** PUBLIC DISCLOSURE COPY **

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047 Open to Public Inspection

AF	or tne	2012 calendar year, or tax year beginning an	a enaing	_	
B c	heck if oplicable	DOIS AND GIRLS CLUDS OF GREATER		D Employer identifi	cation number
F	Address change Name change	KANSAS CITY		12 6	072065
	∏lnitial	Doing Business As Number and street (or P.0. box if mail is not delivered to street address)	Room/suite		072065
	∐return ∏Termin-	· · · · · · · · · · · · · · · · · · ·	303	E Telephone numbe	361-3600
	⊒ated]Amend∈]return		303	G Gross receipts \$	8,039,154.
	Applica tion	KANSAS CITY, MO 64131		H(a) Is this a group re	
	pending	F Name and address of principal officer:DAVID A. SMITH		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1	l) or 527		list. (see instructions)
		e: ▶ WWW.HELPKCKIDS.ORG		H(c) Group exemption	n number 🕨
		organization: X Corporation Trust Association Other	∟ Year	of formation: 1967	State of legal domicile: MO
Pa		Summary			
ģ	1 E	Briefly describe the organization's mission or most significant activities: ORG	ANIZED	TO PROMOTE	THE
Activities & Governance	_	PERSONAL DEVELOPMENT OF BOYS AND GIRLS,			
ern		Check this box 🕨 📖 if the organization discontinued its operations or disp	osed of more	1	
30				3	27
ø		Number of independent voting members of the governing body (Part VI, line 1b			27 219
ties		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			1224
ţi		Total number of volunteers (estimate if necessary)			0.
Ac		Fotal unrelated business revenue from Part VIII, column (C), line 12			0.
	יו מ	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	
	8 (Contributions and grants (Part VIII line 1b)		5,128,443.	Current Year 6,533,952.
nιe		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		631,264.	275,284.
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		91,819.	57,472.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		7,975.	-54,580.
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,859,501.	6,812,128.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		374,924.	207,604.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ű		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		3,412,060.	3,402,510.
Expenses				90,100.	87,600.
kbe	b∃	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 719 , 1	266.		
Ĥ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,038,401.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,915,485.	6,081,962.
	19 F	Revenue less expenses. Subtract line 18 from line 12		-55,984.	730,166.
Net Assets or und Balances			В	eginning of Current Year	End of Year
sset		Total assets (Part X, line 16)		11,301,656.	12,376,787.
et A		Total liabilities (Part X, line 26)		499,034.	789,837.
_		Net assets or fund balances. Subtract line 21 from line 20		10,802,622.	11,586,950.
	rt II	Signature Block			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		ties of perjury, I declare that I have examined this return, including accompanying schedu , and complete. Declaration of preparer (other than officer) is based on all information of			y knowledge and belief, it is
true,	Correct	, and complete. Declaration of preparer (other than officer) is based on an imormation of	wilich prepare	l lias any knowledge.	
C: ~~		Signature of officer		Date	
Sigr Here		ROGER MCCOY, CFO			
nere	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Paid		RICH A. BILI RICH A. BILI		if self-employ	
Prep	- +	Firm's name KELLER & OWENS, LLC		Firm's EIN	48-1195228
Use	- +	Firm's address 10955 LOWELL AVE, STE 800		2 2	
		OVERLAND PARK, KS 66210		Phone no. (913) 338-3500
—— Mav	the IR	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Pai	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: THE ORGANIZATION PROMOTES THE PERSONAL DEVELOPMENT OF BOYS AND GI	RLS
	AGES 5-18, WITH SPECIAL CONCERN FOR THE DISADVANTAGED BY PROVIDIN	ĪG
	SERVICES THAT BUILD SELF-ESTEEM, VALUES AND SKILLS DURING CRITICAL	L
	PERIODS OF GROWTH.	
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 X 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 X 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 expe	enses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expensions	ses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$4 , 636 , 710 • _ including grants of \$207 , 604 •) (Revenue \$ 59	3,295.)
	SITE BASED CLUB PROGRAM, NEIGHBORHOOD AND COMMUNITY CLUB PROGRAMS	,
	READING DEVELOPMENT, MENTORING AND OTHER NONCLUB PROGRAMS.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		,
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		,
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,636,710.	
	<u> </u>	rm 990 (2012)

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If</i> "Yes," <i>complete Schedule J</i>	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2012)

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V					Ш
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	22			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	ole gaming			
	(gambling) winnings to prize winners?			1c		<u> </u>
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	219			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	-				
	Did the organization have unrelated business gross income of \$1,000 or more during the year? $$			3a		X
	•			3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		-			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accoun	t)?	4a		Х
b	If "Yes," enter the name of the foreign country: ►					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A					77
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		ī	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactions and taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		•	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					77
	any contributions that were not tax deductible as charitable contributions?		i	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and express statement that such contributions are such as the contribution of		-			
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	viono nr	coulded to the power?	-	X	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		· · · · · · · · · · · · · · · · · · ·	70	21	
C	to file Form 8282?	-		7c		х
d		7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		ľ	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		ľ	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Di	d the su	pporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at a	any time	e during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	1				
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			46		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
L	Note. See the instructions for additional information the organization must report on Schedule O.					
a	Enter the amount of reserves the organization is required to maintain by the states in which the	405				
_	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14a 14b		
IJ	ii 165, Has it lieu a Form 720 to report these payments? II 190, provide an explanation in schedule	<i>,</i>			990	(2012)

Form 990 (2012)

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

	Check if Schedule O contains a response to any question in this Part VI					X
<u>Sec</u>	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	27			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	27			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any othe	er			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct superv	rision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or				
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, o	r			
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)				
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	hapters, affiliate	es,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing t	:he form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe				
	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approve	al by independ	ent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?				
	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a				
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate its participat	tion			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's				
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 501(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.					
		n in Schedule O				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c	onflict of interes	st policy, and	d finan	icial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books a	and records of t	he organizat	ion: 🕨		
	ROGER MCCOY - 816-361-3600	4424				
	6301 ROCKHILL ROAD, SUITE 303, KANSAS CITY, MO 64	<u> 1131 </u>				

