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Form

Department of the Treasury Internal Favenue 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

2015 Open to Public Inspection

OMB No 1545-0047

B Check if ap Address ch	2015 calendar year, or tax year beginning 03/01/15 , and ending 12/31/1		Employe	r Identification number
Address ch	ratio			
=	Doing histories as		47-1	955928
Name char	Number and street (or P O box if mail is not delivered to street address)		Telephon	
X Initial return	2017 West 9th Avenue			
Final return	City or town, state or province, country, and ZIP or foreign postal code			
terminated	Denver CO 80204	G	Gross red	eipts 954,85
Amended r	F Name and address of principal officer			
Application	ending Connie Rule	H(a) Is this a group	return for	subordinates? Yes X
	2017 West 9th Avenue	H(b) Are all subor	dinates inc	luded? Yes
	Denver CO 80204	If "No," at	tach a list	(see instructions)
		1		
I Tax-exem		- Way Command		N
J Website		ear of formation 20		
K Form of or		ear of formation 20	10	M State of legal domicile C
Part I	Summary			
1 B	efly describe the organization's mission or most significant activities			
8	To inspire and enable all young people, especially those			
a	circumstances, to realize their full potential as produced	uctive, re	spons	ıble
Đ	and caring citizens.			
Governance 5	eck this box ▶  if the organization discontinued its operations or disposed of more than 25	% of its net asset	ts .	
عة   3 N	mber of voting members of the governing body (Part VI, line 1a)		3	13
	mber of independent voting members of the governing body (Part VI, line 1b)		4	13
<b>ĕ </b> 5 ⊺	tal number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0
. <u></u>	tal number of volunteers (estimate if necessary)		6	25
<b>∢</b>   7a⊺	tal unrelated business revenue from Part VIII, column (C), line 12		7a	
	t unrelated business taxable income from Form 990-T, fline 34 3 5 6 5 1 / 5 5		7b	
<del>  5</del> 1	Tuttelated business taxable income from 555 1,11116 54 FLOETVED	Prior Year	1,15	Current Year
8.0	ntributions and grants (Part VIII, line 1h)			939,54
<b>Ψ</b> I	ogram service revenue (Part VIII, line 2g)			
5 10 i	pogram service revenue (Part VIII, line 2g) restment income (Part VIII, column (A), lines 3, 4, and 7d)  MAY 1 6 2016			54
۳ ا <del>۱</del> ۵ ا	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			14,76
	tal revenue – add lines 8 through 11 (must equal Part VIII, column (A) line 12)			954,85
42 (	ants and similar amounts paid (Part IX, column (A), lines 1=3)			708,02
	nefits paid to or for members (Part IX, column (A), line 4)			
as I	laries, other compensation, employee benefits (Part IX, column (A), lines 5–10)			
ഇ  16a⊦	ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25) ▶ 2,453			
āl	tal fundraiging expenses (Part IX, column (L)), line 25) >			
×Ι				60.60
ŭ   <sub>17</sub> €	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			
ŭ   <sub>17</sub> €				770,65
17 C	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			770,65 184,20
17 C 18 T 19 F	tal expenses (Part IX, column (A), lines 11a–11d, 11f–24e) tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12	Beginning of Currer		770 , 65 184 , 20 End of Year
17 (18 T) 19 F	tal assets (Part X, line 16)  her expenses (Part IX, column (A), lines 11a–11d, 11f–24e) tal expenses Add lines 13–17 (must equal Part IX, column (A), line 25) evenue less expenses Subtract line 18 from line 12	Beginning of Currer	0	770,65 184,20 End of Year 201,80
17 ( 18 T 19 F 5880 5880 20 T 20 T 21 T	tal assets (Part X, line 16)  tal liabilities (Part X, line 26)	Beginning of Currer	0	770,65 184,20 End of Year 201,80 17,59
17 C 18 T 19 F 5890 20 T 20 T 20 T	tal assets (Part X, line 16) tal liabilities (Part X, line 26) tal assets or fund balances Subtract line 21 from line 20	Beginning of Currer	0	770,65 184,20 End of Year 201,80 17,59
17 C 18 T 19 F 5890 20 T 20 T 20 T	tal assets (Part X, line 16)  tal liabilities (Part X, line 26)	Beginning of Currer	0	770,65 184,20 End of Year 201,80 17,59
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Form 990 (2015) Boys &			47-1955928	Page 2
	of Program Service	Accomplishments esponse or note to any line i	n this Part III	
Briefly describe the organ	nization's mission			
To inspire and	d enable all y , to realize	young people, esp their full potent	ecially those from ial as productive,	disadvantaged responsible
prior Form 990 or 990-EZ		ram services during the year which	were not listed on the	Yes X No
3 Did the organization ceas services? If "Yes," describe these or		nificant changes in how it conducts	s, any program	Yes X No
4 Describe the organization expenses Section 501(c)	n's program service accom	tions are required to report the ame	gest program services, as measured bount of grants and allocations to other	py s,
The Boys & Gir relationships character deve We strive for - Positive sel	rls Club proving a with caring a selopment experience young people of identity amployment, avolvement well being	adult professiona riences; and, hop to achieve:	708,020 ) (Revenue \$ to learn and grow ls; life enhancing e and opportunity.  l and cultural comp	; ongoing programs;
4b (Code ) (Expe	enses \$	including grants of \$	) (Revenue \$	)
4c (Code ) (Expe	enses \$	including grants of \$	) (Revenue \$	)
4d Other program services (  (Expenses \$  4e Total program service ex	including	grants of \$ 759,594	) (Revenue \$	)

Part 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)? If "Yes,"		x	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	<del> </del>
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
•	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 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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete 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 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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е		11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a		40		v
	Schedule D, Parts XI and XII	12a		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year? If	405	x	
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{\mathbf{x}}{\mathbf{x}}$
14a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		
b	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			_==_
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	j	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			·
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	- 1	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," complete Schedule G, Part III	19		_X_
		Forr	<sub>n</sub> 990	(2015)

