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Department of the Treasury internal Revenue Service

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

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

<u>A</u>	For t	ne 2013 calendar year, or tax year beginning SEP 1 2013 and	ending A	UG 31, 2014	
В	Check	C Name of organization		D Employer identific	ation number
	applica	BOYS & GIRLS CLUBS OF METROPOLITAN			
	lchar				
	Nam char	ge   Doing Business As		94-2876	537
	linitia retui		Room/suite	E Telephone number	
	Tern	2645 NORTH_24TH STREET		602-954	-8182
	Ame	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,681,789.
	App	PHOENIX AZ 85008-1824		'H(a) Is this a group ret	
	pend	F Name and address of principal officer PETER GUILD		for subordinates?	Yes X No
		2645 N 24TH ST PHOENIX AZ 85008-1824		H(b) Are all subordinates inc	luded? Yes No
1	Tax-e:	xempt status x 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527	If "No," attach a li	st (see instructions)
J	Webs	ite: NONE		H(c) Group exemption	number 🕨
K	Form (	of organization: x Corporation Trust Association Other	L Year	of formation: 1988 M	State of legal domicile: AZ
P	art i	Summary			
ø	1	Briefly describe the organization's mission or most significant activities PROVIDE	<u>OPERATI</u>	ONAL SUPPORT FOR	
Governance		THE BOYS AND GIRLS CLUBS OF METROPOLITAN PHOENIX.			
ř	2	Check this box   If the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets
8	3	Number of voting members of the governing body (Part VI, line 1a)		3	9
		Number of independent voting members of the governing body (Part VI, line 1b)		4	8
es	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		6	30
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	[			Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, line 2g)		370,489.	56,210.
eun	9			0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7	ျှ	186,387.	276,421.
ц.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 of and Me) R 27 20	15	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, dolumn (A), line 12)	15 JSO-SH	556,876.	332,631.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7	635,238.	387,879.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	11	0.	<u> </u>
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,432.	35,707.
S S S S	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.
me.	b	Total fundraising expenses (Part IX, column (D), line 25)	000.		
N N N N N N N N N N N N N N N N N N N	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	\	58,682.	60,813.
Ž	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	728 352	484 399.
Π	19	Revenue less expenses Subtract line 18 from line 12		<171,476.>	<151,768.
Net Assets of Fund Balances	1		Beg	inning of Current Year	End of Year
Sset	20	Total assets (Part X, line 16)		7,299,938.	7,671,765.
عير ويد	21	Total liabilities (Part X, line 26)	ļ	429,742.	481 600.
	22	Net assets or fund balances Subtract line 21 from line 20		6,870,196	7 190 165.
_	art II	Signature Block			
-		alties of perjury, I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
ntrue	, corre	ct, and complete, Declaration of preparer (other than officer) is based on all information of whi	ch preparer l	nas any knowledge.	
		Le Cray		×3/9/13	5
Sig	n	Signature of officer		Date • •	
Her	e	Lx (slenn 17. ravin ac			·
		Type or print name and title		·	<del></del>
		Print/Type preparer's name Preparer's sparer's	<b>I</b>	ate Check	]  PTIN
Paid		AMY A. O'LOUGHLIN MMY QU	12	-26-15 If self-employed	P00869687
Prep	arer	Firm's name CBIZ MHM, LLC		Firm's EIN 🛌	34-1884125
Use	Only	Firm's address 3101 N. CENTRAL AVE., STE. 300			
		PHOENIX, AZ 85012		Phone no 602-2	64- <u>6</u> 835
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
3320	01 10-2	9-13 LHA For Paperwork Reduction Act Notice, see the separate instruction	ns.		Form <b>990</b> (2013)

#### BOYS & GIRLS CLUBS OF METROPOLITAN

	990 (2		PHOENIX	FOUNDATION			94-287653	7 Page <b>2</b>
Pa	rt III	,	ent of Program		•			
					te to any line in this Part	<u> </u>		
1			the organization's m					
	PROV	IDE OPER	RATIONAL SUPPORT	FOR THE BOYS	S AND GIRLS CLUBS O	F	<del></del>	
	METR	ROPOLITAN	PHOENIX.					
		<u> </u>						
	Did #	ho organizi	nting undertake envi	evenificant progra	m convious during the view	ar which ware not listed on		
2			ation undertake any : 990 or 990-EZ?	significant progra	in services during the yea	ar which were not listed on		Yes X No
	•		oe these new service	e on Schedule O				res LL_No
3					ficant changes in how it o	conducts, any program service	e?	Yes X No
ŭ		-	be these changes on	-	neart changes in now it	bondacis, any program service.	3.	L1es La_110
4					ishments for each of its t	hree largest program services,	as measured by	exnenses
•						t of grants and allocations to o	-	· ·
			for each program se					,por1000, urra
4a					9 . including grants of \$	387,879.) (Rev	venue \$	<u>_</u>
						N 86-0107639)		
			RATIONS AND CAP				·	
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				12.72.73	·			
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4b	(Code		) (Expenses \$		including grants of \$	) (Rev	enue \$	)
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4c	(Code		) (Expenses \$		including grants of \$	) (Reve	enue \$	)
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	O+L		onugos (Desseubs et	Cabadula O \			<del></del>	
		-	ervices (Describe in S			\		<b>,</b>
	(Expense			including grants of		) (Revenue \$		)
4e	<u>TOTAL P</u>	orogram se	rvice expenses	<del></del>	389,879.			Form <b>990</b> (2013)
								1 01111 224 (2013)

