

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 10-01-2016, and ending 09-30-2017

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final
 Return/terminated
 Amended return
 Application pending

C Name of organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2017 W 9TH AVENUE

City or town, state or province, country, and ZIP or foreign postal code
DENVER, CO 80204

D Employer identification number
84-0510404

E Telephone number
(303) 892-9200

G Gross receipts \$ 19,427,637

F Name and address of principal officer
ERIN PORTEOUS
2017 W 9TH AVENUE
DENVER, CO 80204

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW BGCMD ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1961 **M** State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE DESCRIPTION FOR PART III, LINE 1 ON SCHEDULE O

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	45
4 Number of independent voting members of the governing body (Part VI, line 1b)	45
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	361
6 Total number of volunteers (estimate if necessary)	1,820
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	12,357,631	13,556,578
9 Program service revenue (Part VIII, line 2g)	4,551	5,230
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	164,030	463,231
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,920,624	2,994,443
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,446,836	17,019,482
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	19,520	25,131
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,714,991	8,999,906
16a Professional fundraising fees (Part IX, column (A), line 11e)	456,285	75,671
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,321,946		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,250,007	7,073,817
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	17,440,803	16,174,525
19 Revenue less expenses Subtract line 18 from line 12	-993,967	844,957

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	43,239,662	45,147,490
21 Total liabilities (Part X, line 26)	2,878,733	2,738,026
22 Net assets or fund balances Subtract line 21 from line 20	40,360,929	42,409,464

Part II Signature Block

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

Sign Here

Signature of officer
Date 2018-03-21

PHILLIP A BLOISE VICE PRESIDENT OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name LAURIE ANDERSON	Preparer's signature LAURIE ANDERSON	Date	Check <input type="checkbox"/> if self-employed	PTIN P01416697
Firm's name ▶ KUNDINGER CORDER & ENGLE PC			Firm's EIN ▶	
Firm's address ▶ 475 LINCOLN STREET SUITE 200 DENVER, CO 80203			Phone no (303) 534-5953	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE O THE MISSION OF THE BOYS & GIRLS CLUBS OF METRO DENVER (BGCMD) IS TO INSPIRE AND ENABLE YOUNG PEOPLE, ESPECIALLY THOSE FROM DISADVANTAGED CIRCUMSTANCES, TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE, AND CARING CITIZENS BOYS & GIRLS CLUBS OF METRO DENVER IS A NON-PROFIT ORGANIZATION THAT PROVIDES YOUNG PEOPLE AGES 6-18 WITH A SAFE AND POSITIVE PLACE TO SPEND THEIR TIME AFTER SCHOOL AND IN THE SUMMER FIFTEEN NEIGHBORHOOD CLUBS AND AN 80-ACRE RESIDENTIAL CAMP PROVIDE PROGRAMS THAT HELP MORE THAN 10,000 YOUTH ACHIEVE ACADEMIC SUCCESS, LIVE HEALTHY LIFESTYLES, AND DEVELOP GOOD CHARACTER AND LEADERSHIP SKILLS CLUBS ARE STRATEGICALLY LOCATED IN LOW-INCOME NEIGHBORHOODS AND ARE ACCESSIBLE TO ALL YOUTH FOR AN ANNUAL MEMBERSHIP FEE OF JUST \$2 SINCE 1961, THE BOYS & GIRLS CLUBS OF METRO DENVER HAS BEEN HELPING KIDS FROM TOUGH NEIGHBORHOODS IN THE METRO DENVER AREA STAY OUT OF TROUBLE, STAY IN SCHOOL AND SUCCEED IN LIFE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 4,699,312 including grants of \$ 25,131) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 4,525,215 including grants of \$) (Revenue \$ 5,230)
See Additional Data

4c (Code) (Expenses \$ 3,151,054 including grants of \$) (Revenue \$)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 12,375,581

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	Yes	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
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? <i>If "Yes," complete Schedule J</i>	Yes	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part I</i>		No
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? <i>If "Yes," complete Schedule L, Part II</i>		No
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? <i>If "Yes," complete Schedule L, Part III</i>		No
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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
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? <i>If "Yes," complete Schedule R, Part VI</i>		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, charitable contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (45), 1b (45), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							901,245	0	100,545	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ **4**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NZ CONSULTING, 33 WOODLAND AVENUE SAN FRANCISCO, CA 94117	RAFFLE MARKETING SERVICES	375,298

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ **1**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b	14,151				
	c Fundraising events	1c	2,371,739				
	d Related organizations	1d	345,000				
	e Government grants (contributions)	1e	3,364,060				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,461,628				
	g Noncash contributions included in lines 1a-1f \$ _____		926,746				
	h Total. Add lines 1a-1f		13,556,578				
Program Service Revenue			Business Code				
	2a CAMP FEES		900099	5,230	5,230		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f		5,230					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		463,231			463,231	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ <u>2,371,739</u> of contributions reported on line 1c) See Part IV, line 18	a	987,670				
	b Less direct expenses	b	987,670				
	c Net income or (loss) from fundraising events			0			
	9a Gross income from gaming activities See Part IV, line 19	a	4,230,315				
b Less direct expenses	b	1,420,485					
c Net income or (loss) from gaming activities			2,809,830			2,809,830	
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11a MISCELLANEOUS		900099	184,613			184,613	
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			184,613				
12 Total revenue. See Instructions			17,019,482	5,230	0	3,457,674	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	25,131	25,131		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	898,357	367,507	348,566	182,284
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	6,592,526	5,562,775	480,004	549,747
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	286,654	252,453	34,201	
9 Other employee benefits	679,119	545,908	133,211	
10 Payroll taxes	543,250	444,582	58,070	40,598
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	75,671			75,671
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	844,348	440,470	135,243	268,635
12 Advertising and promotion	335,400	630	120	334,650
13 Office expenses	46,008	41,881	4,127	
14 Information technology				
15 Royalties				
16 Occupancy	415,442	345,492	36,164	33,786
17 Travel	233,331	204,194	25,843	3,294
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,016,144	965,462	50,682	
23 Insurance	178,171	167,390	10,781	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL AGENT PASS-THROU	1,251,049	1,251,049		
b SUPPLIES	1,156,348	1,023,730	24,145	108,473
c FOOD SERVICE	664,945	635,573	13,735	15,637
d COMMUNICATIONS	506,485	71,713	20,545	414,227
e All other expenses	426,146	29,641	101,561	294,944
25 Total functional expenses. Add lines 1 through 24e	16,174,525	12,375,581	1,476,998	2,321,946
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,536	1	1,536
	2 Savings and temporary cash investments	2,542,867	2	2,550,822
	3 Pledges and grants receivable, net	1,578,015	3	1,758,550
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and 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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	250,397	9	247,897
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 31,272,857		
	b Less accumulated depreciation	10b 10,791,725	20,561,610	10c 20,481,132
	11 Investments—publicly traded securities	14,359,287	11	14,496,919
	12 Investments—other securities See Part IV, line 11	3,868,950	12	5,435,602
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets	15,000	14	15,000
	15 Other assets See Part IV, line 11	62,000	15	160,032
16 Total assets. Add lines 1 through 15 (must equal line 34)	43,239,662	16	45,147,490	
Liabilities	17 Accounts payable and accrued expenses	1,372,646	17	1,195,479
	18 Grants payable		18	
	19 Deferred revenue	506,087	19	542,547
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,000,000	25	1,000,000
	26 Total liabilities. Add lines 17 through 25	2,878,733	26	2,738,026
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	26,044,113	27	26,422,608
	28 Temporarily restricted net assets	5,161,388	28	5,069,220
	29 Permanently restricted net assets	9,155,428	29	10,917,636
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	40,360,929	33	42,409,464
	34 Total liabilities and net assets/fund balances	43,239,662	34	45,147,490

