	TAX		·
	· · · · · · · · · · · · · · · · · · ·		Schedule D (Fo	rm 990) 2012

BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule D (Form 990) 2012 PHOENIX FOUNDATION Part XIII Supplemental Information (continued)		Page 5
Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.		-
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE -19,606.		
	<u> </u>	
-		-
		•
		
		
	· · · · · · · · · · · · · · · · · · ·	
	Schodulo D /Form	

Employer identification number 2012 Open to Public OMB No 1545,0047 Inspection (h) Purpose of grant 94-2876537 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 OPERATIONS Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 635,238 (c) IRC section if applicable 501(C)(3) BOYS & GIRLS CLUBS OF METROPOLITAN 86-0107639 General Information on Grants and Assistance (p) EIN 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 or government Name of the organization PHOENIX, AZ 85008 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part Part

2

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	•
3 Enter total number of other organizations listed in the line 1 table	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule I (Form 990) (2012)

232101 12-18-12

Page 2

(f) Description of non-cash assistance. 94-2876537 Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) 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. (d) Amount of non-cash assistance (c) Amount of cash grant SCHEDULE I, PART I, LINE 2: MANAGEMENT OF THE BOYS AND GIRLS CLUB OF METRO FOUNDATION'S GRANTS ARE SPENT, GRANTEE MONTHLY FINANCIAL STATEMENTS ARE PHOENIX ATTEND THE FOUNDATION'S BOARD MEETINGS AND REPORT HOW THE (b) Number of recipients ALSO MONITORED FOR COMPLIANCE WITH GRANT PROVISIONS. PHOENIX FOUNDATION (a) Type of grant or assistance Schedule I (Form 990) (2012) Part III

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.

2012

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION

Employer identification number

94-2876537

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			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	}		1
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
ь	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		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
٠	CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		х
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of.	_		
	The organization?	5a		<u> </u>
D	Any related organization?	5b		<u> </u>
_	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
_	The organization?			
	Any related organization?	6a		<u> </u>
U	If "Yes" to line 6a or 6b, describe in Part III.	6b		<u> </u>
7				
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		v
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	'		<u> </u>
J	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		v
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			<u> </u>
_	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2012

PHOENIX FOUNDATION

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	1	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(i)(a)	reported as deferred in prior Form 990
(1) AMY GIBBONS	Ξ	*0	0	0.	0	0	O	C
ະດ	(ii)	180,386	0	19,014,	9.970.	5,622.	214 992.	0
	(i)							
	(ii)							
	Ξ							
	(ii)							
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PHOENIX FOUNDATION

Part III Supplemental Information

Schedule J (Form 990) 2012

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

232113 12-10-12

SCHEDULE M (Form 990)

Noncash Contributions

2012

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Inspection
Employer identification number

Name of the organization BOYS & GIRLS CLUBS OF METROPOLITAN 94-2876537 PHOENIX FOUNDATION Types of Property Part I (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 9 Securities - Publicly traded Х 71 912 FAIR VALUE Securities · Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests 123,000, FAIR VALUE Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 Archeological artifacts 24 Other 25 26 Other 27 Other Other 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a b if "Yes," describe the arrangement in Part II Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a b If "Yes," describe in Part II If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

Schedule M (Form 990) (2012)

BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule M	(Form 990) (2012) PHOENIX FOUNDATION	94-2876537	Page 2
Part Ji	Supplemental Information. Complete this part to provide the information required to the organization is reporting in Part I, column (b), the number of contributions, the number of Also complete this part for any additional information	by Part I, lines 30b, 32b, and 33 of items received, or a combination	3, and whether tion of both
			<u> </u>
			-
			
			
			, ··
		-	
			
·····			- -
	 		
232142 12-20-		Schedule M (Fo	rm 990) (2012)

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN

Employer identification number

PHOENIX FOUNDATION 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 SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN FORM 990 PART VI 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 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 SECTION C. LINE 19: THE ARTICLES OF INCORPORATION BYLAWS FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC BY REQUEST

LINE 9 CHANGES IN NET ASSETS FORM 990 PART XI

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 9	990-EZ) (2012)		Page 2
	BOYS & GIRLS CLUBS OF METROPOLI	ITAN	Employer identification number
	PHOENIX FOUNDATION		94-2876537
CUNNER IN CACH CITEDE	NDER VALUE OF LIFE INSURANCE	-19,606.	
CHANGE IN CASH SURKE	NDER VALUE OF LIFE INSURANCE		
			