Pa	art IV Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			1
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		1	
	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		1	1
	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			1
	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			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			T
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		<u> </u>	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?	1		1
	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, VIII, IX, or X			
	as applicable	ł		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	<u> </u>	х
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	]		İ
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	$\longrightarrow$	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 other assistance to or for any	ıİ		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		Í	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		ł	
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	$\longrightarrow$	Х
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	$\longrightarrow$	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
20	complete Schedule G, Part III	19	$\longrightarrow$	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	$\rightarrow$	<u> </u>
_ D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	í	

Form **990** (2013)

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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	<u></u>	х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			}
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	<u></u> .
24a	Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		L
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) 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		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
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
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		х
	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		х
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	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		х
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	}	х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note, All Form 990 filers are required to complete Schedule O	38	x	
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Form **990** (2013)

	1990 (2013) PHOENIX FOUNDATION 94-2876537		P	age 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	길		
b		ᅿ	İ	{
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	<u> </u>
2a	Enter the number of employees reported on Form W 3, Transmittal of Wage and Tax Statements,			j
	,	힉	•	]
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)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<b> </b>	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			}
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		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			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_5a_		<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			]
	any contributions that were not tax deductible as charitable contributions?	6a		X
Ð	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<sub>CL</sub>		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
a '	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		.,
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_X
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10		
٠	to file Form 8282?	7c		_ X _
ч	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		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		х
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		ļ	
11	Section 501(c)(12) organizations. Enter	] ]		
а	Gross income from members or shareholders	1	,	
b	Gross income from other sources (Do not net amounts due or paid to other sources against	[ [		
	amounts due or received from them )		i	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<del></del> -
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		1	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<del>                                     </del>		
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		ĺ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the	[	ľ	
	organization is licensed to issue qualified health plans		}	
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	If IIV II has a filed a Farm 700 to resent these accuracted if IIV- II provide an evaluation in Cohedule O	1/16		

332005 10-29-13

Form 990 (2013) PHOENIX FOUNDATION 94-2876537 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 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 Did the organization have members or stockholders? 6 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: 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 X 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 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a 15b b Other officers or key employees of the organization 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? 16h Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AZ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply \_\_ Own website \_\_ Another's website \_x\_ Upon request 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 DALE WANEK - 602-954-8182 2645 N 24TH STREET PHOENIX AZ 85008-1824

Form 990 (2013)

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

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

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

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

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

Check this box if neither the organization	n nor any related	d organization compensat					nsat	ated any current officer, director, or trustee				
(A)	(B)	(C)						(D)	(E)	(F)		
Name and Title	Average	/do		Pos		than	one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of		
	week		cer an	dad	irecto	r/trus	tee)	from	from related	other		
	(list any	recto						the	organizations	compensation		
	hours for	5	   83			ated		organization	(W-2/1099-MISC)	from the		
	related	ıstee	Tust		يو ا	bens		(W-2/1099-MISC)		organization		
	organizations below	nal tri	ona		Ploy.	t com				and related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) ROBERT BURGESS	2,00	-	-	9	<u> </u>	1 0	_					
TRUSTEE		х						0,	0,	0.		
(2) PETER GUILD	10,00											
CHAIRMAN		х		х				0.	0,	0.		
(3) TIGE HOFER	2.00											
TRUSTEE		х	<u> </u>				ļ	0,	0,	0.		
(4) JOHN KEANE	2.00			İ			İ					
SECRETARY/TREASURER		х		х			L	0.	0,	0.		
(5) JEFF LEVINSON	2.00											
TRUSTEE		х	_					0.	0.	0.		
(6) KEVIN MCHOLLAND	2,00			ŀ								
TRUSTEE		х	<u> </u>				<u> </u>	0,	0,	0.		
(7) GLENN PAHNKE	10,00	1		į			•					
VICE-CHAIR		х		Х				0.	0.	0.		
(8) AMY GIBBONS	2.00											
TRUSTEE	50.00	х						0.	200,372,	15,378.		
(9) JEFF NEWMAN	2.00											
TRUSTEE		х				<u>L</u>		0.	0,	0,		
(10) DALE WANEK	10.00											
CHIEF FINANCIAL OFFICER	50,00		_	Х				0.	134,749.	11,913,		
						ļ						
				<u> </u>		<u> </u>						
		ļ										
		-	_	_	_	-	_					
		-										
				$\vdash$	_	_	_					
	-	1										
		$\vdash$	$\vdash$			-		<del></del>				
	-	1										
				L	L	Ц.	L	<u> </u>	<u> </u>	5 000 (2242)		