Part 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	17,019,482
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,174,525
3	Revenue less expenses Subtract line 2 from line 1	3	844,957
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	40,360,929
5	Net unrealized gains (losses) on investments	5	1,668,346
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	-464,768
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42,409,464

Part XII Financial Statements and Reporting

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

	Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>		
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	Yes	
<p>c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	Yes	
<p>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>		No
<p>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits</p>		

Additional Data

Software ID:

Software Version:

EIN: 84-0510404

Name: BOYS AND GIRLS CLUBS OF METRO DENVER INC

Form 990 (2016)

Form 990, Part III, Line 4a:

EDUCATION AND CAREER DEVELOPMENT SUCCESS (SEE SCHEDULE O) EDUCATION AND CAREER DEVELOPMENT PROVIDING A SUPPORTIVE LEARNING ENVIRONMENT AND PROMOTING ACADEMIC SUCCESS ARE PRIMARY FOCUSES OF BOYS & GIRLS CLUBS OF METRO DENVER (BGCMD). THE 2013-14 EVALUATION REVEALED THAT CLUB MEMBERS WHO ATTENDED THE CLUB FREQUENTLY HAD GREATER EXPECTATIONS FOR SUCCESS IN SCHOOL AND FELT THAT THEY HAD MORE RESOURCES TO PLAN FOR COLLEGE THAN MEMBERS WHO ATTENDED LESS FREQUENTLY. OTHER RESULTS OF THE EVALUATION REVEALED THAT ATTENDANCE ON AVERAGE, BGCMD CLUB MEMBERS ATTENDED 93.4% OF SCHOOL DAYS. 90% ATTENDANCE IS CONSIDERED THE THRESHOLD FOR A STUDENT TO HAVE THE BEST CHANCE AT SUCCEEDING IN SCHOOL. BEHAVIOR: CLUB MEMBERS HAD SIGNIFICANTLY FEWER BEHAVIORAL MISCONDUCT INCIDENTS AT SCHOOL COMPARED TO NONMEMBERS. ON AVERAGE, CLUB MEMBERS HAD 0.36 MISCONDUCT INCIDENTS IN THE SCHOOL YEAR AND NONMEMBERS HAD 0.42 INCIDENTS COURSEWORK - CLUB MEMBERS WHO FREQUENTLY ATTENDED A PROGRAM FOR HOMEWORK ASSISTANCE TENDED TO HAVE HIGHER GPAS THAN CLUB MEMBERS WHO DID NOT RECEIVE ASSISTANCE (MEAN GPA = 2.49 VS 2.04) - A HIGHER PROPORTION OF CLUB MEMBERS WHO ATTENDED THE CLUB FREQUENTLY SCORED PROFICIENT OR ADVANCED ON THE TCAP MATH TEST THAN CLUB MEMBERS WITH LOW OR MEDIUM ATTENDANCE RATES - THE CLUBS HAVE WEEKLY GAMES AND ACTIVITIES TO REINFORCE BASIC MATH SKILLS. CLUB MEMBERS HAD A HIGHER MEDIAN GROWTH PERCENTILE ON THE TCAP MATH TEST IN COMPARISON TO NONMEMBERS. IN OTHER WORDS, CLUB MEMBERS IMPROVED MORE RELATIVE TO THEIR PEERS THAN DID NONMEMBERS. EDUCATION AND CAREER DEVELOPMENT PROGRAMMING ENABLES YOUTH TO BECOME PROFICIENT IN BASIC EDUCATIONAL DISCIPLINES, APPLY LEARNING TO EVERYDAY SITUATIONS AND LEARN SKILLS TO ACHIEVE SUCCESS IN A CAREER. WE ALSO OFFER A VARIETY OF PROGRAMS IN ARTS AND TECHNOLOGY THAT HAVE BEEN PROVEN TO DEVELOP SKILLS THAT LEAD TO ACADEMIC AND CAREER SUCCESS. EXAMPLES OF PROGRAMS IN THIS AREA INCLUDE -PROJECT LEARN IS A COMPREHENSIVE PROGRAM STRATEGY REINFORCES AND ENHANCES THE SKILLS AND KNOWLEDGE YOUNG PEOPLE LEARN AT SCHOOL DURING THE HOURS THEY SPEND AT THE CLUB. PROJECT LEARN IS BASED ON DR. REGINALD CLARK'S RESEARCH SHOWING THAT STUDENTS DO MUCH BETTER IN SCHOOL WHEN THEY SPEND THEIR NON-SCHOOL HOURS ENGAGED IN FUN, BUT ACADEMICALLY BENEFICIAL, ACTIVITIES THROUGH PROJECT LEARN, CLUB STAFF USE ALL THE AREAS AND PROGRAMS IN THE CLUB TO CREATE OPPORTUNITIES FOR THESE HIGH-YIELD LEARNING ACTIVITIES, WHICH INCLUDE LEISURE READING, WRITING ACTIVITIES, DISCUSSIONS WITH KNOWLEDGEABLE ADULTS, HELPING OTHERS, HOMEWORK HELP AND TUTORING AND GAMES LIKE SCRABBLE THAT DEVELOP YOUNG PEOPLE'S COGNITIVE SKILLS. PROJECT LEARN ALSO EMPHASIZES PARENT INVOLVEMENT AND COLLABORATION BETWEEN