Part IV Checklist of Required Schedules (continued)

	·	_	Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21_	_X_	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's 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 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		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 "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X_
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			<u> </u>
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	-	<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			77
	complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,		<b>3</b> 2	
	or IV, and Part V, line 1	34	Х	77
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			v
	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,			v
	Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	30	x	
	19? Note. All Form 990 filers are required to complete Schedule O	38		

Form 990 (2015) Boys & Girls Clubs in Colorado 47-1955928 Page 5 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 0 Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods X and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7c required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources b against amounts due or received from them ) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 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 Enter the amount of reserves the organization is required to maintain by the states in which 13b the organization is licensed to issue qualified health plans 13c Enter the amount of reserves on hand С X Did the organization receive any payments for indoor tanning services during the tax year?

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

State the name, address, and telephone number of the person who possesses the organization's books and records

2017 West 9th Avenue

CO 80204

Connie Rule

Denver

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

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

(A) Name and Title	(B) Average hours per week (list any	er (do not check more than of box, unless person is both		s both a	ın	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation		
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1)Mark Messenbaugh										
Pur et dont	2.00 0.00	x		x				o	0	o
President (2) Marsh Bull	0.00	^		^	-			0	0	<u> </u>
(2)Marsh Bull	2.00									
Vice President	0.00	$ \mathbf{x} $		x				0	0	0
(3) Joyce Glasscock										<del>-</del>
., _	2.00			1		1				
Secretary	0.00	X		X				0	0	0
(4) John Arigoni										
	2.00			1						
Treasurer	0.00	X		X	1	$\sqcup$		0	0	0
(5) Eliza Nesmith		ĺ		ļ						
	1.00	l		Ì						
Board Member	0.00	X	_	ļ	$\vdash$	+-+		0	0	0
(6) Tim Flaherty	1 00	İ								
Deand Mamban	1.00	x						0	o	o
Board Member (7) Dana Duran	0.00	┢		┢	┢	+			0	
(I)Dalla Dulali	1.00									
Board Member	0.00	x		İ				0	O	0
(8) Kimberly Boyd			$\vdash$	† <u> </u>				-		
(3,132331 = 1-2 = 1-2 =	1.00				İ					
Board Member	0.00	x						0	0	O
(9) Tracy Christeson	1							1		
	1.00		ĺ			1 1				
Board Member	0.00	X	<u> </u>					0	0	0
(10)Melanie Bravo										
	1.00					1			_	_
Board Member	0.00	X	₩	╂—	ļ	+		0	0	0
(11)Noelle Hardt	1 22									
Board Mamban	1.00	x						0	0	
Board Member	0.00	] A	l			1		<u> </u>		5 990

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours per week (list any	bo	x, unle	Pos check ess pe	rson ı	than o s both r/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	c	(F) Estimate amount other compense	of	
	hours for related organizations below dotted line)	Individual trustee or director		Officer		Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	C	from th organiza and rela organizat	ie tion ted	
(12) Kristina Jone	s												
Board Member	1.00 0.00	x						o	o				(
(13) Leslie Peters													
Doord Mamban	1.00	x						o	o				c
Board Member (14) Gregory Hatch		^			-	-		0	0				
(11, 010g01)	1.00												
Board Member	0.00	X				1		0	0				
(15) Don Quick	1 00												
Board Member	1.00	x						0	o				C
(16) Connie Rule	0.00	<u>^</u>	<u> </u>			$\vdash$						_	
(40, 0011120 11420	40.00	İ											
Executive Director	0.00			X	ļ	ļ		0	0				0
1b Sub-total		1	i	L.,	<u> </u>	L	<u> </u>	!		··-			
c Total from continuation she	ets to Part VII,	Sect	ion A	Ą									
d Total (add lines 1b and 1c)  Total number of individuals (ir reportable compensation from	ncluding but not	lımıte	ed to	thos	se lis	ted a	abov	re) who received more than	\$100,000 of				
3 Did the organization list any fo				trust	tee, l	key e	empl	loyee, or highest compensa	ated			Yes	No
employee on line 1a? If "Yes," 4 For any individual listed on lin	e 1a, is the sum	of re	eport	able	com	pens	satic	on and other compensation	from the		3		<u> </u>
organization and related organization	nizations greatei	tnai	1 \$1:	יט,טכ	JU / I	r Ye	s, c	complete Schedule J for su	Cn	Ĺ	4	ľ	X
5 Did any person listed on line									rındıvıdual		_		v
for services rendered to the o Section B. Independent Contractor		res,	CON	piet	e 5c	neau	ne J	for such person	<u> </u>		5		X
Complete this table for your fi compensation from the organ	ve highest comp	ensa	ated ensa	ınde	penc for t	lent o	cont alen	ractors that received more dar year ending with or with	than \$100,000 of nin the organization's tax ye				
	(A) I business address								(B) stion of services		Con	(C)	on
				·									
	-												
<u> </u>			-					•					
												_	
2 Total number of independent received more than \$100,000								se listed above) who	0				
DAA			•••					<del></del>	<u> </u>	<u>_</u> _		aan	40045

Form 990 (2015) Boys & Girls Clubs in Colorado 47-1955928 Page 9 Part VIII Statement of Revenue 'Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (A) (D) Revenue Total revenue exempt business revenue excluded from tax function revenue 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c d Related organizations 1d 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 939,547 1f g Noncash contributions included in lines 1a-1f 939,547 h Total. Add lines 1a-1f Program Service Revenue Busn Code 2a b f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, 545 and other similar amounts) Income from investment of tax-exempt bond proceeds ▶ Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets other than inventor **b** Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a 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 Busn Code 14,765 14,765 11a Expense reimbursements b d All other revenue