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Form 990 (2013)

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			X FOUNDATION				94-2876537	Page 9
Pa	rt V							
	•	Check if Schedule O cor	ntains a response or not	e to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 :	a Federated campaigns	1a					
Gra 10u		b Membership dues	1b			[		
S, (	,	c Fundraising events	1c					Į
Giff lar	۱ ،	d Related organizations	1d					
S, E		e Government grants (contribu	itions) 1e					
it is	1	f All other contributions, gifts, gra	nts, and	}				j
ib H		sımılar amounts not ıncluded ab	ove 1f	56,210.				
ontr od C		g Noncash contributions included in line	es 1a-1f \$	20,201.				
<u>a</u> Č		h Total. Add lines 1a-1f	<del></del>		56 210.		<del></del>	<u> </u>
			Busin	ess Code	Ì			
Program Service Revenue	2 8							<del></del>
ue c		b	1					ļ
E S		°. —————	<b>I</b>					<del> </del>
Pa Re		d						·
S		6	<del></del>					
_		f All other program service rev g Total. Add lines 2a-2f	enue <u>L.                                    </u>	•		<del></del>		<del></del>
-	3	Investment income (including	duudende interest an					
	3	other similar amounts)	g dividends, interest, an	` <u> </u>	186 746		}	196 746
	4	Income from investment of ta	ax-exempt hand procee	ds	100,740.			186,746
	5	Royalties	an anompresona process			<del></del>		<del></del> _
ĺ	•	( to) allies	(i) Real (ii) F	Personal				<del></del>
}	6 a	a Gross rents	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<u></u>		}	Ì	
Ì	t					Ì	Ì	
)	c					]		
ł	c	Net rental income or (loss)		<b></b>		ļ		
l		Gross amount from sales of	(i) Securities (ii)	Other				
]		assets other than inventory	4,438,833.		]	Ì		
}	b	Less cost or other basis		}	}	]		
1		and sales expenses	4,349,158.		]	)		
j	c	Gain or (loss)	89,675.		j	}		
]	d	Net gain or (loss)		<b></b>	89,675.			89,675.
e l	8 a	Gross income from fundraising	Į.	}			]	
eu		including \$		Ì	ì	}	Ì	
è l		contributions reported on line	e 1c) See	Ì		Ì	}	
Other Revenue		Part IV, line 18	a		Ì		}	
8		Less direct expenses	b		j	}	Ì	
)		Net income or (loss) from fun			<del></del>		<del></del>	
1	9 a	Gross income from gaming a		Ì	Ì		ì	
j		Part IV, line 19 Less direct expenses	a			}	Ì	
- 1		<ul> <li>Less direct expenses</li> <li>Net income or (loss) from gan</li> </ul>	b			}		
}		Gross sales of inventory, less						
j	10 a	and allowances			Ì			
	h	Less cost of goods sold	a		)		Ì	
}		Net income or (loss) from sale	·		]			
<u> </u>		Miscellaneous Revenu		ess Code	<del></del>	<del></del>		
1	11 a			233 0000	Ì	}	j	
	b				<del></del>		<del>-</del>	
	c	·						
	-	All other revenue						
1		Total. Add lines 11a-11d		<b>&gt;</b>				
]	12	Total revenue See instructions.			332 631.	0.	0.	276 421.
332009 10-29-	13							Form <b>990</b> (2013)