12-10-12

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

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

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

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

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

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	ition		one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer ar	a a a	irecto	or/trus	itee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	e e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	trustee or director	truste		_ 	suadı		(W-2/1099-MISC)		organization and related
	below	ual tr	tional		ploy	t con	L			organizations
	line)	Individual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACOB BAYER	4.00	_	Ι-							
BOARD MEMBER		X						0.	0.	0.
(2) ROBERT BEAHAM	4.00									
BOARD MEMBER		X						0.	0.	0.
(3) BRADLEY BODAMER	4.00									
BOARD MEMBER		X						0.	0.	0.
(4) ANDREW BURCZYK	4.00									
BOARD MEMBER		X						0.	0.	0.
(5) ROBERT FIRNHABER	4.00									
VICE CHAIR		X						0.	0.	0.
(6) JO ANNE GABBERT	4.00									
VICE CHAIR		X						0.	0.	0.
(7) JOYCE HAYHOW	4.00									
VICE CHAIR		X						0.	0.	0.
(8) WILLIAM HUMPHREY III	4.00									
BOARD MEMBER		X						0.	0.	0.
(9) DAVID JANUS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MARK LARRABEE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(11) WHITEY KUHN	4.00									_
VICE CHAIR		X						0.	0.	0.
(12) SIOBHAN MCLAUGHLIN LESLEY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) JACK MOORE	4.00									
BOARD MEMBER		X						0.	0.	0.
(14) ROSHANN PARRIS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(15) W. KEITH PENCE	4.00									
BOARD MEMBER		Х		L		L	L	0.	0.	0.
(16) CAROL POWELL	4.00									
BOARD MEMBER		Х		L		L	L	0.	0.	0.
(17) ROBERT ROHLF	4.00]								_
VICE CHAIR		Х						0.	0.	0.
222007 12 10 12										Form 990 (2012)

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Form 990 (2012) KANSAS C		LLI	ומפנ	5 (JF	GI	X.E.F	ATEK	43-60	720)65	Pi	age
Part VII Section A. Officers, Directors, Trus		vola	/ees	. an	d H	iahe	st C	compensated Employe					<u></u>
(A)	(B)				C)	- J		(D)	(E)			(F)	_
Name and title	Average hours per week (list any	box	not c	Pos heck ss pe	itior more	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related		am	timate nount other	of
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	(2)	fro orga and	pensa om the anizat d relate anizatie	e ion ed
(18) MARVIN ROLLISON	4.00	I											
BOARD MEMBER		Х						0.		0.			(
(19) JOHN ROSE	4.00												_
IMMEDIATE PAST BOARD CHAIR		Х						0.		0.			(
(20) STEVEN SESTAK	4.00												_
CHAIRMAN OF THE BOARD		Х						0.		0.			(
(21) JO STUEVE	4.00												
VICE CHAIR		Х						0.		0.			(
(22) SCOTT TANGUAY	4.00												_
BOARD MEMBER	1 00	Х				_		0.		0.			C
(23) MICHAEL TORTI	4.00	ļ								_			_
VICE CHAIR	1 00	X						0.		0.			C
(24) MARILYN TOWNSEND	4.00	ļ								_			_
BOARD MEMBER		Х						0.		0.			(
(25) DEBORAH WELSH	4.00												_
BOARD MEMBER	1 00	Х				_		0.		0.			C
(26) STEVE WIGGINS	4.00	ļ								_			_
BOARD MEMBER		Х						0.		0.			0
1b Sub-total								0.		0.			(
c Total from continuation sheets to Part VI								543,090.		0.		8,1	
d Total (add lines 1b and 1c)								543,090.		0.	6	8,1	65
2 Total number of individuals (including but n	ot limited to th	nose	liste	ed a	bov	e) wl	ho re	eceived more than \$100	,000 of reportable				
compensation from the organization											—		
										_	\rightarrow	Yes	N
3 Did the organization list any former officer,			e, ke	ey er	mplo	oyee	, or h	highest compensated e	mployee on				
line 1a? If "Yes," complete Schedule J for s										⊾	3		Σ
4 For any individual listed on line 1a, is the su									the organization			37	
and related organizations greater than \$150										⊾	4	Х	
5 Did any person listed on line 1a receive or a							relate	ed organization or indivi	dual for services				-
rendered to the organization? If "Yes," com	plete Schedul	e J t	or s	uch	per	son					5		Σ
Section B. Independent Contractors									•				
1 Complete this table for your five highest co the organization. Report compensation for										ensa	ition fr	rom	
(A)	•							(B)			(C	;)	
Name and business	address	N	INC	3				Description of s	ervices	Co	omper		n
							\Box						
							- 1						

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2012)

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Form 990 KAINSAS C.									43-007	<u> </u>
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl			C) ition that		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) TERRANCE WILSON	4.00	x						0.	0.	0
BOARD MEMBER (28) DAVID A. SMITH	40.00	_						0.	0.	<u> </u>
PRESIDENT/EXECUTIVE DIRECT	40.00			х				207,563.	0.	21,363
(29) ROGER MCCOY	40.00							207,3000		
VP ADMIN/CFO				х				91,534.	0.	17,590
(30) PENNEY KING	40.00									
VICE PRESIDENT OPERATIONS				X				92,077.	0.	9,358
(31) BARB UPTON-GARVIN	40.00							60.000		16 422
VP HUMAN RESOURCES	40.00			Х				69,878.	0.	16,433
(32) DON SCHREINER VP DEVELOPMENT, MARKETING	40.00			х				82,038.	0.	3,421
VI DEVEROTMENT, MINUSTING				21				02,030.	0.	3,421
Total to Part VII, Section A, line 1c								543,090.		68,165