14,765

14,765

954,857

545

Total. Add lines 11a-11d

Total revenue. See instructions

Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a response			plete column (A)	
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b, 8	b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		ľ		
	and domestic governments See Part IV, line 21	707,520	707,520		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	500	500		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			:	
	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				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		-		
11	Fees for services (non-employees)				
a	Management				
b	Legal	1 005	1 005		
С.	Accounting	1,025	1,025	····	
d	Lobbying	-			
e	Professional fundraising services See Part IV, line 17			•	
T	Investment management fees		-		<del></del>
g	Other (If line 11g amount exceeds 10% of line 25, column				
40	(A) amount, list line 11g expenses on Schedule O )	65		65	
12	Advertising and promotion	20,112	14,407	5,162	E 4 2
13	Office expenses	1,365	792	519	543 54
14 15	Information technology Royalties	1,303	132		
16	Occupancy		<del></del>		
17	Travel	8,357	7,521	<del></del>	836
	Payments of travel or entertainment expenses	0,337	1,321		630
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,314	3,314		
20	Interest	<u> </u>			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	-			
23	Insurance			<del></del>	
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)				
а	Youth of the Year	16,315	16,315		····
b	Training	4,307	2,498	1,637	172
c	Dues and subscriptions	3,153	1,829	1,198	126
d	Facilitating	2,800	2,800	, = = =	<u>=</u> _ <u></u>
_	All other expenses	1,819	1,073	24	722
25	-	770,652	759,594	8,605	2,453
26					

**Balance Sheet** Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest bearing 1 2 2 Savings and temporary cash investments 139,09 Pledges and grants receivable, net 3 Accounts receivable, net 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 10a other basis Complete Part VI of Schedule D 10b b Less accumulated depreciation 10c 11 11 Investments—publicly traded securities 12 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 201,803 Total assets. Add lines 1 through 15 (must equal line 34) 16 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 17,502 of Schedule D 25 01 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ **Balances** complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 27 182,854 28 Temporarily restricted net assets Net Assets or Fund Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 0 184,205 33 Total net assets or fund balances 201,803 0 34 Total liabilities and net assets/fund balances

	990 (2015) Boys & Girls Clubs in-Colorado 47-1955928			<u>Pa</u>	ge <b>12</b>
Рa	rt XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		54,	
2	Total expenses (must equal Part IX, column (A), line 25)	2	7	70,	652
3	Revenue less expenses Subtract line 2 from line 1	3_	<u> </u>	84,	205
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	1	84,	205
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O		l		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	x	ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			1	
b	Were the organization's financial statements audited by an independent accountant?		2b	X	ĺ
_	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis X 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				İ
_	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				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1	ĺ
	the Single Audit Act and OMB Circular A-133?		За		x
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		1-52	T	
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		
	required about a state of explaint strip in exclusion of and account and the strip to the strip			orm 990	) (2015)

**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.

Open to Public Inspection

Name of the organization Boys & Girls Clubs in Colorado Employer identification number 47-1955928

Pi	art I	Reaso	on for Public Charity	Status (All organizations	must co	mplete	this part ) See instruction	ns		
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box	)			
1		A church, con	evention of churches, or asso	ociation of churches described i	n section	170(b)(1	)(A)(i).			
2	$\Box$	A school desc	cribed in section 170(b)(1)(A	A)(ii). (Attach Schedule E (Form	990 or 9	90-EZ))				
3	П			e organization described in sec			iii).			
4	$\sqcap$	A medical res	search organization operated	i in conjunction with a hospital o	lescribed	ın sectio	n 170(b)(1)(A)(iii). Enter the h	ospital's name.		
		city, and state	- · · · · · · · · · · · · · · · · · · ·	•				•		
5				f a college or university owned	or operate	ed by a go	overnmental unit described in			
	ш	_	b)(1)(A)(iv). (Complete Part	- · · · · · · · · · · · · · · · · · · ·	•	, ,				
6		,	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).							
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public								
•		•	section 170(b)(1)(A)(vi). (Co	•	u govo		and of hom the general public	•		
8				70(b)(1)(A)(vi). (Complete Part	шл					
9	$\vdash$	•		) more than 33 1/3% of its supp	•	contribution	one membership fees and are	nee		
3		•	·	pt functions—subject to certain			•	733		
		•		d unrelated business taxable in	*		•			
		• •	•	), 1975 See <b>section 509(a)(2)</b> .	-		•			
40	$\Box$		<del>-</del>	exclusively to test for public safe			•			
10	-	•	•	exclusively to test for public sale	•		, ,, ,	oon of		
11	Ш	•	•	ons described in section 509(a						
				cribes the type of supporting org				Olleck		
_			<del>-</del>	**			•			
а	ш			ed, supervised, or controlled by		_		_		
		• •	• , , , ,	o regularly appoint or elect a ma	ajority or t	ne directi	ors of trustees of the supporting	9		
		•	You must complete Part I\		م مدر مادرین		annumentania (a) haa haaana			
b		• •		ised or controlled in connection			• • • •			
			-	organization vested in the same	e persons	tnat cont	troi or manage the supported			
		•	s) You must complete Par							
С	-	- 1		orting organization operated in						
_		• •	* * * * * * * * * * * * * * * * * * * *	ions) You must complete Pai						
đ			• •	supporting organization operate			,, ,			
				anization generally must satisfy						
		•	•	complete Part IV, Sections A						
е			<u> </u>	d a written determination from t			Type I, Type II, Type III			
	_	•	•	ectionally integrated supporting	organizati	on		<u></u>		
Ť			r of supported organizations							
<u> 9</u>			ving information about the su		1					
(		ne of supported ganization	(II) EIN	(iii) Type of organization (described on lines 1–9		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
	-	<b>5</b>		above (see instructions))	1	ment?	instructions)	instructions)		
					<u> </u>		1			
					Yes	No				
(A)										
(B)					<del>                                     </del>	<u> </u>				
(0)			!							
(C)										
						ļ <u> </u>				
(D)										
					-					
(E)										
Tot	al		F			<b>!</b>				