### Form 990 (2013) PHOENIX FOUNDATION Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	ner organizations must co	omplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	387,879,	387,879.		
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22			<del></del>	
3	Grants and other assistance to governments,		į		
	organizations, and individuals outside the		i		
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members			·	 
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	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	35,707.		35,707.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes				
11	Fees for services (non-employees)			į.	
а	Management				
b	Legal				<del></del>
С	Accounting	11,270.	2,000.	7,270.	2,000.
d	, ,				
е	, i				
f	Investment management fees	13,160.		13,160.	
g	, , ,			-	
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	457.		457.	
14	Information technology				<del></del>
15	Royalties	1 164			
16	Occupancy	1,164.		1,164.	
17	Travel		<del></del>		• • • • • • • • • • • • • • • • • • • •
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		ĺ		
40	Conferences, conventions, and meetings	6,327,		6 327	
19 20	Interest	0,327.		6,327.	
21	Payments to affiliates	· · · · · · · · · · · · · · · · · · ·			
22	Depreciation, depletion, and amortization				
23	Insurance	21,822.		21,822.	<del></del>
24	Other expenses. Itemize expenses not covered				<del></del>
	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 0.)				
а	COMMISSIONS/TRADE FEES	3,633.		3,633.	
b	EQUIPMENT/MAINTENANCE	1,372.		1,372.	
c	PRINTING/PUBLICATIONS	802.		802.	
d		753.		753.	
	All other expenses	53.		53.	
25	Total functional expenses Add lines 1 through 24e	484 399.	389 879.	92,520.	2,000.
26	Joint costs Complete this line only if the organization			-2,530,	
	reported in column (B) joint costs from a combined	į	}		
	educational campaign and fundraising solicitation.	}		1	
	Check here fig. (f following SOP 98-2 (ASC 958-720)				

Pа	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part		<del></del>	
	<u>.</u>		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	19,023,	2	41,09
	3	Pledges and grants receivable, net	0.	3	143,20
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Comple	ete		
		Part II of Schedule L		5	. <del></del>
	6	Loans and other receivables from other disqualified persons (as defined	under		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and cont	ributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch	L	6	
Assets	7	Notes and loans receivable, net		7	
Ï	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other	]		
		basis Complete Part VI of Schedule D 10a		<u> </u>	
	b	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	7,020,887.	11	7,350,390
	12	Investments - other securities See Part IV, line 11	36,699.	12	28,85
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	223,329.	15	108,223
_	16	Total assets. Add lines 1 through 15 (must equal line 34)	7_299_938	16	7,671,765
	17	Accounts payable and accrued expenses	37,339.	17	93,721
	18	Grants payable	392,403.	18	387,879
	19	Deferred revenue		19	<del></del>
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del></del>
2	22	Loans and other payables to current and former officers, directors, trust	ees,		
		key employees, highest compensated employees, and disqualified pers	ons	1 1	
riabilities		Complete Part II of Schedule L		22	
ı	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		} }	
	}	parties, and other liabilities not included on lines 17-24). Complete Part 3	Cof		
	}	Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	429.742.	26	481,600
	}	Organizations that follow SFAS 117 (ASC 958), check here ▶ ⊥x	and		
S		complete lines 27 through 29, and lines 33 and 34.	ŀ		
Ĕ	27	Unrestricted net assets	3,753,796.	27	3,987,107
9	28	Temporarily restricted net assets	123,000.	28	202,658
2	29	Permanently restricted net assets	2,993,400.	29	3,000,400
3 -		Organizations that do not follow SFAS 117 (ASC 958), check here	·		
5		and complete lines 30 through 34.			
ن د	30	Capital stock or trust principal, or current funds		30	
Ź	31	Paid in or capital surplus, or land, building, or equipment fund	ļ	31	
Net Assets of Fund balances	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	6,870,196.	33	7,190,165
	34	Total liabilities and net assets/fund balances	7,299,938,	34	7,671,765 Form <b>990</b> (2013

Form 990 (2013)

#### BOYS & GIRLS CLUBS OF METROPOLITAN

Forn	n 990 (2013) PHOENIX FOUNDATION	94-2876537		Pa	ge <b>12</b>		
Pa	Int XI Reconciliation of Net Assets			_			
	Check if Schedule O contains a response or note to any line in this Part XI				x		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		332	631.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		484	399.		
3	Revenue less expenses Subtract line 2 from line 1	3	<151				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))						
5	Net unrealized gains (losses) on investments	5		463	564.		
6	Donated services and use of facilities	6			. ——		
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9		8	<u>173.</u>		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B))	10	7	<u> 190</u>	165.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>		
				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 Schedu	ie O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review	ed 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 separate	ate basis,					
	consolidated basis, or both.						
	Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	the audit,		'			
	review, or compilation of its financial statements and selection of an independent accountant?	}	2c	_X_			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sc						
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	Single Audit					
	Act and OMB Circular A-133?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the rec	uired audit					
	or guidite, explain why in Schodule O and describe any stone taken to undergo such audite		26	- 1			