Form 990 (2012) KANSAS Part VIII Statement of Revenue

	Check if Schedule O cont	ains a response	to any question i	n this Part VIII			
	Check if Schedule O cont	·	·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue exclude from tax under sections 512, 513, or 514
1 a b c d d e f	Federated campaigns	1a	614,636.				
b	Membership dues	1b					
С	Fundraising events	1c	1,412,151.				
d	Related organizations	1d					
e	Government grants (contribut	ions) 1e	627,360.				
f	All other contributions, gifts, gran	ts, and					
	similar amounts not included abo	ve 1f	3,879,805.				
g	Noncash contributions included in lines	: 1a-1f: \$	775,737.				
h	Total. Add lines 1a-1f			6,533,952.			
			Business Code				
2 a	SUMMER SCHOOL PROGRAM		900099	255,000.	255,000.		
b	MEMBERSHIP DUES		900099	83,539.	83,539.		
2 a b c d	FIELD TRIP/TOURNAMENT	FEES	900099	32,661.	32,661.		
d	LOSS FROM HEATHWOOD CO.	MMUNITY CEN	900099	-95,916.	-95,916.		
e e					·		
f	All other program service reve	enue					
a	Total. Add lines 2a-2f			275,284.			
3	Investment income (including			,			
	other similar amounts)	,	<i>'</i>	56,837.			56,83
4	Income from investment of ta			,			<u> </u>
5	Royalties						
"	rioyanies	(i) Real	(ii) Personal				
6.0	Gross rents	182,528					
	Less: rental expenses	0					
		182,528					
	Rental income or (loss)			182,528.	182,528.		
	Net rental income or (loss)			102,320.	102,320.		
' a	Gross amount from sales of	(i) Securities	(ii) Other 250.				
١.	assets other than inventory	706,092	250.				
b	Less: cost or other basis	705 707					
	and sales expenses	705,707					
	Gain or (loss)		1	625			
	Net gain or (loss)			635.			63
8 a	Gross income from fundraising						
	including \$ 1,412						
	contributions reported on line	,					
	Part IV, line 18	a					
b	Less: direct expenses	b	516,365.				
С	Net income or (loss) from fund	draising events		-367,637.			-367,63
9 a	Gross income from gaming ac	ctivities. See					
	Part IV, line 19	a					
b	Less: direct expenses						
С	Net income or (loss) from gam	ning activities					
10 a	Gross sales of inventory, less	returns					
	and allowances	a	133,246.				
b	Less: cost of goods sold						
	Net income or (loss) from sale		_	128,292.	128,292.		
	Miscellaneous Revenu		Business Code				
11 a	MISCELLANEOUS		900099	2,237.	2,237.		
b		_		•			
C							1
d							†
	• Total. Add lines 11a-11d			2,237.			
12	Total revenue. See instructions.		T T	6,812,128.	588,341.	0	-310,16
1 14	. Juli 1919iluo. Oco ilibil uoliolib.			-,,	,	0	-1 -1 -1

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).										
36011	Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)						
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to governments and		охропосо	general expenses	ехропосо						
•	organizations in the United States. See Part IV, line 21	205,878.	205,878.								
2	Grants and other assistance to individuals in		200,0100								
_	the United States. See Part IV, line 22	1,726.	1,726.								
3	Grants and other assistance to governments,	, -	, -								
_	organizations, and individuals outside the										
	United States. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
·	trustees, and key employees	611,254.	257,154.	331,208.	22,892.						
6	Compensation not included above, to disqualified	0==,=0=1		002,2001							
·	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	2,298,143.	1,751,152.	141,562.	405,429.						
8	Pension plan accruals and contributions (include	=,==,,===	=,:=,===	= , 5 5 2 4	,						
3	section 401(k) and 403(b) employer contributions)	36,992.	33,109.	854.	3.029.						
9	Other employee benefits	209,364.	188,839.	3,673.	3,029. 16,852.						
10	Payroll taxes	246,757.	157,924.	54,287.	34,546.						
11	Fees for services (non-employees):	220,707.0	237,7221	32/23/1	01/0101						
	Management										
	LegalAccounting	32,625.		32,625.							
		32,323		32,0231							
	Professional fundraising services. See Part IV, line 17	87,600.			87,600.						
	Investment management fees	5,207.		5,207.	0.7000						
q	Other. (If line 11g amount exceeds 10% of line 25,	3/20/1		3/20/1							
9	column (A) amount, list line 11g expenses on Sch 0.)	177,550.	152,693.		24,857.						
12	Advertising and promotion	18,256.	41.	97.	18,118.						
13	Office expenses	582,213.	471,985.	60,444.	49,784.						
14	Information technology	840.	663.	118.	59.						
15	Royalties	0 2 0 1									
16	Occupancy	829,395.	779,631.	24,882.	24,882.						
17	Tuescal	112,325.	100,451.	8,665.	3,209.						
18	Payments of travel or entertainment expenses				- 7 - 5 - 1						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	22,049.	12,084.	8,749.	1,216.						
20	Interest	29,498.	2,950.	26,548.							
21	Payments to affiliates	== , == 30	_,,,,,	==,,							
22	Depreciation, depletion, and amortization	372,622.	349,408.	5,813.	17,401.						
23	Insurance	, ====	- ,	-,	,						
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 0.)										
а	FOOD & BEVERAGES	171,130.	164,285.	5,134.	1,711.						
b	MEMBERSHIPS AND SUBSCRI	24,060.	6,737.	16,120.	1,203.						
c	MISCELLANEOUS EXPENSE	6,478.	,	,	6,478.						
d		,			<u> </u>						
	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	6,081,962.	4,636,710.	725,986.	719,266.						
26	Joint costs. Complete this line only if the organization	-	-	-	<u>-</u>						
-	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Form 990 (2012)
Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	261,629.	1	213,364.
	2	Savings and temporary cash investments	968,173.	2	1,109,117.
	3	Pledges and grants receivable, net	389,623.	3	723,316.
	4	Accounts receivable, net	16,696.	4	40,926.
	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 instr). Complete Part II of Sch L		6	
ets	7	Notes and loans receivable, net	3,726,000.	7	3,726,000.
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	40,849.	9	99,641.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation 10a 6,062,473. 10b 2,939,317.			
	b	Less: accumulated depreciation 10b 2,939,317.	2,522,735. 718,507.	10c	3,123,156. 779,739.
	11	Investments - publicly traded securities	718,507.	11	779,739.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	2,657,444.	13	2,561,528.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,301,656.	16	12,376,787.
	17	Accounts payable and accrued expenses	264,237.	17	457,743.
	18	Grants payable		18	
	19	Deferred revenue	159,239.	19	256,495.
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,			
jab		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	75,558.	23	75,599.
	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	400 024	25	700 027
	26	Total liabilities. Add lines 17 through 25	499,034.	26	789,837.
45		Organizations that follow SFAS 117 (ASC 958), check here ► X and			
ces		complete lines 27 through 29, and lines 33 and 34.	9,774,670.		10,383,656.
lan	27	Unrestricted net assets	1,021,269.	27	1,196,611.
Ba	28	Temporarily restricted net assets	6,683.	28 29	6,683.
Net Assets or Fund Balances	29	Permanently restricted net assets Organizations that do not follow SEAS 117 (ASC 959) shock have	0,003.	29	0,003.
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here			
S.	20	and complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
t As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ne.	32	Retained earnings, endowment, accumulated income, or other funds	10,802,622.	33	11,586,950.
	33 34	Total net assets or fund balances Total liabilities and net assets/fund balances	11,301,656.	34	12,376,787.
) 1	TOTAL HADIILIES AND NET ASSETS/IUND DAIGNICES	, JU-, UJU+	J -1	Form 990 (2012)