CLUB AND SCHOOL PROFESSIONALS AS CRITICAL FACTORS IN CREATING THE BEST AFTER-SCHOOL LEARNING ENVIRONMENT FOR CLUB MEMBERS AGES 6-18 - POWER HOUR IS A DAILY PROGRAM DESIGNED TO HELP CLUB MEMBERS BE MORE SUCCESSFUL IN SCHOOL BY PROVIDING HOMEWORK HELP AND TUTORING AND ENCOURAGING MEMBERS TO BECOME SELF-DIRECTED LEARNERS - ACCELERATED READER IS A YEAR-ROUND READING PROGRAM. READING COORDINATORS ARE HIRED TO WORK IN THE CLUBS TO RUN A READING PROGRAM UTILIZING THE RENAISSANCE LEARNING WEB-BASED SOFTWARE. YOUTH READ BOOKS, TAKE SHORT QUIZZES TO CHECK COMPREHENSION, AND RECEIVE INCENTIVES FOR PARTICIPATION - THE ARTS PROGRAMMING ENABLES YOUTH TO DEVELOP THEIR CREATIVITY AND CULTURAL AWARENESS THROUGH KNOWLEDGE AND APPRECIATION OF THE VISUAL ARTS, CRAFTS, PERFORMING ARTS AND CREATIVE WRITING - TECHNOLOGY (STEM) PROGRAMS DEVELOP 21ST CENTURY SKILLS FOR CAREER SUCCESS AND SUPPORTS MEMBERS' ACADEMIC PERFORMANCE BY CHALLENGING YOUTH TO "THINK BEYOND THE SCREEN" THROUGH SCIENCE, TECHNOLOGY, ENGINEERING AND MATH (STEM) PROGRAMMING. INQUIRY-BASED LEARNING PROJECTS, TARGETED PROGRAMS AND HIGH-YIELD ACTIVITIES BUILD PROBLEM-SOLVING AND PRESENTATION SKILLS, TEAMWORK STRATEGIES, CREATIVITY AND INNOVATION, TECHNICAL SKILLS, AND INFORMATION/MEDIA LITERACY AND ETHICS - THE COMMUNITY SCHOOLS MODEL ADDRESSES THE EDUCATIONAL, HEALTH AND SOCIAL NEEDS OF YOUTH AND THEIR FAMILIES THROUGH A VARIETY OF SCHOOL-BASED SERVICES. COMMUNITY SCHOOLS ARE PROVEN TO IMPROVE STUDENT ACHIEVEMENT, INCREASE PARENTAL INVOLVEMENT, INCREASE STUDENT AND TEACHER ATTENDANCE, IMPROVE SCHOOL CLIMATE, DECREASE SPECIAL EDUCATION REFERRALS AND IMPROVE STUDENTS' MENTAL AND PHYSICAL HEALTH. A COMMUNITY SCHOOL IS A SET OF PARTNERS WORKING WITH AND ON BEHALF OF YOUTH AND FAMILIES TO PROVIDE A COMPREHENSIVE, SEAMLESS ARRAY OF DIRECT AND INDIRECT SERVICES TO PROMOTE POSITIVE OUTCOMES FOR YOUTH, FAMILIES AND COMMUNITIES. SERVICE AREAS SPAN EDUCATION, HEALTH AND SOCIAL SERVICES THAT ARE REALIZED BOTH DURING AND OUTSIDE OF THE TRADITIONAL SCHOOL DAY - PACE (PROMOTING ACADEMICS AND CHARACTER EDUCATION) IS AN INTERVENTION PROGRAM SERVING MIDDLE SCHOOL-AGED YOUTH (GRADES 6-8) WITH SIGNIFICANT BEHAVIOR PROBLEMS OR WHO HAVE BEEN SUSPENDED OR FACE EXPULSION FROM DENVER PUBLIC SCHOOL DISTRICT (DPS) SCHOOLS. COMMON BEHAVIOR PROBLEMS AMONG YOUTH SERVED BY THE PROGRAM INCLUDE FIGHTING, CARRYING A WEAPON, DRUG INVOLVEMENT, TRUANCY, THREATS/INTIMIDATION AND HABITUAL CLASSROOM DISRUPTION. A UNIQUE, PROVEN APPROACH TO RESPONDING TO PROBLEMATIC BEHAVIORS OF STUDENTS, THIS 15-DAY INTERVENTION PROVIDES YOUTH WITH SUPPORT AND INSTRUCTION BY COMPASSIONATE STAFF MEMBERS WHO HELP YOUTH TO IDENTIFY THE CAUSES OF THEIR BEHAVIORS AS WELL AS RECOGNIZE THEIR STRENGTHS AND VALUES. YOUTH ARE ALSO LINKED TO OTHER SUPPORTIVE SERVICES AS NEEDED, INCLUDING COUNSELING, EDUCATIONAL TESTING AND FAMILY SERVICES. THE ULTIMATE GOAL OF PACE IS TO HELP STUDENTS IDENTIFY THEIR STRENGTHS, LIMIT THEIR NEGATIVE BEHAVIORS AND INCREASE STUDENTS' CHANCES FOR GRADUATING FROM HIGH SCHOOL - JUNIOR STAFF CAREER DEVELOPMENT IS A PROGRAM DESIGNED TO GUIDE YOUTH, AGES 14-18, TOWARD CAREERS IN YOUTH DEVELOPMENT OR HUMAN SERVICES BY NURTURING THEIR LEADERSHIP SKILLS AND PROVIDING GUIDED, PRACTICAL EXPERIENCES WHILE WORKING AT THE CLUBS, YOUTH LEARN VALUABLE JOB SKILLS FOR FUTURE CAREERS WHILE THEY RUN THE FRONT DESK, SUPPORT PROGRAMMING, AND MAINTAIN THE MEMBERSHIP TRACKING SYSTEM - MONEY MATTERS PROMOTES FINANCIAL RESPONSIBILITY AND INDEPENDENCE AMONG CLUB MEMBERS AGES 13-18 BY BUILDING THEIR BASIC MONEY MANAGEMENT SKILLS. PARTICIPANTS LEARN HOW TO MANAGE A CHECKING ACCOUNT, BUDGET, SAVE AND INVEST. THEY ALSO LEARN ABOUT STARTING SMALL BUSINESSES AND PAYING FOR COLLEGE.