47-1955928

Page 2

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)

	ion A. Public Support							
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201	5	(f) Total
	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					939	,547	939,547
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
•	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3					939	,547	939,547
	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)							331,489
6	Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>			608,058
	tion B. Total Support			(-) 0040	(4) 2044	(-) 204		
Calen	dar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 201		(f) Total
7	Amounts from line 4		,	<del> </del>		939	547	939,547
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						545	545
9	Net income from unrelated business activities, whether or not the business is regularly carried on						!	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					:		
11	Total support. Add lines 7 through 10		-		<u> </u>			940,092
12	Gross receipts from related activities, etc	(see instructions)					12	14,765
13	First five years. If the Form 990 is for the	organization's firs	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)		
	organization, check this box and stop her							<b>X</b>
Sec	tion C. Computation of Public Su	upport Percen	tage					
14	Public support percentage for 2015 (line 6	i, column (f) dıvıde	d by line 11, colur	mn (f))			14	%
15	Public support percentage from 2014 Sch	edule A, Part II, lin	ne 14				15	%_
16a	33 1/3% support test—2015. If the organ	ization did not che	ck the box on line	13, and line 14 is	33 1/3% or more,	check this		_
	box and stop here. The organization qual	ifies as a publicly	supported organiz	ation				▶ []
b	33 1/3% support test—2014. If the organ				15 is 33 1/3% or m	ore,		. □
	check this box and stop here. The organi				Co. as 40h. and ha	. 44		
17a	10%-facts-and-circumstances test—20° 10% or more, and if the organization mee							
	Part VI how the organization meets the "fa							
	organization							▶ 🗌
b	10%-facts-and-circumstances test—20	14. If the organizat	tion did not check	a box on line 13, 1	l6a, 16b, or 17a, ar	nd line		
	15 is 10% or more, and if the organization							
	Explain in Part VI how the organization me	eets the "facts-and	d-circumstances" (	test. The organizat	tion qualifies as a p	ublicly		
	supported organization							▶ []
18	Private foundation. If the organization di	d not check a box	on line 13, 16a, 1	6b, 17a, or 17b, ch	neck this box and s	ee		
	instructions						_	▶ []
	instructions		<u> </u>					

Page 3

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.)

Calendar year (or fiscal year beginning in) ►  (a) 2011  (b) 2012  (c) 2013  (d) 2014  (e) 2015  (f) Total  (d) 2014  (e) 2015  (f) Total  (d) 2014  (e) 2015  (f) Total  (e) 2015  (f) Total  (e) 2015  (f) Total  (e) 2015  (f) Total  (e) 2015  (f) Total  (e) 2015  (f) Total  (e) 2016  (	Sec	tion A. Public Support			, <u>p</u>			
feer riceword. (Do not include any 'unusual grants') 2. Gross recepts from admisses mechanises furnished an any activety that is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts is reliated to the organization's tax-owenty buts or the organization of tax-owenty buts of the organization of the organization without charge or the organization without charge or fractitives furnished by a governmental unit to the organization without charge or the organization without charge or the organization without charge or the organization without charge or the organization of the structure of the organization without charge or the organization of the structure of the organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization or the organization of the structure organization without charge organization or the structure organization of the structure organization of the structure organization organization organization organization organization organization organization. The structure organization organi	Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
2 Gross recomption from admissions, merchandses sold or services performed, or facilities for the organizations performed, or facilities for the organizations to sentify any service plant is related to the organizations to sentify and estimate the performance of the performance	1	fees received (Do not include any "unusual						
unrelated triade or business under section 513  1 Tax revenues level do fir the organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization without charge organization organization and a conserved from disqualified persons that exceed the greater off. 5000 or 1% of the amount on the 13 for the year of Add lines 1 can and 3 received for greater off. 5000 or 1% of the amount on the 13 for the year of Add lines 7 and 7 by Public support. (Subtract line 7c from line 6 s)  Section B. Total Support  Calendar year (or fiscal year beginning in) > (a) 2011 (b) 2012 (c) 2013 (d) 2014 (e) 2015 (f) Total 9 Amounts from line 6 s)  Durnished business taxable in cnome (less section 51 1 taxes) from businesses acquired after June 30, 1975  c Add lines 10 and 10b line 10 and 1	2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
organization's benefit and either paid to or expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5  6 Total. Add lines 1 through 5  7 A Amounts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2, and 3 received from disqualified persons by Announts included on lines 1, 2 and 3 received from disqualified persons and received from the first of the year of Add lines 2 and 3 received from the first of the year of Add lines 2 and 3 for the year of Add lines 2 and 3 for the year of Add lines 2 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 3 and 3 for the year of Add lines 4 for Add lines 4 for A	3							
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and 12 )  14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  1	12	loss from the sale of capital assets						
organization, check this box and stop here  Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	13							
Section C. Computation of Public Support Percentage  15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  16 Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line  17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10 b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  17 Investment income percentage from 2014 Schedule A, Part III, line 17  18 %	14	First five years. If the Form 990 is for the	organization's fir	st, second, third, fo	ourth, or fifth tax ye	ar as a section 50	1(c)(3)	
Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))  15 %  Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part								<b>.</b>
Public support percentage from 2014 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage for 2015 (line 10c, column (f))  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 13  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income percentage from 2014 Schedule A, Part III, line 17  Investment income	Sec	tion C. Computation of Public Si	upport Percei	ntage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))  18 Investment income percentage from 2014 Schedule A, Part III, line 17  19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15				nn (f))		15	%_
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Investment income percentage from 2014 Schedule A, Part III, line 17  19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  •     Image: Part III, line 17							<del> </del>	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		, ,		•	3, column (f))		<del></del>	
17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization  b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization			•	•			<b>L</b>	%_
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	19a				•		•	. —
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
	D				•		•	
	20		•	_	•		•	