332012 10-29-13 Form **990** (2013)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the	organizat	ion BOYS & GI	RLS CLUBS OF METROP	OLITAN		<del>.</del>			Employe	dentificat	tion number
		PHOENIX FO						1		<u>4-2876537</u>	!
Part I	Reason	for Public Cha	rity Status (All organia	zations mu	ist comple	te this par	t ) See ins	tructions			
The organization of the or	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions  he 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).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)  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).  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 investmer income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975  See section 509(a)(2). (Complete Part III.)  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).  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 organization and complete lines 11e through 11h  a									cribed in accepts from a investment 30, 1975 of one or a that	
(i) (iı) (iu)	A perso the gove A family A 35% o	n who directly or incerning body of the someone member of a persocontrolled entity of a	directly controls, either al supported organization? on described in (i) above? a person described in (i) on a about the supported org	or (II) above	ether with					11g(i) 11g(ii) 11g(iii)	Yes No x x x
(ı) Name of sı organıza	• •	(ii) EIN		(IV) Is the o In col. (i) lis governing (		organizat	son in col.	lorganizat	s the ion in col. zed in the S.?		t of monetary port
			(see monuchons))	Yes	No	Yes	No	Yes	No		
GC METRO E	РНХ	86-0107639	7	х		Х		x			387,879.
otal	1	-	,								387,879.

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 PHOENIX FOUNDATION

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

00	ction A. I abno oupport			.,					
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received (Do not								
	include any "unusual grants ")								
2	Tax revenues levied for the organ-								
	ızatıon's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3								
5	The portion of total contributions		!						
	by each person (other than a			]					
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4			<u> </u>					
	ction B. Total Support		ĭ						
	ndar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total		
-	Amounts from line 4	<del> </del>				-			
8	Gross income from interest,								
	dividends, payments received on	1	ĺ						
	securities loans, rents, royalties	1							
	and income from similar sources	<del></del>			<del> </del>				
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on				<u> </u>				
10	Other income Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part IV)								
	Total support. Add lines 7 through 10		>	<u> </u>		40			
	Gross receipts from related activities,	•		d founds or fifth t	ay yaar aa a aastid	12			
13	First five years. If the Form 990 is for	_	s first, second, thir	a, tourth, or litth t	ax year as a secuc	n 501(c)(3)			
Sec	organization, check this box and stop extion C. Computation of Publi		rcentage						
	Public support percentage for 2013 (I		<del></del>	column (fl)		14	%		
	Public support percentage from 2012		•	olanin (i))		15	%		
	33 1/3% support test - 2013. If the o			n line 13, and line	14 is 33 1/3% or r	<del></del>			
104	stop here. The organization qualifies	-					<b>▶</b>		
h	33 1/3% support test - 2012. If the o		-		f line 15 is 33 1/3%	or more, check th	nis box		
	and stop here. The organization quali	_			50 0/		▶□		
17a	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·	- · ·		e 13. 16a. or 16b.	and line 14 is 10%	or more.		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.								
h	b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or								
	more, and if the organization meets th								
	organization meets the "facts-and-circ						ightharpoonup		
18	Private foundation. If the organization		-				s 🕨 🗔		
						edule A (Form 990			
						,			

## Schedule A (Form 990 or 990 EZ) 2013 PHOENIX FOUNDATION Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

Section A. Public Support	ow, please com	piete rait ii j	<del></del>	<del></del>	··	<del></del>
Calendar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and		107		1	3-7	
membership fees received (Do not						
include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities		<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons  b Amounts included on lines 2 and 3 received						
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)	<del></del>			<u> </u>		
Section B. Total Support		<u></u>	· · · · · · · · · · · · · · · · · · ·			
alendar year (or fiscal year beginning in) 🖊 👱	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6					ļ	
dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
1 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
2 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	ne organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a secti	on 501(c)(3) organiza	ation,
check this box and stop here					<u>.                                    </u>	
ection C. Computation of Public	Support Pe	rcentage			·	
5 Public support percentage for 2013 (line		•	column (f))		15	9
6 Public support percentage from 2012 S					16	9
ection D. Computation of Invest					1 1	
7 Investment income percentage for 2013			ne 13, column (f))		17	
8 Investment income percentage from 20					18	9
9a 33 1/3% support tests - 2013. If the or						7 is not
more than 33 1/3%, check this box and						▶∟_
b 33 1/3% support tests - 2012. If the or						nd
line 18 is not more than 33 1/3%, check						<b>P</b>
20 Private foundation. If the organization	did not check a	box on line 14, 19	<u>a, or 19b, check th</u>	ns box and see in	structions	▶∟

332023 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

#### BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule A	(Form 990 or 990-EZ) 2013 PHOENIX FOUNDATION	94-2876537	Page 4
Part IV	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of	or 17b, and Part III, Iir	ne 12
	Also complete this part for any additional information (See instructions)		
		<del></del>	
· <u>-</u>			
		<del></del>	
			<del></del> -
		· · · · · · · · · · · · · · · · · · ·	
		<del></del>	

#### **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.

► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs gov/form990.