Form 990, Part III, Line 4b:

HEALTH AND LIFE SKILLS (SEE SCHEDULE O)HEALTH AND LIFE SKILLS CLUB MEMBERS REPORT REGULARLY ENGAGING IN HEALTHY LIFESTYLE BEHAVIORS SPECIFICALLY, MEMBERS REPORT EXERCISING MULTIPLE DAYS A WEEK, DIETS THAT INCLUDE FRUITS AND VEGETABLES, LOW LEVELS OF DRUG AND ALCOHOL USE AND LITTLE SEXUAL ACTIVITY IN COMPARISON TO PEERS - 95% OF BGCMD MEMBERS REPORTED EXERCISING MORE THAN 60 MINUTES ON ONE OR MORE DAY(S) A WEEK AND MORE THAN HALF OF BGCMD MEMBERS REPORTED EXERCISING FOR AT LEAST AN HOUR MOST DAYS OF THE WEEK - THE PROPORTION OF YOUTH ENGAGING IN SUBSTANCE USE IS MUCH LOWER AMONG THE BGCMD MEMBERS THAN AMONG COMPARABLE YOUTH - THE MAJORITY (66%) OF BGCMD TEENS REPORTED THAT THEY HAD NEVER CONSUMED ALCOHOL BGCMD TEENS CONSUMED LESS ALCOHOL OVER A 30 DAY PERIOD THAN TEENS SURVEYED IN COLORADO - BGCMD TEENS SMOKED CIGARETTES LESS OVER A 30 DAY PERIOD THAN TEENS SURVEYED IN COLORADO - BGCMD CONSUMED LESS MARIJUANA OVER A 30 DAY PERIOD THAN TEENS IN COLORADO ONLY 28% OF CLUB MEMBERS REPORTED THAT THEY HAD EVER USED MARIJUANA - THE MAJORITY OF CLUB TEENS (73%) REPORTED NEVER HAVING ENGAGED IN SEXUAL INTERCOURSE OF THE 27% OF TEENS THAT DID REPORT HAVING SEX, MOST (75%) REPORTED HAVING USED A CONDOM IN CONTRAST, ONLY 60% OF COLORADO HIGH SCHOOL STUDENTS REPORTED ABSTAINING FROM SEX HEALTH AND LIFE SKILLS PROGRAMS DEVELOP YOUNG PEOPLE'S CAPACITY TO ENGAGE IN POSITIVE BEHAVIORS THAT NURTURE THEIR OWN WELL-BEING, SET PERSONAL GOALS AND LIVE SUCCESSFULLY AS SELF-SUFFICIENT ADULTS BGCMD OFFERS A VARIETY OF HEALTH AND WELLNESS PROGRAMMING YEAR-ROUND EXAMPLES OF PROGRAMS IN THIS AREA FOLLOW - TRIPLE PLAY THROUGH THE TRIPLE PLAY EXPERIENCE, BGCMD CHALLENGES MEMBERS TO BECOME HEALTHY AND ACTIVE BY LEARNING NEW WAYS TO MANAGE STRESS, MAINTAIN HEALTHY FITNESS LEVELS AND FORM POSITIVE RELATIONSHIPS WITH PEERS TRIPLE PLAY PROGRAM COMPONENTS WILL INCREASE YOUNG PEOPLE'S UNDERSTANDING OF WHAT CONSTITUTES A HEALTHY LIFESTYLE, IMPROVE THEIR PHYSICAL FITNESS THROUGH ENHANCED DAILY, PHYSICAL ACTIVITIES AND COMPETITIVE SPORTS LEAGUES AND BUILD THEIR PROFESSIONAL SKILLS AND CHARACTER THE TRIPLE PLAY COMPREHENSIVE STRATEGY ADDRESSES THE MINDS, BODIES AND SOULS OF CLUB MEMBERS THROUGH SPECIFIC CURRICULUM AND ACTIVITIES IN THE FOLLOWING AREAS HEALTHY HABITS, YOUTH SPORTS INITIATIVES AND SOCIAL RECREATION SPORTS LEAGUES INCLUDE - FOOTBALL BGCMD OFFERS 3 FOOTBALL TEAMS (AGES 7-8, 9-11, AND 12-13) FOR BOYS AND GIRLS, SPONSORED BY THE DENVER BRONCOS TEAMS COMPETE IN INTER-CLUB GAMES AND THE OLDER TEAMS PARTICIPATED IN CITY-WIDE CHAMPIONSHIPS ALL PLAYERS ARE RECOGNIZED FOR THEIR CONTRIBUTION TO THEIR TEAM AND RECEIVE TROPHIES AT THE END OF THE SEASON FOOTBALL BANQUETS - INDOOR SOCCER EACH CLUB OFFERS FEMALE LEAGUES FOR TWO AGE GROUPS (10-13 YEAR OLDS AND 14-18 YEAR OLDS) TEAMS COMPETE IN INTER-CLUB GAMES AND IN CITY-WIDE CHAMPIONSHIPS THIS PROGRAM IS OFFERED EACH FALL FOR A 7-WEEK SEASON - BASKETBALL EACH CLUB OFFERS LEAGUES FOR ALL AGE GROUPS (6-8 COED, 9-11 BOYS, 9-11 GIRLS, 12-13 BOYS, 12-13 GIRLS, 14-15 BOYS, 14-18 GIRLS, 16-18 BOYS) THE OWEN BRANCH HOSTS FIVE OF THE SIX STATE BASKETBALL TOURNAMENTS EACH YEAR THE PROGRAM IS OFFERED IN THE WINTER FOR A 10-WEEK SEASON - OUTDOOR SOCCER EACH CLUB OFFERS LEAGUES FOR BOYS AND GIRLS IN THREE AGE GROUPS (6-9 COED, 10-13 BOYS, 10-13 GIRLS, AND 14-18 COED) THE PROGRAM IS OFFERED IN THE SPRING FOR A 7-WEEK SEASON - TEEN GIRLS VOLLEYBALL EACH CLUB OFFERS FEMALE LEAGUES