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
_	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
ou.	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
Ü	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	1		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			····
4a	"Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	100	***************************************	
b	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
C	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
		4c	,	
5a	purposes  Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"	Ü		
Ja	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
	was accomplished (such as by amendment to the organizing document)	5a	·	1
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	<u> </u>		
	designated in the organization's organizing document?	5b		1
_	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
с 6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to		-	
ŭ	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		İ
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	L.		-
'	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		Ì
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
o	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		1
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ja	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
D	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9ь	1	1
_	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
С	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ĺ	
100	Was the organization subject to the excess business holdings rules of section 4943 because of section			
10a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
<b>L</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
b	determine whether the organization had excess business holdings in the tax year? (Ose ochedule 0, 1 om 4720, to	10b	1	1
	determine whether the digametation had exceed because hereings /	,		1

	5/25/5 10 41 / All			
	ule A (Form 990 or 990-EZ) 2015 Boys & Girls Clubs in Colorado 47-195592	<u> </u>		Page
Part	t IV Supporting Organizations (continued)			<u> </u>
4.4			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	:	
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	1110		L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		:	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2		l
<u>Secti</u>	ion C. Type II Supporting Organizations		· · ·	
		<del></del>	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
0 4	the supported organization(s)	1_1_	<u> </u>	
Secti	ion D. All Type III Supporting Organizations		г <del></del>	
_		[	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		1	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	1	1
•	By reason of the relationship described in (2), did the organization's supported organizations have a	-		
3	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3	1	İ
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	)		
а	The organization satisfied the Activities Test. Complete line 2 below			
b				
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instruc	tions)		
2 .	Activities Test Answer (a) and (b) below.		Yes	No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a	<u> </u>	<u> </u>
þ	· · · · · · · · · · · · · · · · · · ·			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b	<u> </u>	<del> </del>
3	Parent of Supported Organizations Answer (a) and (b) below.			
а				1
	trustees of each of the supported organizations? Provide details in Part VI.	3a	I	I

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

chedule A (Form 990 or 990-EZ) 2015 Boys & Girls Clubs in Col Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust o	n Nov 20, 197	0 See instructions. A	I
other Type III non-functionally integrated supporting organizations must complete S	ections A thro	ugh E	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2	···	
3 Other gross income (see instructions)	3	·	
4 Add lines 1 through 3	4	· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7	<u></u> .	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	1		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1— Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		

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

Schedule A (Form 990 or 990-EZ) 2015

Income tax imposed in prior year

instructions)

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

	ule A-(Form 990 or 990-EZ) 2015 Boys & Girls Club		47-1955	928 Pag	<u>је 7</u>
Par		Supporting Organiza	tions (continued)		
	ion D - Distributions			Current Year	
	Amounts paid to supported organizations to accomplish exempt purpo		<del></del> ·	<del> </del>	
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported			
	organizations, in excess of income from activity	<del></del>		<del> </del>	
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations			
4	Amounts paid to acquire exempt-use assets	<del></del>			
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI) See instructions			<del>                                     </del>	
	Total annual distributions. Add lines 1 through 6				
8	Distributions to attentive supported organizations to which the organizations	ation is responsive			
	(provide details in Part VI) See instructions	<del>.</del>		ļ	
9	Distributable amount for 2015 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount	·			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015	
1_	Distributable amount for 2015 from Section C, line 6			ļ	
2	Underdistributions, if any, for years prior to 2015				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2015				
a					
b					
c					
d	From 2013				
e	From 2014				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2015 distributable amount				
i	Carryover from 2010 not applied (see instructions)				
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f			~	····
4	Distributions for 2015 from Section				
	D, line 7 \$				
a	Applied to underdistributions of prior years	/			
b	Applied to 2015 distributable amount				
	Remainder Subtract lines 4a and 4b from 4				
5	Remaining underdistributions for years prior to 2015, if				
	any Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions)				
6	Remaining underdistributions for 2015 Subtract lines 3h				
	and 4b from line 1 (if amount greater than zero, see				
	instructions)				
7	Excess distributions carryover to 2016. Add lines 3j				
_	and 4c	ļ <u> </u>			
8	Breakdown of line 7				
a	<u> </u>				
t	)				
	Excess from 2013				
c	Excess from 2014		1		

Schedule A (Form 990 or 990-EZ) 2015

e Excess from 2015

Part VI

Schedule A (Form 990 or 990-EZ) 2015 Boys & Girls Clubs in Colorado

47-1955928

Page 8

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b, Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information (See instructions)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