Form **990** (2012)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form	1 990 (2012) KANSAS CITY	43-6	072065	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u></u>			<u>Ш</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,812		
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,082		
3	Revenue less expenses. Subtract line 2 from line 1	3			66.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,802		
5	Net unrealized gains (losses) on investments	5	54	<u>1,1</u>	62.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	11,586	5,9	<u>50.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>			Ш
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	a no t			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	_X_	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	-			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			

Form **990** (2012)

SCHEDULE A

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Employer identification number 43-6072065

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.		-		
The organ	ization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 🖳	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🖳	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
з 🖳	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4	A medical res	search organization	operated in conjunction	with a hos	spital desc	ribed in se	ction 170	(b)(1)(A)(ii	i i). Enter	the hospita	al's nan	ne,
	city, and stat	e:										
5 📖	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a govern	mental un	it descrik	oed in		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).					
7 X	An organizati	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general	public des	cribed	in
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9	An organizat	ion that normally rec	eives: (1) more than 33 1	1/3% of its	s support f	rom contri	butions, n	nembershi	p fees, a	and gross r	eceipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ions, and (2) no more	than 33 1	1/3% of its	suppor	t from gros	s inves	tment
	income and u	unrelated business t	axable income (less sect	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization	after June	30, 19	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	An organizati	ion organized and or	perated exclusively to te	st for publ	lic safety. S	See sectio	n 509(a)(4	1).				
11	An organizat	ion organized and or	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the	e purposes	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Ch	neck the bo	x that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.						
	a Type	ı b 🗆 ту	ype II c T	ype III - Fu	nctionally	integrated	c	і 🔲 Тур	e III - No	n-function	ally inte	grated
е 🗀	By checking		at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified	persons o	ther tha	an
			han one or more publicly									
f			tten determination from t									
		rganization, check th										
g	Since Augus	t 17, 2006, has the o	organization accepted ar					owing per	sons?			
•			lirectly controls, either al							/ ,	Yes	No
			upported organization?								,	
			n described in (i) above?									
			person described in (i) o									
h			about the supported or									
		Ü		·	. ,							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Did you	u notify the	(vi) ls	the	(vii) Amou	nt of mo	netary
` '	anization	(11) = 111		in col. (i) listed in your org		organizat	ion in col.	organization (i) organiz U.S	on in col. red in the	I. (vii) Amount of suppor		inotal y
J			above or IRC section	governing	document?	(i) of you	r support?	Ü.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No	1		
Total												

 $\mbox{\sc LHA}$ For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")	5,190,883.	6,263,929.	5,580,853.	5,128,443.	6,533,952.	28,698,060.
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	5,190,883.	6,263,929.	5,580,853.	5,128,443.	6,533,952.	28,698,060.
	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)						3,965,268.
6	Public support. Subtract line 5 from line 4.						24,732,792.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	5,190,883.	6,263,929.	5,580,853.	5,128,443.	6,533,952.	28,698,060.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	61,683.	49,348.	94,172.	57,129.	56,837.	319,169.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)	36,602.	13,482.	5,267.	14,102.	2,237.	
11	Total support. Add lines 7 through 10						29,088,919.
12	•						,662,618.
13	First five years. If the Form 990 is for	-			•		
~	organization, check this box and stop						>
	ction C. Computation of Publ	• • • • • • • • • • • • • • • • • • • •					05 00
14	Public support percentage for 2012 (I					14	85.02 %
15	Public support percentage from 2011					15	80.42 %
16a	33 1/3% support test - 2012. If the o	-					
	stop here. The organization qualifies						
b	33 1/3% support test - 2011. If the o	•		•		•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and stop h	ere. Explain in Pa	rt IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	-					
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a		s >

Schedule A (Form 990 or 990-EZ) 2012

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

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

Section A. Public Support	iow, piedoc com	oloto i art II.,				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
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						
		#10000	() 0040	(1) 0044	() 0040	(O.T.)
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	on 501(c)(3) organiz	ation,
check this box and stop here						<u></u>
Section C. Computation of Public					1 1	
15 Public support percentage for 2012 (lin					15	<u>%</u>
16 Public support percentage from 2011					16	%
Section D. Computation of Inves					l l	
17 Investment income percentage for 201					17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the o	•		•		*	
more than 33 1/3%, check this box an						
b 33 1/3 % support tests - 2011. If the o	•			•	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	ı did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	> L

** PUBLIC DISCLOSURE COPY **

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER
KANSAS CITY

Employer identification number

43-6072065

Organization type (check one):						
Filers of	Filers of: Section:					
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special	Rules					
	509(a)(1) and 170(b)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	total contributions)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year					

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization
BOYS AND GIRLS CLUBS OF GREATER
KANSAS CITY

Employer identification number

43-6072065

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 349,805.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Hame, address, and Zn + +	\$ 228,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$554,623.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization
BOYS AND GIRLS CLUBS OF GREATER
KANSAS CITY

Employer identification number

43-6072065

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization
BOYS AND GIRLS CLUBS OF GREATER
KANSAS CITY

Employer identification number

43-6072065

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	PROGRAM SUPPLIES WITH FMV \$299,805 + \$50,000 CASH		
		\$ 349,805.	07/01/12
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Parti			
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		.	
23453 12-21	1-12	Schedule B (Form 9	90, 990-EZ, or 990-PF) (201

Name of organization Employer identification number

BOYS AND GIRLS CLUBS OF GREATER

KANSAS CI	${f T}{f Y}$
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KANSAS	S CITY			43-6072065
Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc Use duplicate copies of Part III if addition	c., contributions of \$1,000 o	ion 501(c)(7), (8), rganizations comp or less for the year	, or (10) organizations that total more than \$1,000 for the
(a) No. from Part I	(b) Purpose of gift			(d) Description of how gift is held
	(e) Transf Transferee's name, address, and ZIP + 4			elationship of transferor to transferee
(a) No. from Part I	from (b) Purpose of gift (c) Use of g		gift	(d) Description of how gift is held
-	Transferee's name, address, a	(e) Transf	J	elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	yift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf nd ZIP + 4		elationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transf		elationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 Open to Public