FOR 14-18 YEAR OLDS TEAMS COMPETE IN INTER-CLUB GAMES AND IN CITY-WIDE CHAMPIONSHIPS THIS PROGRAM IS OFFERED IN THE SPRING FOR A 7-WEEK SEASON - BASEBALL/SOFTBALL/T-BALL THE COLORADO ROCKIES PROVIDES FUNDING FOR OUR BASEBALL/SOFTBALL/T-BALL PROGRAM IN ADDITION, THE ROCKIES HAVE BUILT A BASEBALL FIELD AT THE OWEN BRANCH AND PROVIDE FUNDING EACH YEAR FOR A PART-TIME ROCKIES COACH AT EACH CLUB - PLAY60 IS THE NFL'S INITIATIVE TO ENCOURAGE YOUTH TO ENGAGE IN PHYSICAL ACTIVITY 60 MINUTES EACH DAY LOCALLY, THE DENVER BRONCOS PARTNERS WITH THE AMERICAN HEART ASSOCIATION, MILE HIGH UNITED WAY (MHUW) AND BOYS & GIRLS CLUBS OF METRO DENVER TO OFFER THIS PROGRAM TO CLUB MEMBERS THE 9-WEEK PLAY60 FITNESS PROGRAM IS OFFERED DAILY AT THE CLUBS, INCLUDES SEVERAL SPECIAL INCENTIVES FOR PARTICIPANTS, AND IS OFFERED EVERY FALL - SMART MOVES IS A NATIONALLY ACCLAIMED COMPREHENSIVE PREVENTION PROGRAM THAT HELPS YOUNG PEOPLE RESIST ALCOHOL, TOBACCO AND OTHER DRUG USE, AS WELL AS PREMATURE SEXUAL ACTIVITY THE PROGRAM FEATURES ENGAGING, INTERACTIVE SMALL GROUP ACTIVITIES DESIGNED TO INCREASE PARTICIPANTS' PEER SUPPORT, ENHANCE THEIR LIFE SKILLS, BUILD THEIR RESILIENCY AND STRENGTHEN THEIR LEADERSHIP SKILLS THE PROGRAM'S COMPONENTS INCLUDE - SMART KIDS, FOR CHILDREN AGES 6-9-START SMART, FOR YOUTH AGES 10-13-STAY SMART, FOR YOUTH AGES 14-15- WYMAN'S TEEN OUTREACH PROGRAM - TO ADDRESS THE ISSUE OF TEEN CHILDBEARING AT A LOCAL LEVEL, BOYS & GIRLS CLUBS OF METRO DENVER HAS PARTNERED WITH THE DENVER PUBLIC HEALTH DEPARTMENT AT THE DENVER HEALTH AND HOSPITAL AUTHORITY TO PROVIDE WYMAN'S TEEN OUTREACH PROGRAM , A NINE-MONTH POSITIVE YOUTH DEVELOPMENT AND TEEN PREGNANCY PREVENTION PROGRAM, TO YOUTH, 14-18 YEARS OLD, AT EIGHT CLUBS AS PART OF A FIVE-YEAR FEDERALLY-SPONSORED RESEARCH STUDY THROUGH THIS PROGRAM, BGCMD HAS EXPANDED AVAILABILITY OF TEEN-CENTERED PROGRAMMING, ESTABLISHED NEW ORGANIZATIONAL PARTNERS, GAINED ACCESS TO PROGRAM-LEVEL PROCESS AND OUTCOME DATA, AND CREATED A NEW MECHANISM THROUGH WHICH TEENS ARE RECRUITED TO BE MEMBERS IN THE FIRST YEAR OF IMPLEMENTATION, BGCMD ENROLLED 245 TEENS IN THE STUDY, SURPASSING GOAL OF 200 YOUTH, AND SUPPORTED TOP YOUTH IN COMPLETING MORE THAN 3,300 HOURS OF COMMUNITY SERVICE LEARNING OTHER PARTNERS INCLUDE COLORADO YOUTH MATTER, UNIVERSITY OF COLORADO DENVER, THE WYMAN COMPANY, AND EMC CONSULTING - GATES CAMP AT CAMP, CLUB MEMBERS, AGES 8-13, ARE CHALLENGED TO UTILIZE THEIR HEADS, THEIR HEARTS AND THEIR HANDS TO EXPLORE WHO THEY ARE THROUGH THE LENS OF OUR "FIVE PILLARS" LEADERSHIP, ENTHUSIASM, RESPECT, COOPERATION AND HONESTY FOR JUST \$10, YOUTH PARTICIPATE IN A WEEK-LONG, GENDER-SPECIFIC SESSION THAT INCLUDE HIKING, CANOEING, ROCK CLIMBING, ARCHERY, HANDS-ON ENVIRONMENTAL GAMES, AND OTHER OUTDOOR ACTIVITIES GATES CAMP ALSO OFFERS A COUNSELOR IN TRAINING (CIT) PROGRAM FOR TEENS - BASIC NEEDS SUPPORT RESEARCH SHOWS THAT CHILDREN MUST HAVE BASIC NEEDS MET SO THEY MAY DEVELOP INTO HEALTHY ADULTS MANY OF THE YOUTH SERVED BY BGCMD RESIDE IN LOW-INCOME NEIGHBORHOODS AND FACE ECONOMIC DISTRESS, SUCH THAT, MANY YOUTH MAY NOT HAVE ACCESS TO PROPER FOOD, CLOTHING, SHELTER AND HEALTH CARE BGCMD COLLABORATES WITH DOZENS OF PARTNERS TO BRING THESE SERVICES TO THE YOUTH AND FAMILIES WE SERVE - KIDS CAFE IN PARTNERSHIP WITH THE FOOD BANK OF THE ROCKIES, HOT NUTRITIOUS MEALS ARE SERVED EVERY EVENING IN THE SCHOOL YEAR AND DAYTIME IN THE SUMMER TO MEMBERS AT NO ADDITIONAL COST AT 10 OF OUR SITES