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2012 . . Open to Public Inspection

OMB No 1545-0047

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Employer identification number 94-2876537 ▶ See separate instructions. Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33) ▶ Attach to Form 990. BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service Part I

Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	r Total income	ne End-of-year assets		Direct controlling entity
BG DEVELOPMENT, LLC - 20-8293147 2645 NORTH 24TH STREET PHOENIX, AZ 85008	CONSTRUCTION	ARIZONA	624	624,738, 9,59	596,180, BGC METRO	
Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ations (Complete if the organization a	nswered "Yes" to Form 990	, Part IV, line 34 be	cause it had one o	or more related tax-exen	ıpt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(bX13) controlled entity?
BOXS AND GIRLS CLUB OF METROPOLITAN PHX - 86-0107639, 2645 NORTH 24TH STREET, PHOENIX, AZ 85008	YOUTH DEVELOPMENT	ARIZONA	501(C)(3)	LINE 7	N/A	-
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R (Schedule R (Form 990) 2012

BOYS & GIRLS CLUBS OF METROPOLITAN

PHOENIX FOUNDATION Schedule R (Form 990) 2012

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) Part III

. Page 2

(4)	General or Percentage managing ownership pariner?				e related	Section 512(b)(13) controlled entity?	↓	,			Schedule R (Form 990) 2012
(5)					ne or mor	(h) Percentage ownership					R (Form
9	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)				because it had or	(g) Share of Perend-of-year ow assets					Schedule
3	tion- ions?				art IV, line 34	(f) Share of total Income					
[3	Share of end-of-year assets		,		orm 990, P						
			do a		Yes" to Fo	(e) Type of entity (C corp, S corp, or trust)					
£	Share of total				n answered "						
(e)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	e			ne organizatio	(d) Direct controlling entity		ŀ			
	Predomin (related, excluded fr				mplete if th	(c) Legal domicite (state or foreign country)				•	36
(P)	trolling y				ration or Trust (Cc ear)) activity					
(0)	Legal domicile (state or foreign country)				ss a Corpo	(b Primary					
(q)	Primary activity				janizations Taxable a	Z c					
(a)	Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	(a) Name, address, and EIN of related organization					232162 12-10-12
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Alone Complete line 1 if any entity is listed in Parts II III or IV of this schedule					Yes	ဍ
Note: Complete line in any entity is listed in a series of the following transactions with one or more related organizations listed in Parts II-IV?	ns with one or more re	elated organizations listed	ın Parts II-IV?			1
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		×
b Gift, grant, or capital contribution to related organization(s)				₽	×	
c Gift, grant, or capital contribution from related organization(s)				2		×
				1d	×	
				-		×
	•	-				
f Dividends from related organization(s)		:		14		×
				-		×
		•		=		٠
	:			;		4
 Exchange of assets with related organization(s) 						×
j Lease of facilities, equipment, or other assets to related organization(s)				<u>;</u> -		×
k Lease of facilities, equipment, or other assets from related organization(s)				¥		×
	janization(s)			=		×
m Performance of services or membership or fundraising solicitations by related organization(s)	janization(s)			1m	×	
Sharmo of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)	•		ŧ	×	
	`			10	×	
O Chairig of paid employees with telated digarrancing				2		
n Reimbi irsement paid to related organization(s) for expenses		_		đ	×	
n Rembursement paid by related organization(s) for expenses				5		×
r Other transfer of cash or property to related organization(s)				‡		×
s Other transfer of cash or property from related organization(s)				15		×
1 1	who must complete t	his line, including covered	relationships and transaction thresholds			
(a) Name of other organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	t involved		
	type (a-s)					Ì
S						
(2)						
Q						
(9)						
(4)						
,						
(c)						
(9)						
232183 12-10-12	37		Schedi	Schedule R (Form 990) 201	, (066 n	8

Schedule R (Form 990) 2012 PHOENIX FOUNDATION

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.