Inspection

BOYS AND GIRLS CLUBS OF GREATER Name of the organization KANSAS CITY

Employer identification number 43-6072065

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		_
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		torically important land area
	Protection of natural habitat	Preservation of a certif	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		
	,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			l I
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		1 1
3	Number of conservation easements modified, transferred, rel		
	year >	,	3
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	•	
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or Ot	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue statem	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherar	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2012

	dule D (Form 990) 2012 KANSAS							<u>7206</u>		age 2
Pai	rt III Organizations Maintaining C	Collections of A	t, Historical Tr	easures,	or Othe	r Similaı	r Asse	ts (contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following tha	at are a sig	gnificant us	se of its	collectio	n item	ıs
	(check all that apply):									
а	Public exhibition	d	Loan or excl	nange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they further th	ne organizati	ion's exen	npt purpos	e in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or oth	er similar	assets		_		_
	to be sold to raise funds rather than to be m						<u> L</u>	Yes		Ů No
Pai	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered	"Yes" to F	Form 990, F	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	s or other as	ssets not i	included	_	7		_
	on Form 990, Part X?						L	Yes		J No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:							
								Amoun	t	
	Beginning balance									
	Additions during the year									
е	Distributions during the year									
f	Ending balance					. 1f				
	Did the organization include an amount on F						🖳	Yes		⊢ No
	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete									
Fai	rt V Endowment Funds. Complete	T - 1					ro book	(-) Four	, vooro	hook
4.	Device her of consultations	(a) Current year 653,063.	(b) Prior year 663,795.	(c) Two yea	7,425.	d) Three yea	0,268.	(e) Fou		,337.
	Beginning of year balance	9,000.	29,294.	01	7,423.		0,200.		720	, 337.
b	Contributions	82,972.	-4,201.	Ω	1,314.	ο	9,029.		-130	306
C	Net investment earnings, gains, and losses	02,372.	4,201.	-	1,314.		7,025.		130	, 500.
d	Grants or scholarships									
е	Other expenditures for facilities	37,566.	35,825.	3	4,944.	3	1,872.		35	,763.
	and programs	37,300.	33,023.		=,,,==.		1,072.		- 33	, 703.
	Administrative expenses	707,469.	653,063.	66	3,795.	61	7,425.		560	268.
g 2	End of year balance Provide the estimated percentage of the cur		,		3,733.		,,123.		300	, 200.
a	Board designated or quasi-endowment	63.72	e (iiile 19, coluiliii (a %	ij) Heiu as.						
b	Permanent endowment • .00	<u>%</u>								
	Temporarily restricted endowment ► 3									
·	The percentages in lines 2a, 2b, and 2c short									
3a	Are there endowment funds not in the posse	•	ation that are held a	nd administe	ered for th	e organiza	tion			
	by:	or and or game							Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations							3a(ii)		Х
b	If "Yes" to 3a(ii), are the related organization							3b		
4	Describe in Part XIII the intended uses of the									
Pai	rt VI Land, Buildings, and Equipn									
	Description of property	(a) Cost or o	<u> </u>	or other	(c) Ac	cumulated		(d) Boo	k valu	e
		basis (investn	1 ' '			reciation				
1a	Land									
	Buildings		4,63	0,611.	1,7	04,53	6.	2,92	6,0	75.
	Leasehold improvements									
	Equipment		1,43	1,862.	1,2	34,78	1.	19	7,0	81.
	Other									

Schedule D (Form 990) 2012

3,123,156.

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

Schedule D (Form 990) 2012 KANSAS CITI			43-00/2005 Page 3
Part VII Investments - Other Securities. See (a) Description of security or category (including name of security)	Form 990, Part X, line 12 (b) Book value		st or end-of-year market value
(4) F:	(b) Book value	(c) Wethod of Valuation.	or or or year marker value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) INTEREST IN AFFILIATED			
(2) ENTITY	2,561,528.	END-OF-YEAR MAI	RKET VALUE
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	2,561,528.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. See Form 990, Part X, line 1			
	escription		(b) Book value
	Coonption		(b) Book value
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
Part X Other Liabilities. See Form 990, Part X, lin	ne 25.		
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)	25.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	∠ਹ.) ▶		

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

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012

					:g-
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With	Revenue per R	eturr	1
1	Total revenue, gains, and other support per audited financial statements			1	6,920,787.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a	54,162.		
b	Donated services and use of facilities		54,750.		
С					
d	Other (Describe in Part XIII.)				
	Add lines 2a through 2d			2e	108,912.
3	Subtract line 2e from line 1			3	6,811,875.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,207.		
b	Other (Describe in Part XIII.)		-4,954.		
	Add lines 4a and 4b			4c	253.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	6,812,128.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stateme	ents Wit	h Expenses per	Retu	irn
1	Total expenses and losses per audited financial statements			1	6,136,459.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	54,750.		
b	Prior year adjustments				
С	Other losses				
	Other (Describe in Part XIII.)		4,954.		
	Add lines 2a through 2d			2e	59,704.
3	Subtract line 2e from line 1			3	6,076,755.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,207.		
	Other (Describe in Part XIII.)				
	Add lines 4a and 4b			4c	5,207.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	6,081,962.
Pa	rt XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III	I, lines 1a a	and 4; Part IV, lines 1	b and	2b; Part V, line 4; Part
X, lin	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to	provide an	y additional informat	ion.	
PAI	RT X, LINE 2: THE CLUBS HAVE ADOPTED FASB A	ASC 74	0-10 AS IT	MI	GHT
API	PLY TO THE CLUBS' FINANCIAL TRANSACTIONS. T	THE CI	UBS' POLIC	Y I	S TO RECORD
A 1	LIABILITY FOR ANY TAX POSITION THAT IS BENI	EFICIA	L TO THE C	LUB	S,
IN	CLUDING ANY RELATED INTEREST AND PENALTIES,	, WHEN	IT IS MOR	ΕL	IKELY THAN
NO	T THE POSITION TAKEN BY MANAGEMENT WITH RES	SPECT	TO THE TRA	NSA	CTION OR

CLASS OF TRANSACTIONS WILL BE OVERTURNED BY A TAXING AUTHORITY UPON

EXAMINATION. MANAGEMENT BELIEVES THERE ARE NO SUCH POSITIONS AS OF

DECEMBER 31, 2012 AND, ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.

Schedule D (Form 990) 2012

Part XIII Supplemental Information (continued)	
DADE VI I THE AD OFFICE AD THOUSANDING	
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	-4,954.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	4,954.
COST OF GOODS SOLD	

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Part I

Complete if the organization answered "Yes" to 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. ► See separate instructions.