ame of the organ	ızatıon		Employer identification number
Bovs &	Girls Clubs in Colorado		47-1955928
Part I	Organizations Maintaining Donor Advised Complete if the organization answered "Yes"	I Funds or Other Similar Fund on Form 990, Part IV, line 6	
		(a) Donor advised funds	(b) Funds and other accounts
1 Total nur	mber at end of year		
2 Aggregat	te value of contributions to (during year)		
3 Aggregat	te value of grants from (during year)		
	te value at end of year		
	organization inform all donors and donor advisors in writin		
	e the organization's property, subject to the organization's		Yes No
	organization inform all grantees, donors, and donor adviso		
•	charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purpos	
	g impermissible private benefit?		Yes No
Part II	Conservation Easements. Complete if the organization answered "Yes"	on Form 990, Part IV, line 7	
1 Purpose	(s) of conservation easements held by the organization (o	check all that apply)	
Pres	ervation of land for public use (e g , recreation or educati		•
Prot	ection of natural habitat	Preservation of a certified	historic structure
	servation of open space		
•	e lines 2a through 2d if the organization held a qualified of	conservation contribution in the form of	
	nt on the last day of the tax year		Held at the End of the Tax Yea
a Total nu	mber of conservation easements		
	reage restricted by conservation easements		2b
	of conservation easements on a certified historic structur		2c
	of conservation easements included in (c) acquired after	8/17/06, and not on a	
	structure listed in the National Register		
	of conservation easements modified, transferred, release	ed, extinguished, or terminated by the o	rganization during the
tax year			
	of states where property subject to conservation easeme		
	e organization have a written policy regarding the periodic		☐ Yes ☐ No
	s, and enforcement of the conservation easements it hold		
6 Staff and	d volunteer hours devoted to monitoring, inspecting, hand	ning of violations, and emorcing conser-	vation easements during the year
- ^	. C	of welsting and opforeign componints	n againments during the year
7 Amount ▶ \$	of expenses incurred in monitoring, inspecting, handling	or violations, and emorcing conservation	n easements during the year
	ask assessment apported on line 2(d) above as	sticfy the requirements of section 170/h	\(A\(R\(\)
	ich conservation easement reported on line 2(d) above sa tion 170(h)(4)(B)(ii)?	atisty the requirements of section 170(11	Yes No
	נוטה דיס(וז)(4)(5)(וו) י KIII, describe how the organization reports conservation e	asements in its revenue and evnense s	
	sheet, and include, if applicable, the text of the footnote t		
	ation's accounting for conservation easements		
Part III	Organizations Maintaining Collections of Complete If the organization answered "Yes'		Other Similar Assets.
1a If the ore	ganization elected, as permitted under SFAS 116 (ASC 9		ent and balance sheet
	f art, historical treasures, or other similar assets held for p		
	ervice, provide, in Part XIII, the text of the footnote to its f		
	ganization elected, as permitted under SFAS 116 (ASC 9		
	f art, historical treasures, or other similar assets held for p		
	ervice, provide the following amounts relating to these ite		
•	enue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	ets included in Form 990, Part X		<b>▶</b> \$
• •	ganization received or held works of art, historical treasur	res, or other similar assets for financial	gain, provide the
	g amounts required to be reported under SFAS 116 (ASC		
``	e included on Form 990, Part VIII, line 1	· -	<b>&gt;</b> \$
	included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2015 Boys &	Girls Clubs	in Colora	do	47-195	55928	Page <b>2</b>
Part III Organizations Maintain				or Other S	Similar Assets	(continued)
3 Using the organization's acquisition, acce collection items (check all that apply)	ssion, and other record	is, check any of the f	following that a	ire a significai	nt use of its	
a Public exhibition	d 🗌	Loan or exchange p	rograms			
b Scholarly research	e	Other	-			
c Preservation for future generations						
4 Provide a description of the organization's	s collections and explai	n how they further th	e organization	's exempt pur	pose in Part	
XIII 5 During the year, did the organization solic	ut er receive denotions	of art, historical trace	nurae or other	cimilar		
5 During the year, did the organization solic assets to be sold to raise funds rather tha						Yes No
Part IV Escrow and Custodial A		part of the organizati	<u> </u>			
Complete if the organizat		s" on Form 990, F	Part IV, line	9, or report	ted an amount o	on Form
990, Part X, line 21.						
1a Is the organization an agent, trustee, cust	todian or other intermed	diary for contributions	s or other asse	ts not		
included on Form 990, Part X?						☐ Yes ☐ No
<b>b</b> If "Yes," explain the arrangement in Part 3	XIII and complete the fo	ollowing table			<del></del>	Amount
					12	Amount
c Beginning balance					1c	<del></del>
d Additions during the year					1e	
e Distributions during the year					1f	
<ul><li>f Ending balance</li><li>2a Did the organization include an amount o</li></ul>	n Form 990 Part Y line	e 21 for escrow or c	ustodial accou	nt liability?	<u> </u>	Yes No
b If "Yes," explain the arrangement in Part 3						
Part V Endowment Funds.	AIII One on the c	Apidilation flao boot	provided on t	4117411		<del></del>
Complete if the organizat	ion answered "Yes	s" on Form 990, F	Part IV, line	10.		
	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	(e) Four years back
1a Beginning of year balance						
<b>b</b> Contributions						
c Net investment earnings, gains, and						
losses						
d Grants or scholarships		ļ				
e Other expenditures for facilities and						
programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage of the		ce (line 1g, column (a	a)) held as			
<ul> <li>a Board designated or quasi-endowment</li> </ul>	%		-		-	
	%					
c Temporarily restricted endowment ▶	%					
The percentages on lines 2a, 2b, and 2c						
3a Are there endowment funds not in the po	ssession of the organiz	ation that are held a	nd administere	d for the		Van Na
organization by						Yes No
(i) unrelated organizations						3a(i)
(ii) related organizations		urad an Sahadula B'	,			3a(ii)
b If "Yes" on line 3a(ii), are the related orga			,			3b
Part VI Land, Buildings, and E		iowinem junus			-	
Complete if the organizar		s" on Form 990	Part IV line	11a. See F	form 990. Part )	Cline 10
Description of property	(a) Cost or other		or other basis		umulated	(d) Book value
= <del>                                 </del>	(investment		other)	1	ciation	· 
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e (Column (d) mi	ust equal Form 990, Pa	art X, column (B), line	10c)		<u> </u>	