Form 990, Part III, Line 4c:

CHARACTER & LEADERSHIP (SEE SCHEDULE O) BGCMD OFFERS A VARIETY OF LEADERSHIP PROGRAMS AND SERVICE-LEARNING OPPORTUNITIES FOR YOUTH CLUB MEMBERS & THE OPPORTUNITY TO DEVELOP LEADERSHIP SKILLS IN MANY WAYS, SUCH AS BY SERVING AS A PEER MENTOR OR COMMITTEE OFFICER, WORKING WITH ADULTS IN THE COMMUNITY AND DEMONSTRATING THEIR MORAL CHARACTER SERVICE-LEARNING COMBINES SERVICE EXPERIENCES WITH STRUCTURED OPPORTUNITIES TO REFLECT ON THE ACTIVITY TO FURTHER DEVELOP AN UNDERSTANDING ABOUT THE PROCESS AND THE IMPACT OF THE PROJECT SERVICE-LEARNING ENGAGES YOUTH ACADEMICALLY AND CIVICALLY, AND ENCOURAGES POSITIVE CHARACTER DEVELOPMENT - CLUB MEMBERS WHO PARTICIPATED IN LEADERSHIP PROGRAMS REPORTED GREATER FEELINGS OF EMOTIONAL SUPPORT, BELONGING AND SAFETY AT THE CLUBS THAN MEMBERS WHO WERE NOT IN LEADERSHIP PROGRAMS - TEENS WHO PARTICIPATED IN LEADERSHIP PROGRAMS WERE SIGNIFICANTLY MORE LIKELY TO ENGAGE IN COMMUNITY SERVICE ACTIVITIES THAN TEENS NOT IN THESE PROGRAMS - CLUB MEMBERS WHO PARTICIPATED IN SERVICE PROGRAMS HAD A SIGNIFICANTLY HIGHER PROPORTION OF PROFICIENT/ADVANCED SCORES ON THE TCAP READING AND MATH TESTS THAN CLUB MEMBERS WHO DID NOT PARTICIPATE IN SERVICE PROGRAMMING - CLUB MEMBERS WHO PARTICIPATED IN SERVICE LEARNING PROGRAMMING HAD SIGNIFICANTLY FEWER MISCONDUCT INCIDENTS AT SCHOOL THAN CLUB MEMBERS WHO DID NOT PARTICIPATE IN SERVICE LEARNING CHARACTER AND LEADERSHIP DEVELOPMENT PROGRAMMING EMPOWERS YOUTH TO SUPPORT AND INFLUENCE THEIR CLUB AND COMMUNITY, SUSTAIN MEANINGFUL RELATIONSHIPS WITH OTHERS, DEVELOP A POSITIVE SELF-IMAGE, PARTICIPATE IN THE DEMOCRATIC PROCESS AND RESPECT THEIR OWN AND OTHERS' CULTURAL IDENTITIES SOME EXAMPLES OF PROGRAMS OFFERED IN THIS AREA FOLLOW LEADERSHIP GROUPS - KEYSTONE CLUBS ARE BOYS & GIRLS CLUB MOST DYNAMIC TEEN PROGRAM KEYSTONE CLUBS ARE CHARTERED SMALL-GROUP LEADERSHIP AND SERVICE CLUBS FOR TEENS AGES 14-18 KEYSTONE MEMBERS ELECT OFFICERS, PLAN AND IMPLEMENT SERVICE PROJECTS, AND FUNDRAISE TO ATTEND LEADERSHIP CONFERENCES AT A LOCAL, STATE AND NATIONAL LEVEL - TORCH CLUBS - CHARTERED SMALL-GROUP LEADERSHIP AND SERVICE CLUBS FOR YOUTH AGES 11-13 FOCUSING ON CHARACTER DEVELOPMENT A TORCH CLUB IS A POWERFUL VEHICLE THROUGH WHICH CLUB STAFF CAN HELP MEET THE SPECIAL NEEDS OF YOUNGER ADOLESCENTS AT A CRITICAL STAGE IN THEIR DEVELOPMENT TORCH CLUB MEMBERS LEARN TO ELECT OFFICERS AND WORK TOGETHER TO PLAN AND IMPLEMENT ACTIVITIES IN FOUR AREAS SERVICE TO CLUB AND COMMUNITY, EDUCATION, HEALTH AND FITNESS AND SOCIAL RECREATION - YOUTH OF THE YEAR (YOY) - A RECOGNITION AND AWARDS PROGRAM THAT ACKNOWLEDGES OUTSTANDING MEMBERS IN THE CLUBS THE YOY PROGRAM HELPS YOUTH TO DEVELOP THEIR LEADERSHIP AND COMMUNICATION SKILLS THROUGH AN EXTENSIVE APPLICATION AND INTERVIEW PROCESS THAT IS HELD DURING THE ANNUAL COMPETITION 10-12 YEAR OLDS, JUNIOR (13-15 YEARS OLD) AND SENIOR (16-18 YEARS OLD) YOUTHS OF THE MONTH CAN COMPETE AT A CLUB AND CITY LEVEL SENIOR WINNERS CAN ADVANCE TO THE STATE, REGIONAL, AND NATIONAL COMPETITION - YOUTH EMPOWERING YOUTH - YOUTH EMPOWERING YOUTH (YHEY) IS A PROGRAM IN WHICH CLUB TEENS ARE TRAINED TO LEAD PROGRAMS FOR OTHER YOUTH IN THE CLUBS YHEY IS MADE UP OF SEVERAL PROGRAMS AND PARTNERSHIPS THAT INCLUDE PEER LEADER POSITIONS, INCLUDING READING BUDDIES, POWER HOUR HELPERS, TECHSPERTS, YOUTH FOR UNITY (YFU), SMART-GIRL, AND SMART MOVES IN 2006, WE PARTNERED WITH SMART-GIRL TO DEVELOP A NEW YOUTH LEADERSHIP TRAINING FOR ALL TEEN PEER LEADERS THE 20-HOUR TRAINING INCLUDED INFORMATION ON POSITIVE YOUTH DEVELOPMENT, GROUP PROCESS, FACILITATION SKILLS, SKILLS FOR WORKING WITH DIVERSE GROUPS, AND STAGES OF CHILD DEVELOPMENT - YOUTH FOR UNITY - TO HELP EDUCATE YOUNG PEOPLE ACROSS THE COUNTRY ABOUT THE IMPORTANCE OF TOLERANCE AND DIVERSITY, BOYS & GIRLS CLUBS OF AMERICA DEVELOPED "YOUTH FOR UNITY," A DIVERSITY EDUCATION PROGRAM DESIGNED TO COMBAT PREJUDICE AND INTOLERANCE YOUTH FOR UNITY IS A PROGRAM THAT PROMOTES AND CELEBRATES DIVERSITY IN AN EFFORT TO PREVENT PREJUDICE, BIGOTRY AND DISCRIMINATION YOUTH FOR UNITY IS THE UMBRELLA TITLE FOR A COMPREHENSIVE SET OF PROGRAMMATIC INTERVENTIONS THAT WILL ALLOW CLUBS TO HELP MEMBERS APPRECIATE AND UNDERSTAND OUR SOCIETY'S DIVERSITY, RECOGNIZE UNFAIRNESS AND TAKE PERSONAL LEADERSHIP IN CONFRONTING BIAS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE SMITH CHAIR	10 00	X		X				0	0	0
DAVID HURTADO VICE CHAIR	10 00	X		X				0	0	0
NANCY THONEN SECRETARY	5 00	X		X				0	0	0
LIBBY ANSCHUTZ TRUSTEE	0 50	X						0	0	0
DAN BALL TRUSTEE	0 50	X						0	0	0
JIM BERSHOF TRUSTEE	0 50	X						0	0	0
ED BROWN TRUSTEE	0 50	X						0	0	0
LAMBERT BUNKER TRUSTEE	0 50	X						0	0	0
MAX CAULKINS TRUSTEE	0 50	X						0	0	0
JEANNE COLLOPY TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MIZ CORDERO TRUSTEE	0 50	X						0	0	0
MARC DIAMANT TRUSTEE	0 50	X						0	0	0
JOE ELLIS TRUSTEE	0 50	X						0	0	0
SCOTT EVANS TRUSTEE	0 50	X						0	0	0
DAVID EVES TRUSTEE	0 50	X						0	0	0
PAUL FERGUSON TRUSTEE	0 50	X						0	0	0
MARKUS FUNK TRUSTEE	0 50	X						0	0	0
SIDNEY GATES TRUSTEE	0 50	X						0	0	0
LARRY HARMSEN TRUSTEE	0 50	X						0	0	0
BRUCE HERNANDEZ TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID HOERMAN TRUSTEE	0 50	X						0	0	0
MARK HOPKINS TRUSTEE	0 50	X						0	0	0
BRANDON JOHNSON TRUSTEE	0 50	X						0	0	0
FRANZ KETTWIG TRUSTEE	0 50	X						0	0	0
LURIE KORNEFFEL TRUSTEE	0 50	X						0	0	0
SHERRI KROONENBERG TRUSTEE	0 50	X						0	0	0
BRIAN MCDONALD TRUSTEE	0 50	X						0	0	0
TIMOTHY MORRIS TRUSTEE	0 50	X						0	0	0
ANDREW MORRISON TRUSTEE	0 50	X						0	0	0
JEFF NELLIGAN TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
VALERI PAPPAS TRUSTEE	0 50	X						0	0	0
AMY PARSONS TRUSTEE	0 50	X						0	0	0
BRENT POWERS TRUSTEE	0 50	X						0	0	0
STEVE RICHARDS TRUSTEE	0 50	X						0	0	0
FRANK ROMERO TRUSTEE	0 50	X						0	0	0
AGNES RYAN TRUSTEE	0 50	X						0	0	0
MARTIN SCHMITZ TRUSTEE	0 50	X						0	0	0
BOB SHOPNECK TRUSTEE	0 50	X						0	0	0
JOE SLAVIK TRUSTEE	0 50	X						0	0	0
MICHAEL SPAULDING TRUSTEE	0 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
WALKER STAPLETON TRUSTEE	0 50	X						0	0	0		
KENT STEMPER TRUSTEE	0 50	X						0	0	0		
PAUL TAYLOR TRUSTEE	0 50	X						0	0	0		
MICHAEL TOUFF TRUSTEE	0 50	X						0	0	0		
JOE VAN HASELEN TRUSTEE	0 50	X						0	0	0		
JOHN L BARRY PRESIDENT THROUGH 9/2016	40 00			X				257,851	0	23,250		
PHILLIP A BLOISE VP OF FINANCE & ADMIN	40 00			X				155,895	0	21,121		
ERIN PORTEOUS CEO FROM 10/2016	40 00			X				175,373	0	16,669		
KATHY A LUNA VP OF OPERATIONS	40 00			X				144,774	0	21,157		
TINA MARTINEZ VP OF PROGRAMS THOUGH 5/2016	40 00			X				66,836	0	8,385		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRYNJA SEAGREN CHEIF HUMAN RESOURCES OFFICER	40 00			X				76,407	0	7,970
JACKLYN NODEN CHEIF PROGRAM OFFICER FROM 9/2016	40 00			X				24,109	0	1,993