Inspection

Schedule G (Form 990 or 990-EZ) 2012

Name of the organization BOYS AND GIRLS CLUBS OF GREATER **Employer identification number** KANSAS CITY 43-6072065 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

required to complete this par	τ							
1 Indicate whether the organization rais	sed funds through any of the following	ing acti	/ities.	Check all that apply				
a X Mail solicitations	e X Solicita	ation of	non-g	overnment grants				
b Internet and email solicitations								
	c Phone solicitations g X Special fundraising events							
d X In-person solicitations								
2 a Did the organization have a written of	or oral agreement with any individua	ıl (includ	ding o	fficers, directors, tru				
key employees listed in Form 990, P	art VII) or entity in connection with p	profess	onal f	undraising services?	Yes Yes	X No		
b If "Yes," list the ten highest paid ind	ividuals or entities (fundraisers) purs	suant to	agre	ements under which	the fundraiser is to I	ре		
compensated at least \$5,000 by the	e organization.							
								
		(iii)	Did		(v) Amount paid	(vi) Amount paid		
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have co	aiser Istodv	(iv) Gross receipts	to (or retained by)	to (or retained by)		
	(-,	or con	trol of	from activity	fundraiser listed in col. (i)	organization		
		001111111111111111111111111111111111111			iisted iii eoi. (i)			
KERN & ASSOCIATES - P.O. BOX	STRATEGIC FUNDRAISING	Yes	No					
1001, KEARNEY, MO 64060	LEADERSHIP & CONSULTING		Х	0.	87,600.	-87,600.		
	-	+						
		+						
		1						
		-						
Total					87,600.	-87,600.		
3 List all states in which the organization			utions	or has been notified		agietration		
or licensing.	aria registered of licerised to solicit	COLLLING	ations	or rias been notified	a it is exempt from te	gistration		
KS,MO								

232081 01-07-13

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

Schedule G (Form 990 or 990-EZ) 2012 KANSAS CITY 43-6072065 Page 2 Part II Fundraising Events. Complete if the organization answered "Yes" to 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events KIDS NIGHT (add col. (a) through OUT BASEBALL col. (c)) (event type) (event type) (total number) Revenue 1,086,373. 415,419. 59,087. 1,560,879. 1 Gross receipts 392,819 53,837. 965,495 1,412,151. 2 Less: Contributions 120,878. 22,600. 5,250. 148,728. Gross income (line 1 minus line 2) Cash prizes 5 Noncash prizes Direct Expenses 9,482. 40,128. 2,609. 52,219. Rent/facility costs 70,077. 35,419. 5,965. 111,461. 7 Food and beverages 110,683. 987 0 111,670. 8 Entertainment 194,949. 38,317. 7,749 241,015. Other direct expenses 516,365, 10 Direct expense summary. Add lines 4 through 9 in column (d) -367,637. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2012

BOYS AND GIRLS CLUBS OF GREATER

Sch	edule G (Form 990 or 990-EZ) 2012 KANSAS CITY 4	3-6072065 Page 3
11	Does the organization operate gaming activities with nonmembers?	
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
13	to administer charitable gaming? Indicate the percentage of gaming activity operated in:	
	The organization's facility	13a %
	o An outside facility	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	
	Name ▶	
	Address	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	ıt
_	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	
	Gaming manager compensation > \$	
	Description of courtee manifold N	
	Description of services provided	
	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 to be distributed to other exempt organizations or spent in	the
_	organization's own exempt activities during the tax year ▶ \$	
Ра	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colum lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	. , . , , , , , , , , , , , , , , , , ,
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAI	SERS:
	,,,	
	\ NAME OF FUNDDATOED, REDN C ACCOLAGES	
<u>(I</u>	NAME OF FUNDRAISER: KERN & ASSOCIATES	
<u>(I</u>) ADDRESS OF FUNDRAISER: P.O. BOX 1001, KEARNEY, MO 64060	
sc	HEDULE G, PART I, LINE 2B, COLUMN (V): IT IS DIFFICULT TO A	SCERTAIN
WH	ICH CONTRIBUTIONS WERE A DIRECT RESULT OF THE FUNDRAISER'S	EFFORTS.
mп	E FUNDRAISER DID NOT COLLECT FUNDS, AND THE FUNDRAISER WAS	חעם חדע פו
	GANIZATION.	THID DI THE

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

BOYS AND GIRLS CLUBS OF GREATER

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

KANSAS CI	TY						43-6072065
Part I General Information on Grants a	and Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grant	ts or assistance, the	grantees' eligibilit	ty for the grants or as	sistance, and the selec	
criteria used to award the grants or assi							X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to					anization answered "	Yes" to Form 990, Part	IV, line 21, for any
recipient that received more than		<u> </u>			(f) Method of	1	T
1 (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	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEATHWOOD COMMUNITY CENTER, LLC 6301 ROCKHILL ROAD							CONSTRUCTION OF BASEBALL
KANSAS CITY, MO 64131	20-0394993	501(C)(3)	118,180.	0.			COMPLEXES FOR CHILDREN.
BOYS & GIRLS CLUBS NEW MARKETS, INC - 6301 ROCKHILL ROAD - KANSAS CITY, MO 64131	27-1723729	501(C)(3)	80,973.	0.			REAL ESTATE RENOVATIONS THROUGH CONTROLLED ENTITY.
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	the line 1 table	1	1	_1	2.
3 Enter total number of other organization	-	-					0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2012

(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 assistanc
Part IV Supplemental Information. Complete this part to provide	e the information	n required in Part I,	line 2, Part III, colum	n (b), and any other additional in	formation.
SCHEDULE I, PART I, LINE 2: THE ORG	GANIZATI(ON ONLY GA	AVE SIGNIFI	CANT GRANT	
FUNDS TO RELATED ENTITIES. THE ORG	GANIZATIO	ON MONITOR	RS THE USE	OF THESE	
GRANT FUNDS CLOSELY THROUGH ITS CO	NTROL OF	BOTH THE	HEATHWOOD	COMMUNITY	
CENTER, LLC AND BOYS & GIRLS CLUBS					
·		-			
GRANTED BY THE ORGANIZATION WERE DO	ONE SO FO	OLLOWING A	A SPECIFIC	SELECTION	
PROCESS AND REVIEW OF THE EVENTUAL	RECIPIE	NTS.			

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Questions Regarding Compensation

Department of the Treasury

Part I

► Attach to Form 990. ► See separate instructions.