2013
Open to Public Inspection

BOYS & GIRLS CLUBS OF METROPOLITAN Name of the organization Employer identification number PHOENIX FOUNDATION 94-2876537 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051

Schedule D (Form 990) 2013

Schedule D (Form 990) 2013

c Leasehold improvements

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

d Equipmente Other

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)  $\triangleright$ Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII 🗶 Schedule D (Form 990) 2013

332053 09-25-13

(6)(7) (8) (9)

	BOYS & GIRLS CLUBS OF METROPOLITAN			
Soh			04 2076537	Page 4
	edule D (Form 990) 2013 PHOENIX FOUNDATION  Int XI Reconciliation of Revenue per Audited Financial Statem	nents With Revenue per F	<u>94-2876537</u> Return	Page =
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12		10141111	
1	Total revenue, gains, and other support per audited financial statements		1	804.368
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		·	004,500
	Nich and made and a second	2a 463,564,		
a	-		4 1	
b		2b	1 1	
C	, , ,	2c	1	
d	,	2d 8 173	1	
е	3 = -		2e	471,737.
3	Subtract line 2e from line 1		3	332,631.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	_4b	1 1	
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	332,631,
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater	ments With Expenses per	Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a	a		
1	Total expenses and losses per audited financial statements		1	484,399.
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	]	
е			2e	0.
3	Subtract line 2e from line 1		3	484.399.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
ء	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		4b		
		40 ]	40	0
c			4c   5	0.
Par	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	484 399.
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pai	rt IV lines 1h and 2h Part V line	1 Part Y line 2	Part VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any ad		+, Fait A, III 6 2	., rait XI,
IIIIE2	20 and 40, and Fart Air, lines 20 and 40 Also complete this part to provide any ad	iditional information		
ם אם יו	r II. LINE 5:			
FARI	11, DINE 3:			
mur	INTENDED USE OF THE ENDOWMENT IS TO PROVIDE STEADY.			
Ine	INTENDED USE OF THE ENDOWMENT IS TO PROVIDE STEADI,			
ONICC	DING RELIABLE FINANCIAL SUPPORT TO THE CLUBS.			
ONGC	TING, RELIABLE FINANCIAL SUFFORT TO THE CLUBS.			
		*********		
חמאת	n v tine 2.			
PART	T X, LINE 2:			-
	DOLDED TO THE THE THE THE THE TRUE TO THE TOTAL TO THE THE			
THE	FOUNDATION EVALUATES ITS UNCERTAIN TAX POSITIONS, IF ANY			
OV. 1	A COMMITTEE TO DESCRIPT THE OF THE DOLLETTE AND DROGEDURE	a peutaki		
ON A	A CONTINUAL BASIS THROUGH REVIEW OF ITS POLICIES AND PROCEDURES	S, REVIEW		
O= -	THE DECIT AD MAY BITTINGS AND DISCUSSIONS WITH ASSESSED BURGERS	muc		
OF I	ITS REGULAR TAX FILINGS, AND DISCUSSIONS WITH OUTSIDE EXPERTS.	THE		
		OGT TO VI		
FOUN	NDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX PO	OSITIONS		
	N N N N N N N N N N N N N N N N N N N	m 100		
TAKE	EN. AND AS SUCH. DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THA!	T_ARE		

332054 09-25-13

MATERIAL TO THE FINANCIAL STATEMENTS.

#### BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule D (Form 990) 2013 PHOENIX FOUNDATION  Part XIII   Supplemental Information (continued)	94-2876537	Page 5
Part XIII   Supplemental Information (continued)		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		<del></del>
CHANGE IN CACH CHIRDSIDED WATER OF LIFE INCHDANCE		
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE 8,173.		
	·	
	<del></del>	
	·	
	<del></del>	
		<del></del>

332055 09-25-13

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No 1545-0047	2013	Open to Public
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Inspection

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of	Name of the organization BOYS & GIRLS CLUBS OF METROPOLITAN	Employer Identification number
i	PHOENIX FOUNDATION	04 3876537
Part	Part I General Information on Grants and Assistance	1000107-40
1 00	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	tion
CLI	oriteria used to award the grants or assistance?	X Yes No

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 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States Complete

1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (d)	\$5,000 Part II can (b) EIN	be duplicated if addit (c) IRC section	ional space is need (d) Amount of	1 41	(f) Method of valuation (book.	(g) Description of	(h) Purpose of grant
		i applicable	casn grant	non-cash assistance	FMV, appraisal, other)	non-cash assistance	
BOYS & GIRLS CLUBS OF METROPOLITAN PHOENIX - 2645 NORTH 24TH STREET -							
PHOENIX, AZ 85008	86-0107639	501(C)(3)	387,879.	0			OPERATIONS
9 Enter Intel number of section 501/o/(3) a	to toomaranoo ba		4 6 6 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<ol> <li>Lines total number of other organizations listed in the line 1 table</li> </ol>	s listed in the line :	ganizations listed in tr 1 table	ie line 1 table				1,

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

Schedule I (Form 990) (2013)

BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule I (Form 990) (2013)