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 F	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method o	
•	(including name of security)	(2, 200) (4,100	Cost or end-of-ye	
(1) Financial	derivatives			
	eld equity interests			
(2) Other	old oquity into out			
(A)			<del></del>	
				<del></del>
(B)				
(C)				<del></del>
(D)				
(E)				<u> </u>
(F)			· -	· · · · · · · · · · · · · · · · · · ·
(G)				
(H)				
Total. (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12)▶	<u> </u>		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes"	<u>on Form 990, Part IV, line '</u>	: 11c. See Form 990, F	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method o	fvaluation
			Cost or end-of-ye	ar market value
(1)				
(2)				
(3)				
				<del></del>
(4)				
(5)				·
(6)				
(7)			<del>-</del>	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13)▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"	<u>" on Form 990, Part IV, line</u>	<u>: 11d. See Form 990, F</u>	Part X, line 15
	(a) Description	<u> </u>		(b) Book value
(1)				
(2)				
(3)				<u> </u>
(4)				
(5)				
(6)				
(7)			<del></del>	
(8)				<u> </u>
(9)	(1)		·	
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X	Other Liabilities.		44 446 0 5	000 0 4 14
	Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form	990, Part X,
	line 25	· · · · · · · · · · · · · · · · · ·		·
1	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2) Inte	rcompany payable	17,502		
(3)	-			
(4)				
(5)				
(6)				
(7)				
(8)		<del></del>		
(9) T-4-1 (0-1)	(h)	17,502		
	nn (b) must equal Form 990, Part X, col (B) line 25 )			
	r uncertain tax positions. In Part XIII, provide the text of th			
organization's	s liability for uncertain tax positions under FIN 48 (ASC 74	<ul> <li>U) Check here if the text of the formal</li> </ul>	ootnote has been provided in	Part XIII

Sch <u>e</u>	dule D (Form 990) 2015 Boys & Girls Clubs in Color:	ado	47-1955928	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial States	ments With	Revenue per Return	
	`Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	<u> </u>
Pa	rt XII Reconciliation of Expenses per Audited Financial State			rn.
	Complete if the organization answered "Yes" on Form 990,	Part IV, line	12a	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
þ	Prior year adjustments	_2b		
C	Other losses	2c		
d	Other (Describe in Part XIII )	_2d		
е	Add lines 2a through 2d			
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII )	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2015 Boys & Girls Clubs in Colorado

Part XIII Supplemental Information (continued)

47-1955928

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**SCHEDULE 1** (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

OMB No 1545-0047

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

Open to Public Inspection

Employer identification number

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form X Yes 47-1955928 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Boys & Girls Clubs in Colorado General Information on Grants and Assistance the selection criteria used to award the grants or assistance? Part Part

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Boys & Girls Clubs Metro Denver			>				
2017 W 9th Avenue							Outdoor Education
Denver CO 80204			151,445				
(2) Boys & Girls Clubs Fremont County							
P.O. Box 1537							TCHF Grant
Canon City CO 80215			20,912				
(3) Boys & Girls Clubs Larimer County							
103 Smokey Street							TCHF Grant
Fort Collins CO 80525			38,653				
(4) Boys & Girls Clubs Weld County							
P.O. Box 812		-					TCHF Grant
Greeley CO 80632			67,525				
(5) Boys & Girls Clubs Northwest CO							
1324 Highway 40							TCHF Grant
Craig C0 81625			63,590				
(6) Boys & Girls Clubs Chaffee County							
P.O. Box 1430							TCHF Grant'
Salida CO 81201			63,725				
(7) Boys & Girls Clubs Pueblo County							
2601 Sprague							TCHF Grant
Pueblo CO 81004			49,334				
(8) Boys & Girls Clubs Metro Denver							
2017 W 9th Avenue							TCHF Grant
Denver CO 80204			94,320				
(9) Black Canyon Boys & Girls Clubs							
P.O. Box 1907							TCHF Grant
Montrose CO 81401		-	42,273				

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

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SCHEDULEI

(Form 990)

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

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

Open to Public 2015 Inspection

OMB No 1545-0047

**8** Outdoor Education My Futures Grant My Futures Grant My Futures Grant My Futures Grant (h) Purpose of grant Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form or assistance Employer identification number 47-1955928 non-cash assistance (g) Description of 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 16,000 10,000 10,000 24,000 55,743 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable Boys & Girls Clubs in Colorado General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? (4) Boys & Girls Clubs Larimer County (2) Boys & Girls Clubs Pueblo County (5) Boys & Girls Clubs Metro Denver (3) Boys & Girls Clubs Weld County (1) Fort Carson Boys & Girls Clubs CO 80525 CO 81004 CO 80632 CO 80204 CO 80913 (a) Name and address of organization or government 103 Smokey Street 2017 W 9th Avenue 1675 Ellis Street 2601 Sprague P.O. Box 812 Fort Collins Fort Carson Name of the organization Greeley Pueblo Denver Part 1 Part ! 9 0 8 6

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2015)

istance to Domestic Individuals. Complete if the organization answered ed if additional space is needed.  (b) Number of cash grant non-cash assistance recipients, cash grant non-cash assistance	iduals. Complete if the organization answered "Yeded.  (c) Amount of non-cash assistance assistance non-cash grant non-cash assistance and part I, line 2, Part III, column (b), and	Schedule I (Form 990) (2015) Boys & Girls Clubs in Col	Clubs in Col	orado	47-1955928		Page 2
(b) Number of recipients cash grant non-cash assistance recipients cash grant non-cash assistance	(b) Number of recipients, cash grant non-cash assistance recipients, cash grant non-cash assistance recipients, cash grant non-cash assistance recipients, cash grant non-cash assistance recipients, cash grant lift, column (b), ation. Provide the information required in Part I, line 2, Part III, column (b), ation.	er Assistance to l	Domestic Individua	is. Complete if the	organization answere	d "Yes" on Form 990, Part	IV, line 22.
recipients cash grant non-cash assistance	recipients, cash grant non-cash assistance	seistance	(b) Number of		(d) Amount of	(e) Method of valuation (book	(f) Description of non-cash assistance
	Information. Provide the information required in Part I, line 2. Part III, column (b), and any other additional information.		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
	Information. Provide the Information required in Part I, line 2, Part III, column (b), and any other additional information.						
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.			i			
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						_
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	nformation. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						- !
	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	<b>Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	<b>Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	i					
	<b>Information.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	<b>Iformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.						
	<b>nformation.</b> Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.		:				

**SCHEDULE O** (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization

Boys & Girls Clubs in Colorado

Employer identification number 47-1955928

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Executive Director and the outside accountant reviewed and approved the 990 before filing with the IRS.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Board members are asked on a regular basis whether any potential conflicts exist, and recuse themselves from voting if a conflict should arise.