SCHEDULE A
(Form 990 or 990EZ)

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.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number

84-0510404

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s) _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II 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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	16,255,296	12,933,357	24,306,611	12,357,631	13,556,578	79,409,473
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge	1,277,016	1,288,500	1,301,465	864,821	796,271	5,528,073
4 Total. Add lines 1 through 3	17,532,312	14,221,857	25,608,076	13,222,452	14,352,849	84,937,546
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2,787,094
6 Public support. Subtract line 5 from line 4						82,150,452

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	17,532,312	14,221,857	25,608,076	13,222,452	14,352,849	84,937,546
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,780	286,749	74,903	164,030	463,231	1,011,693
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.)	3,649,044	4,751,642	4,166,945	4,646,300	3,982,113	21,196,044
11 Total support. Add lines 7 through 10						107,145,283
12 Gross receipts from related activities, etc. (see instructions)					12	29,456

13 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

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	76.670%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	75.920%

- 16a 33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for 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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		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 (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through 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	
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)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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 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	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI 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).

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047
2016
Open to Public Inspection

▶ 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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number
84-0510404

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 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 (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,339,884	9,084,570	1,603,445	1,392,041	1,374,256
b Contributions	1,136,890		8,000,000		
c Net investment earnings, gains, and losses	1,151,175	598,647	-471,375	258,904	65,285
d Grants or scholarships					
e Other expenditures for facilities and programs	372,078	343,333	47,500	47,500	47,500
f Administrative expenses					
g End of year balance	11,255,871	9,339,884	9,084,570	1,603,445	1,392,041

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 95 590 %
 - c** Temporarily restricted endowment ▶ 4 410 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | Yes | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		984,365		984,365
b Buildings		26,453,142	7,546,904	18,906,238
c Leasehold improvements				
d Equipment		3,758,718	3,172,431	586,287
e Other		76,632	72,390	4,242
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				20,481,132

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) PERPETUAL TRUST MANAGED BY A THIRD PARTY	157,991	F
(B) INVESTMENTS HELD BY BGCMD FOUNDATION	4,135,863	F
(C) RIVERBEND FUND, LLC	1,141,748	F
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,435,602	

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
UNSECURED BOND PAYABLE	1,000,000
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	1,000,000

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

Part XI Reconciliation of Revenue per Audited Financial Statements 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	19,531,239
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	1,668,346
b	Donated services and use of facilities	2b	843,411
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,511,757
3	Subtract line 2e from line 1	3	17,019,482
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	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	0
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	17,019,482

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	17,017,936
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	843,411
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	843,411
3	Subtract line 2e from line 1	3	16,174,525
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	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	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	16,174,525

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 84-0510404

Name: BOYS AND GIRLS CLUBS OF METRO DENVER INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE WILFLEY ENDOWMENT FUND IS HELD BY BGCMD FOUNDATION THE EARNINGS ARE RESTRICTED FOR GENERAL OPERATING EXPENSES OF THE WILFLEY BRANCH OF BGCMD FACILITIES DISTRIBUTIONS ARE MADE IN ACCORDANCE WITH BGCMD'S DISTRIBUTION POLICIES THE HELEN AND ARTHUR E JOHNSON ENDOWMENT FUND (THE FUND) WAS ESTABLISHED TO SUPPORT THE GENERAL OPERATIONS OF THE CURRENT ARTHUR E JOHNSON BOYS AND GIRLS CLUB OR A NEW FACILITY THAT REPLACES THE CURRENT ARTHUR E JOHN SON BOYS AND GIRLS CLUB THE FUND IS SUBJECT TO BGCMD'S ENDOWMENT AND DISTRIBUTION POLICIE S DISTRIBUTIONS MAY BE MADE FROM THE FUND WITHOUT REGARD TO THE ACTUAL INCOME OR HISTORIC DOLLAR VALUE OF THE FUND THE SHOPNECK ENDOWMENT WAS RECEIVED IN DECEMBER 2016 AND CONSIS TS OF FOUR DONATED MORTGAGES AND CASH ON HAND PER THE ENDOWMENT AGREEMENT BGCMD IS NOT TO MAKE ANY APPROPRIATIONS FOR THE FIRST TEN YEARS THAT THE ENDOWMENT IS HELD BY BGCMD

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number
84-0510404

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|--|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|--|--|
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NZ CONSULTING 33 WOODLAND AVE SAN FRANCISCO, CA 94117	RAFFLE CONSULTATION	No		4,230,315	75,671	4,154,644
Total				4,230,315	75,671	4,154,644