(b) Areal Share of 501(c)(3) total come assets (come by 100) (come by 100) (d) (d) (d) (e) (d) (e) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e				
(d) Predominant incomic (related, unrelated, excluded from tax under section 512-51				
(c) Legal domicile (state or foreign country)				
(b) Primary activity				
(a) Name, address, and EIN of entity				

Schedule R (Form 990) 2012

BOYS & GIRLS CLUBS OF METROPOLITAN

Ochedale I	(FORM 990) 2012 PROENIX FOUNDATION	94-28/6537	Page 5
Part VII	Supplemental Information		
	Complete this part to provide additional information for responses to questions on Schedule R (see instr	uctions)	
	Complete this part to provide dedicate in months and to respect to questions and estimate in feed their	401.01.07	
			-
			
			
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Form **8868**

(Rev January 2013)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Internal Rev	venue Service	► File a sepa	arate appl	lication for each return.				
• If you	are filing for an Aut	omatic 3-Month Extension, comple	te only Pa	art Land check this box			<u> </u>	
		fitional (Not Automatic) 3-Month Ex	-		this form)		- لما	
-	=	less you have already been granted		• • • • •	•	rm 8868		
	•	ou can electronically file Form 8868 if y		· · · · · · · · · · · · · · · · · · ·	•		ocration	
	• • •	or an additional (not automatic) 3-mo			•	•		
		ns listed in Part I or Part II with the ex				· •		
		which must be sent to the IRS in pag						
		lick on e-file for Chanties & Nonprofits		(see instructions). For more details	on the elec	ctromic ming or tris	iomi,	
Part I		c 3-Month Extension of Time		submit original (no copies ne	eded)			
		e Form 990-T and requesting an autor				=		
Part I on		or offir 550 Y and requesting an actor	nano o me	onth extension - check this box and	complete			
	•	ding 1120-C filers), partnerships, REM	IICe and t	rusts must use Form 7004 to reques	at an autor	oun of time	· —	
	come tax returns	uing 1120-C lilers), partiferships, HEW	ics, and a		. an exter	ision or unie		
Type or	Name of exemp	t organization or other filer, see instru	ctions.		Employe	r identification num	ıber (EIN) or	
print								
File by the	PHOENIX FOUNDATION					94-2876537		
due date for	hate for Number, street, and room or suite no. If a P.O. box, see instructions.					Social security number (SSN)		
filing your return See	2645 NORTH 2	4TH STREET	<u> </u>					
instructions	City, town or po	st office, state, and ZIP code. For a fo	oreign add	ress, see instructions				
	PHOENIX, AZ	85008-1824						
Enter the	Return code for th	e return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	ion		Return	Application			Return	
is For			Code	Is For			Code	
Form 990	0 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990	0-BL		02	Form 1041-A			08	
Form 47	20 (individual)		03	Form 4720			09	
Form 990			04	Form 5227			10	
Form 990	0-T (sec 401(a) or 4	-08(a) trust)	05	Form 6069			11	
	0-T (trust other than		06	Form 8870			12	
		DALE WANEK	L					
• The b	ooks are in the care	e of ▶ <u>2645 N 24TH STREET - H</u>	HOENIX	AZ 85008-1824				
	hone No ► 602-			FAX No ▶				
-		not have an office or place of business	s in the Un	<u> </u>			•	
	•	irn, enter the organization's four digit			If this is fo	r the whole group,	check this	
		t of the group, check this box						
		3-month (6 months for a corporation						
•	APRIL 15, 201	•	•	tion return for the organization name		The extension		
ıs f	for the organization		· J · · - · ·					
•	alendar year							
		5. Ining SEP 1, 2012	an	d ending <u>AUG 31, 2013</u>				
	,our bogin	······ · · · · · · · · · · · · · · · ·	, an			<u> </u>		
2 If t	he tax vear entered	in line 1 is for less than 12 months, c	heck reas	on: Initial return	Fınal retur	m		
- ï	Change in accor							
_	change in acco	aritang period						
3a If t	his application is fo	r Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	nter the tentative tax, less any		·		
	nrefundable credits			,	3a	 	0.	
		r Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and				
		its made Include any prior year overp			3b	\$	0.	
		ct line 3b from line 3a. Include your pa			35			
		ronic Federal Tax Payment System)	-	• • •	3c		0	
		make an electronic fund withdrawal v				i Ψ FO for navment ins	0.	
		Paperwork Reduction Act Notice.			<u> </u>	Form 8868 (F		