Form 990, Part VI, Line 15a - Compensation Process for Top Official The Organization contracts with Boys and Girls Clubs of Metro Denver, Inc. (BGCMD), utilizing staff members from that organization as contract staff. The Executive Director of the Organization is a paid employee of BGCMD, and that organization determines her salary through a salary survey and with the approval of the board of directors of the Colorado Alliance of Boys and Girls Clubs, Inc.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing and financial documents are available upon request.

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SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

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

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

Open to Public Inspection 2015 OMB No 1545-0047

Employer identification number

Part 1	Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33.	organization answ	ered "Yes" on Fo	orm 990, Part IV	, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(state Tot:		(e) End-of-year assets	(f) Direct controlling entity
(5)							
(2)						n e	
(3)							
(4)							
(5)							ł
Part II	Identification of Related Tax-Exempt Organizations Complete If the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax vear.	Complete if the orgentax vear.	ganization answe	l ered "Yes" on Fo	orm 990, Part IV,	line 34 because	ıt had
	(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(b)(13) controlled entity? Yes No
(1) Colora 2017 W Denver	Colorado Alliance of Boys and 2017 West 9th Avenue CO 80204	Children	8	501C4		N/A	×
(2)					- - - -		
(3)							
(4)							
(5)							
or Paperw	For Paperwork Reduction Act Notice, see the Instructions for Form 990					1	

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-	(k) Percentage ownership					•	(i) Section 512(b)(13) controlled entity?	Yes No				
 	General or managing partner?					<u>}</u> -≥						<del> </del>
111V, IIITE 34	Code V—UBI Ge amount in box 20 m? of Schedule K-1 pr (Form 1065)				:	n 990, Part	(h) Percentage ownership					
990, 18	(h) Dispro- Dortonate amou alloc? of Sc Yes No					res" on For	(g) Share of end-of-year assets					
5				}		red "\	puə					
Nisweign 163	(g) Share of end-of- year assets					anization answer	(f) Share of total income					
tax year.	(f) Share of total income			:		lete if the organs	(e) Type of entity (C corp, S corp, or trust)					
omplete in the hip during the	(e) Predominant moome (related, unrelated, excluded from tax under sections 512-514)					or Trust Comportion or t	(d) Direct controlling entity					
as a partners	(d) Direct controlling entity		n			Corporation c	(c) Legal domicile (state or foreign country)					
as a l	(c) Legal domicile (state or foreign					as a (ations	>					<del> </del>
ons Laxable panizations tr	(b) Primary activity					ns Taxable	(b) Primary activity					
Identification of Related Organizations Taxable as a Partnership Complete if the organization answered Teston 1990, Partnership London 1990, Partnership during the tax year.  because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization					Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	(a) Name, address, and EIN of related organization					
Part III		£	(2)	(3)	(4)	Part IV			(1)	(2)	(3)	(4)

Schedule R (Form 990) 2015 Boys & Girls Clubs in Colorado

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

Note Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule					Yes	٩
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?	elated organizations listed	n Parts II–IV?			ī	
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)				<del>1</del>		×
c Gift, grant, or capital contribution from related organization(s)				10		×
d Toans or loan quarantees to or for related organization(s)				1d		×
e Loans or loan quarantees by related organization(s)				1e		×
				,		•
f Dividends from related organization(s)				-	1	4
g Sale of assets to related organization(s)				19		×
h Purchase of assets from related organization(s)				<b>1</b>		×
i Exchange of assets with related organization(s)				i.		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j		×
						,
k Lease of facilities, equipment, or other assets from related organization(s)				¥ =		٠   ×
r Periorniance of services of interiorismip of fundraismig solicitations by related organization(s)						
in Period of facilities actinized of interiorismip of indications by related organization(s)				+-	×	
				+	╁	×
					<u> </u>	
p Reimbursement paid to related organization(s) for expenses				1p		×
a Reimbursement paid by related organization(s) for expenses				19		×
r Other transfer of cash or property to related organization(s)				+		×
s Other transfer of cash or property from related organization(s)				1s		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ns line, including covered r	elationships and transac	ion thresholds			
(a)	(a)	9	9			
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	unt involved		
(1) Colorado Alliance of Boys & Girls	ď					
(2)						
(3)						
(4)						
(5)						
(9)						

Schedule R (Form 990) 2015

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Part VI

Unrelated Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 37 Schedule R (Form 990) 2015 Boys & Girls Clubs in Colorado

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

sections 512-514)	(a) (b) (c) Name, address, and EIN of entity Legal domicile (state or foreign foreign (state or foreign foreign foreign (state or foreign foreign (state or foreign foreign foreign (state or foreign foreign (state or foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign foreign for foreign for foreign for foreign for foreign for foreign foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign for foreign foreign for foreign foreign foreign for foreign for foreign for foreign foreign for foreign foreign for foreign foreign for foreign foreign for foreign foreign foreign foreign foreign foreign foreign foreign for foreign foreig	(b) Primary activity	(c) Legal domicile (state or topological)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	ers Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	(k) Percentage ownership
					Yes No			$\perp$		-	
	(1)										
	(2)										
	(3)										
	(4)										
	(5)		-								
	(9)										
	(2)										
	(8)										
(10)										_	
(11)	(10)										
	(11)	*									

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Supplemental Information

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