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

CO

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		FLIGHT TO LUXURY (event type)	JACK VICKERS INVITATIONAL (event type)	4 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	1,293,780	1,011,501	1,054,128	3,359,409
2	Less Contributions	764,288	871,223	736,228	2,371,739
3	Gross income (line 1 minus line 2)	529,492	140,278	317,900	987,670
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	59,422	67,808	327	127,557
	6 Rent/facility costs	89,064	28,261	84,508	201,833
	7 Food and beverages	13,222	35,359	129,353	177,934
	8 Entertainment				
	9 Other direct expenses	367,784	8,850	103,712	480,346
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				987,670
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes			1,420,485	1,420,485
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 5 000 % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,420,485
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				2,809,830

9 Enter the state(s) in which the organization conducts gaming activities CO

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|-----------|
| a The organization's facility | 13a | 100 000 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ PHILLIP A BLOISE

Address ▶ 2017 W 9TH AVENUE
DENVER, CO 80204

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶ MARGARET MORRISSEY

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ RAFFLE OVERSIGHT

 Director/officer Employee Independent contractor**17** Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 2,809,830

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	PAYMENTS FOR MARKETING SERVICES WERE MADE AS PART OF THE RAFFLE PROMOTION

**Schedule I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," 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.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number
84-0510404

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3** Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) SCHOLARSHIPS	15	25,131		N/A	N/A
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	STUDENTS ARE GRANTED SCHOLARSHIPS BASED ON MERIT AND NEED ALL STUDENTS GRANTED SCHOLARSHIPS ARE REQUIRED TO SEND THE BOYS & GIRLS CLUBS OF METRO DENVER THEIR GRADES AT THE END OF THE SCHOOL TERM IF THE STUDENTS FALL BELOW A 2.0 GPA OR IF THEY HAVE QUIT THEIR PROGRAMS, THEN FUTURE GRANT FUNDS ARE DISALLOWED

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
 ▶ **Attach to Form 990.**

2015
Open to Public Inspection

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

Name of the organization BOYS AND GIRLS CLUBS OF METRO DENVER INC	Employer identification number 84-0510404
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Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.	1b									
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:										
a Receive a severance payment or change-of-control payment?	4a	No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No								
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c	No								
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes								
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN L BARRY PRESIDENT THROUGH 9/2016	(i)	236,951 -----	12,500 -----	8,400 -----	22,451 -----	799 -----	281,101 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
2 PHILLIP A BLOISE VP OF FINANCE & ADMIN	(i)	126,645 -----	29,250 -----	0 -----	14,030 -----	7,091 -----	177,016 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
3 ERIN PORTEOUS CEO FROM 10/2016	(i)	141,123 -----	32,500 -----	1,750 -----	15,626 -----	1,043 -----	192,042 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----
4 KATHY A LUNA VP OF OPERATIONS	(i)	115,524 -----	29,250 -----	0 -----	13,030 -----	8,127 -----	165,931 -----	0 -----
	(ii)	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----	0 -----

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	THE BGCMD PROVIDED NON-FIXED BONUS PAYMENTS TO ITS EMPLOYEES TOTALING \$149,561 INCLUDED IN THE BONUS POOL ARE PAYMENTS TO THE EMPLOYEES LISTED ON SCHEDULE J, PART II

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number
84-0510404

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory	X	11	423,256	PROVIDED BY DONOR
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PROGRAM SUPPLIES AND TOYS)	X	244	503,490	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II**Supplemental Information.**

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

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

▶ Attach to Form 990 or 990-EZ.

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

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number

84-0510404

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE ORGANIZATION GIVES A DRAFT OF THE TAX RETURN TO THE FINANCE COMMITTEE FOR REVIEW ABOUT TWO WEEKS BEFORE THE SCHEDULED FINANCE COMMITTEE MEETING THE FINANCE COMMITTEE REVIEWS THE TAX RETURN WITH MANAGEMENT AND EITHER APPROVES OR REJECTS THE TAX RETURN IF APPROVED, THE TAX RETURN IS THEN GIVEN TO THE FULL BOARD FOR THEIR REVIEW, AND DURING THE BOARD MEETING, THE BOARD WILL REVIEW THE TAX RETURN WITH THE FINANCE COMMITTEE CHAIR THE BOARD THEN VOTES TO APPROVE OR REJECT THE TAX RETURN ONCE THE RETURN HAS BEEN APPROVED, IT IS FILED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	BOYS & GIRLS CLUBS OF METRO DENVER MONITORS ITS CONFLICT OF INTEREST POLICY IN THE FOLLOWING WAYS ALL TRUSTEES MUST COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST POLICY WHERE THEY LIST ANY POTENTIAL CONFLICTS THESE ARE REVIEWED BY THE PRESIDENT/CEO AND VP OF FINANCE ADDITIONALLY, ANY MONETARY TRANSACTIONS OVER \$2,500 BETWEEN A TRUSTEE AND THE ORGANIZATION MUST BE APPROVED BY THE FULL BOARD OF TRUSTEES AND BE COMPARED AGAINST SIMILAR BIDS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	ALL COMPENSATION FOR OFFICERS AND DIRECTORS IS COMPARED TO THREE SEPARATE SURVEYS MOUNTAIN STATES EMPLOYMENT COUNCIL'S ANNUAL SALARY SURVEY FOR DENVER, COLORADO, COLORADO ASSOCIATION OF NON-PROFITS ANNUAL SALARY SURVEY FOR COLORADO, AND BOYS & GIRLS CLUBS OF AMERICA ANNUAL SALARY SURVEY THESE THREE SURVEYS ARE AVERAGED TOGETHER AND THE ORGANIZATION COMPARES ITS CURRENT SALARY STRUCTURE TO THAT AVERAGE THE FINANCE COMMITTEE, EXECUTIVE COMMITTEE AND BOARD OF TRUSTEES APPROVES ANY SALARY INCREASES OF THE OFFICERS OF THE ORGANIZATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 18	THE ORGANIZATION MAKES ITS FORMS 1023 AND 990 AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN NET ASSETS HELD BY FOUNDATION -464,768

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 2C	THE FINANCE COMMITTEE IS RESPONSIBLE FOR SELECTING THE INDEPENDENT AUDITOR AND OVERSEEING THE RESULTS OF THE AUDIT. THERE HAVE BEEN NO CHANGES IN THE PROCESS FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BOYS AND GIRLS CLUBS OF METRO DENVER INC

Employer identification number
84-0510404

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 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)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RIVER BEND FUND LLC 47-2530484	INVEST IN REAL ESTATE MORTGAGES	CO	107,198	1,239,780	BGCMD

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) 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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)BOYS & GIRLS CLUBS OF METRO DENVER FOUNDATION 2017 W 9TH AVENUE DENVER, CO 80204 74-2275383	SUPPORT THE BGCMD	CO	501(C)(3)	LINE 12D, III-O	N/A		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) 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		Yes	No	

Part IV 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) 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			Yes	No		Yes	No	

Part VII **Supplemental Information**

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