Part III

Page 2

94-2876537

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (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 Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant 27 THE FOUNDATION'S BOARD MEETINGS AND REPORT HOW THE FOUNDATION'S GRANTS ARE SPENT, GRANTEE MONTHLY FINANCIAL STATEMENTS ARE ALSO MONITORED FOR (b) Number of recipients MANAGEMENT OF THE BOYS AND GIRLS CLUB OF METRO PHOENIX ATTEND (a) Type of grant or assistance COMPLIANCE WITH GRANT PROVISIONS, PART I LINE 2: 332102 10-29-13

#### SCHEDULE J (Form 990)

#### **Compensation Information**

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 Attach to Form 990.
 See separate instructions.
 Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

BOYS & GIRLS CLUBS OF METROPOLITAN

PHOENIX FOUNDATION

Employer identification number

94-2876537

Part 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 Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No." complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a b Any related organization? 5b Х If "Yes" to line 5a or 5b, describe in Part III 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization? 6a b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the

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

initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2013

8

Regulations section 53 4958-6(c)?

age 2

PHOENIX FOUNDATION

Schedule J (Form 990) 2013

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

	1	(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(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	(D)·(l)·(B)	reported as deferred in prior Form 990
(1) AMY GIBBONS	ε	0	0	0.	0	0	C	
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Schedule J (Form 990) 2013

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GIRLS
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BOYS

PHOENIX FOUNDATION

Schedule J (Form 990) 2013

Page 3

94-2876537

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Part III | Supplemental Information

332113 09-13-13

Schedule J (Form 990) 2013

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ. Information about Schedule Q (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

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 FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WAS PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND REVIEWED BY THE BOARD OF TRUSTEES BEFORE FILING. FORM 990 PART VI SECTION B LINE 12C: THE CONFLICT OF INTEREST POLICY COVERS OFFICERS, DIRECTORS MEMBERS OF A COMMITTEE WITH BOARD-DELEGATED POWERS, AND VOLUNTEERS. COVERED PERSON HAS AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST. HE OR SHE MUST DISCLOSE THE EXISTENCE AND NATURE OF HIS OR HER FINANCIAL INTEREST TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL INTEREST. THE INTERESTED PERSON MUST LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE FINANCIAL INTEREST IS DISCUSSED AND VOTED UPON THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF ANNUALLY, THE CONFLICT OF INTEREST POLICY IS REVIEWED BY THE TRUSTEES AND ALL TRUSTEES COMPLETE A CONFLICT OF INTEREST STATEMENT FORM 990, PART VI SECTION C LINE 19: THE ARTICLES OF INCORPORATION, BYLAWS, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC BY REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization BOYS & GIRLS CLUBS OF METROPOLITAN	Employer identification number
PHOENIX FOUNDATION	94-2876537
THOUNTA FOUNDATION	
FORM 990 PART XI, LINE 9 CHANGES IN NET ASSETS:	
CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE	.173.
<del></del>	

SCHEDULE R (Form 990)

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

► See separate instructions. ► Attach to Form 990.

Open to Public Inspection

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. BOYS & GIRLS CLUBS OF METROPOLITAN

Employer identification number

94-2876537

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

PHOENIX FOUNDATION

Name of the organization Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
BG DEVELOPMENT, LLC - 20-8293147 2645 NORTH 24TH STREET PHOENIX, AZ 85008 BGC MANAGERS, LLC - 46-5280356 2645 NORTH 24TH STREET PHOENIX, AZ 85008	CONSTRUCTION MANAGEMENT SERVICES	ARIZONA ARIZONA	3,017,093	80	8,960,886,BGC METRO	
Part II Identification of Related Tax-Exempt Organizations Complete if organizations during the tax year	zations Complete if the organization a	the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt	Part IV, line 34 bec	cause it had one or	more related tax-exer	ıρt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13) controlled

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

332161 09-12-13 LHA

33

Schedule R (Form 990) 2013

ž

entity

status (if section 501(c)(3))

section

foreign country)

LINE 7

501(C)(3)

RIZONA

YOUTH DEVELOPMENT

86-0107639, 2645 NORTH 24TH STREET PHOENIX,

85008

BOXS AND GIRLS CLUB OF METROPOLITAN PHX -

of related organization

BOYS & GIRLS CLUBS OF METROPOLITAN

Schedule R (Form 990) 2013 PHOENIX FOUNDATION

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year 94-2876537 Part III

Page 2

General or Percentage managing ownership (i) Section 512(b)(13) controlled entity? Yes No Identrification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year ड Percentage ownership Yes Ξ Code V-UBI amount in box me 20 of Schedule F K-1 (Form 1065) Share of end-of-year assets Ξ <u>(6</u> Disproportionate Yes No allocations? Ξ Share of total income  $\boldsymbol{arphi}$ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) (e) Share of total income Ξ (d)
(d)
(i) Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) <u>ဒ</u> (d)
| Direct controlling | entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2013