BOYS AND GIRLS CLUBS OF GREATER

BOYS AND GIRLS CLUBS OF GREATER Employer identification number KANSAS CITY 43-6072065

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

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

Schedule J (Form 990) 2012

KANSAS CITY

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

BOYS AND GIRLS CLUBS OF GREATER

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation reported as deferred	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in prior Form 990	
(1) DAVID A. SMITH	(i)	207,563.	0.	0.	9,054.	12,309.	228,926.	0.	
PRESIDENT/EXECUTIVE DIRECT	(ii)	0.	0.	0.		0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii)								
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	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Page 2

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-6072065

Types of Property (a) (b) (c) (d) Noncash contribution Number of Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles X 31,125. FAIR MARKET VALUE 6 Boats and planes _____ 7 Intellectual property 8 X 4 230,873. FAIR MARKET VALUE Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts (PROGRAM ACTIV) <u> 106</u> 357,748. FAIR MARKET VALUE Other -25 92,378. ITEMS FOR AUC) X 168 FAIR MARKET VALUE Other > 26 32,723. ITEMS FOR BAS) X 107 FAIR MARKET VALUE 27 Other -X 18,100. FAIR MARKET PRINTED MATER 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a 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. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

232141 12-20-12

BOYS	AND	GIRLS	CLUBS	OF	GREATER
KANCI	1 C	rπv			

Schedule M (Form 990) (2012) KANSAS CITY	43-6072065	Page 2
Part II Supplemental Information. Complete this part to provide the information required by Part I the organization is reporting in Part I, column (b), the number of contributions, the number of items Also complete this part for any additional information.	, lines 30b, 32b, and 33, and received, or a combination of	d whether
PART I, OTHER TYPES OF PROPERTY:		
BUILDING MATERIALS		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 1		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 7000.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
ITEMS FOR DINNER ON ICE FUNDRAISER		
(A) CHECK IF APPLICABLE = X		
(B) NUMBER OF CONTRIBUTORS = 43		
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5790.		
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE		
232142 12-20-12	Schedule M (Form 9	990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Employer identification number 43-6072065

KANSAS CITI	43-00/2005
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
CONCERN FOR THE DISADVANTAGED BY PROVIDING SERVICES THAT	BUILD
SELF-ESTEEM, VALUES AND SKILLS DURING CRITICAL PERIODS OF	GROWTH.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S	FINANCE
COMMITTEE REVIEWS THE FORM 990 AND RECOMMENDS APPROVAL BY	THE BOARD OF
DIRECTORS PRIOR TO FILING THE RETURN.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	REQUIRES ANNUAL
DISCLOSURE OF ANY CONFLICTS OF INTEREST. IF A DIRECTOR H	AS A CONFLICT OF
INTEREST, HE RECUSES HIMSELF FROM ANY DECISION MAKING REG	ARDING
TRANSACTIONS CONNECTED WITH THAT INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15A: THE ORGANIZATION'	S BOARD DETERMINES
THE EXECUTIVE DIRECTOR'S SALARY AND DOCUMENTS THE DECISIO	N IN THE MEETING
MINUTES. SALARY IS EVALUATED FOR REASONABLENESS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STAT	EMENTS ARE
AVAILABLE TO THE PUBLIC UPON REQUEST.	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

BOYS AND GIRLS CLUBS OF GREATER

➤ See separate instructions.

OMB No. 1545-0047 2012 Open to Public Inspection

Employer identification number Name of the organization KANSAS CITY 43-6072065 Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (a) (b) (c) (d) (e) (f) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt Part II 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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
				501(c)(3))		Yes	No
HEATHWOOD COMMUNITY CENTER, LLC - 20-0394993							
6301 ROCKHILL ROAD, SUITE 305	COMMUNITY RECREATION						
KANSAS CITY, MO 64131	CENTER	MISSOURI	501(C)(3)	170(B)(1)(A)	N/A		Х
BOYS & GIRLS CLUBS NEW MARKETS, INC -	FURTHERING THE MISSION OF				BOYS & GIRLS CLUB		
27-1723729, 6301 ROCKHILL ROAD, SUITE 303,	BOYS & GIRLS CLUB OF				OF GREATER KANSAS		
KANSAS CITY, MO 64131	GREATER KANSAS CITY	MISSOURI	501(C)(3)	170(B)(1)(A)	CITY	X	
	-						
	_						
	4						

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

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 KANSAS CITY

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	portion- cations?	Code V-UBI amount in box 20 of Schedule	Genera manag partne	Percentage ownership
		country)		sections 512-514)			Yes	No K-1 (Form 1065)	Yes I	lo	
										Ш	
										\sqcup	
										\sqcup	
	_										
	_										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	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	Sec 512(b contr enti	o)(13) rolled ity?
								103	
		30							

Schedule R (Form 990) 2012 KANSAS CITY

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 transaction		•					
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		X	
b Gift, grant, or capital contribution to related organization(s)				1b	Х		
c Gift, grant, or capital contribution from related organization(s)						X	
d Loans or loan guarantees to or for related organization(s)				1d		X	
e Loans or loan guarantees by related organization(s)						X	
f Dividends from related organization(s)				1f		$\frac{x}{x}$	
g Sale of assets to related organization(s)							
h Purchase of assets from related organization(s)						X	
i Exchange of assets with related organization(s)				1i		X	
j Lease of facilities, equipment, or other assets to related organization(s)				1j		X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
I Performance of services or membership or fundraising solicitations for related orga						X	
m Performance of services or membership or fundraising solicitations by related orga						X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organizat	ion(s)			1n		X	
Sharing of paid employees with related organization(s)						X	
p Reimbursement paid to related organization(s) for expenses				1p		X	
q Reimbursement paid by related organization(s) for expenses				1q		X	
r Other transfer of cash or property to related organization(s)				1r		X	
s Other transfer of cash or property from related organization(s)						X	
2 If the answer to any of the above is "Yes," see the instructions for information on v							
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	involved			
(1) HEATHWOOD COMMUNITY CENTER, LLC	В	118,180.	CASH GIVEN				
(2) BOYS & GIRLS CLUBS NEW MARKETS, INC	В	80,973.	CASH GIVEN				
(3)							
(4)				· · · · · · · · · · · · · · · · · · ·			
(5)							
(6)							
220162 10 10 10	3.9		Cahadu	lo D (Eorn	900/	2012	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disprop tionate allocation Yes N	amount in box 2 s? of Schedule K-1	General of managing partner? Yes No	(k) Percentage ownership