34

332162 09-12-13

Schedule R (Form 990) 2013 PHOENIX FOUNDATION

Page 3

94-2876537

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	in Parts II-IV?	
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a x
b Gift, grant, or capital contribution to related organization(s)				1b ×
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				1d ×
e Loans or loan guarantees by related organization(s)				1e ×
f Dividends from related organization(s)				<b>1</b> ×
g Sale of assets to related organization(s)				1g ×
h Purchase of assets from related organization(s)				1h x
<ul> <li>Exchange of assets with related organization(s)</li> </ul>				1i x
j Lease of facilities, equipment, or other assets to related organization(s)				1 <sub>1</sub> x
k Lease of facilities, equipment, or other assets from related organization(s)				1k ×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			+ ×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			1m x
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n x
o Sharing of paid employees with related organization(s)				10 X
n Reimbursement paid to related organization(s) for expenses				×
q Reimbursement paid by related organization(s) for expenses				╀╌┤
S Other transfer of cash or property from related organization(s)				Ts X
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(L)				
(2)				
(6)				
(4)				
7.T.				
(5)				
(6)				
332163 09-12-13	35		Schedule	Schedule R (Form 990) 2013

PHOENIX FOUNDATION Schedule R (Form 990) 2013

94-2876537

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-51	(f)	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes No	bisproportional Code V-UBI Ceneral or Percentage undiations? of Schedule K-1 partner? ownership	(J) General or managing partner? Yes No	(k) Percentage ownership
		_							

Schedule R (Form 990) 2013

#### Fórm 8868

(Rev January 2014)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box								
• If yo	ou are filing for an Additional (Not Automatic) 3-Month Ex	ctension, c	complete only Part II (on page 2 of	this form)				
	t complete Part II unless you have already been granted							
Electr	onic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of tir	ne to file (	6 months for a co	rporation		
require	ed to file Form 990·T), or an additional (not automatic) 3·mc	onth extens	sion of time. You can electronically f	ile Form 8	868 to request ar	n extension		
of time	to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With	Certain		
	nal Benefit Contracts, which must be sent to the IRS in pap							
Part	ww.irs gov/efile and click on e-file for Chanties & Nonprofits  Automatic 3-Month Extension of Time		submit original (no copies	needed	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
	oration required to file Form 990-T and requesting an auto				<b>V</b> .			
Part I						<b>▶</b> □		
All oth	er corporations (including 1120-C filers), partnerships, REN ncome tax returns	IICs, and t	rusts must use Form 7004 to reques		nsion of time er's identifying n	umber		
Туре		ictions		i	r identification nu			
print								
pinn	PHOENIX FOUNDATION	94-2876537						
File by th	e	ee instruc	tions	Social se		SN)		
filing you	2645 NORTH 24TH STREET		tions.	Coolai oc	ocial security number (SSN)			
return S	in See							
Entert	he Return code for the return that this application is for (file		to application for each return)			0 1		
	tre neturn code for the return that this application is for (life	e a separa	te application for each return)					
Application			Application			Return		
Is For			Is For			Code		
Form 990 or Form 990-EZ			Form 990-T (corporation)			07		
Form 990-BL			Form 1041-A		<u> </u>	08		
Form 4720 (individual)			Form 4720 (other than individual)			09		
Form 9	90-PF	04	Form 5227			10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11		
Form 990-T (trust other than above) 06 Form 8870								
	DALE WANEK							
	books are in the care of ► 2645 N 24TH STREET - 1	PHOENIX,						
Telephone No ► 602~954-8182 Fax No ►								
	e organization does not have an office or place of business							
_	is is for a Group Return, enter the organization's four digit	-						
<u>pox</u> ▶					ers the extension	is for.		
1	request an automatic 3-month (6 months for a corporation APRIL 15, 2015 , to file the exemp		to file Form 990-T) extension of time tion return for the organization name		The extension			
ī	s for the organization's return for							
l	calendar year or							
J	X tax year beginning SEP 1, 2013	, an	d ending AUG 31, 2014		<del></del>			
2	f the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on Initial return	Fınal retur	'n			
3a	f this application is for Forms 990-BL, 990-PF, 990-T, 4720	. or 6069.	enter the tentative tax, less any					
	onrefundable credits See instructions	, ,	,	3a	\$	0.		
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$	0.		
-	Balance due. Subtract line 3b from line 3a Include your pa			3b	<b>†</b>	<del>`</del>		
				3с	   \$	n		
Cautic	Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment							
LHA	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form <b>8868</b>	(Rev 1·2014)		
323841 12-31-13	,				= 550	,,		