Form **8868**

(Rev./January,2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If you a	re filing for an Automatic 3-Month Extension, comple	ete only Pa	art I and check this box			■ X
If you a	re filing for an Additional (Not Automatic) 3-Month Ex	ktension,	complete only Part II (on page 2 of	this form).	
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previous	sly filed F	orm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if	you need	a 3-month automatic extension of tin	ne to file	(6 months for a co	rporation
required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth exten	sion of time. You can electronically f	ile Form 8	3868 to request an	extension
of time to	file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for	Transfers	Associated With 0	Certain
Personal I	Benefit Contracts, which must be sent to the IRS in par	oer format	(see instructions). For more details of	on the ele	ectronic filing of this	s form
visit www.	irs.gov/efile and click on e-file for Charities & Nonprofits	s.				- · · · · · · · · · · · · · · · · · · ·
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).		
	tion required to file Form 990-T and requesting an autor	matic 6-m	onth extension - check this box and	complete	ı	
Part I only]	▶ □
to file inco	orporations (including 1120-C filers), partnerships, REM me tax returns.	IICs, and t	rusts must use Form 7004 to reques	t an exte	nsion of time	
Type or	Name of exempt organization or other filer, see instru			Employe	er identification nur	mber (EIN) or
print	BOYS AND GIRLS CLUBS OF GR	EATER				()
File by the	KANSAS CITY				43-60720	65
due date for	Number, street, and room or suite no. If a P.O. box, s		tions.	Social se	ecurity number (SS	
filing your return. See	6301 ROCKHILL ROAD, NO. 30:					
nstructions.	City, town or post office, state, and ZIP code. For a for KANSAS CITY, MO 64131	oreign add	lress, see instructions.			
				——————————————————————————————————————		
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)	•••••		0 1
	W. W. W.					
Applicatio	on .	Return	Application			Return
s For		Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)		· · · · · · ·	07
Form 990-l	With the second	02	Form 1041-A			08
	(individual)	03	Form 4720			09
Form 990-I		04	Form 5227			10
	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
-01111 990-	Γ (trust other than above) ROGER MCCOY	06	Form 8870			12
The hor	oks are in the care of 6301 ROCKHILL F	מגסנ	CITTUD 202 KANGA	С. стп	137 NO C 41	21
	ne No. ► 816-361-3600	COAD,	SUITE 303 - KANSAS	2 CTI	Y, MO 541	31
		المامة مالم				. —
If this is	ganization does not have an office or place of business for a Group Return, enter the organization's four digit (Sin the On	motion Number (CEN)			-
oox ▶ [. If it is for part of the group, check this box	and atta	oh e list with the names and EINs of	this is to	r the whole group,	check this
	uest an automatic 3-month (6 months for a corporation				ers the extension	is for.
			ion return for the organization name		The sytematical	
	the organization's return for:	. Organizat	non return for the organization hame	d above.	me extension	
	C calendar year 2012 or					
▶Ī	tax year beginning	and	d ending			
					_ '	
2 If the	tax year entered in line 1 is for less than 12 months, ch	neck reaso	on: Initial return F	inal retur	'n	
	Change in accounting period					
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, c	r 6069, er	nter the tentative tax, less any		***	
	efundable credits. See instructions.			За	\$	0.
b If this	application is for Form 990-PF, 990-T, 4720, or 6069, e	enter any i	refundable credits and			
	ated tax payments made. Include any prior year overpa			3b	\$	0.
	nce due. Subtract line 3b from line 3a. Include your pay					· · · · · · · · · · · · · · · · · · ·
	ing EFTPS (Electronic Federal Tax Payment System). S			3с	\$	0.
	<u>you are going to make an electronic fund withdrawal w</u>			rm 8879-l	EO for payment ins	
HA For	Privacy Act and Paperwork Reduction Act Notice, s	see instru	ctions.		Form 8868 (F	Rev. 1-2013)

Form 8868 (Rev. 1-2013)					Page 2			
If you are filing for an Additional (Not Automatic) 3	-Month Extension, c	complete only Part II and check thi	is box		▶ X			
Note. Only complete Part II if you have already been g	ranted an automatic	3-month extension on a previously t	filed Form 8	3868 <i>.</i>				
 If you are filing for an Automatic 3-Month Extension 	n, complete only Pa	rt I (on page 1).						
Part II Additional (Not Automatic) 3-	Month Extension	n of Time. Only file the origin	nal (no co	ppies need	led).			
		Enter filer's	s identifyin	g number, s	ee instructions			
Type or Name of exempt organization or other filer	, see instructions		Employer	identification	number (EIN) or			
print BOYS AND GIRLS CLUBS O								
File by the KANSAS CITY	43-607	72065						
ue date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number of the street is a security number of the street								
filing your ceturn. See 6301 ROCKHILL ROAD, NO	. 303							
instructions. City, town or post office, state, and ZIP co	de. For a foreign add	ress, see instructions.						
KANSAS CITY, MO 64131								
Enter the Return code for the return that this application	on is for (file a separa	te application for each return)			0 1			
•								
Application	Return	Application			Return			
ls For	Code	Is For			Code			
Form 990 or Form 990-EZ	01	A SANTAL AND A SAN						
Form 990-BL	02	Form 1041-A			08			
Form 4720 (individual)	03	Form 4720			09			
Form 990-PF	04	Form 5227			10			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11			
Form 990-T (trust other than above)	06	Form 8870			12			
STOP! Do not complete Part II if you were not alrea	dy granted an auton	natic 3-month extension on a pre	viously file	d Form 8868	3.			
ROGER MCC								
 The books are in the care of ► 6301 ROCK 		SUITE 303 - KANSA	S CIT	Y, MO	54131			
Telephone No. ► 816-361-3600		FAX No. ▶						
If the organization does not have an office or place	of business in the Ur				▶ 🔲			
 If this is for a Group Return, enter the organization's 					roup, check this			
box 🕨 🔲 . If it is for part of the group, check this b								
4 I request an additional 3-month extension of time		BER 15, 2013.			•			
5 For calendar year 2012, or other tax year beg		, and endi	ng					
6 If the tax year entered in line 5 is for less than 12		on: Initial return	Final r	eturn				
Change in accounting period	,							
7 State in detail why you need the extension								
ADDITIONAL INFORMATION I	S NEEDED TO	O FILE A COMPLETE	AND A	CCURATI	E			
RETURN.								
8a If this application is for Form 990-BL, 990-PF, 99	0-T, 4720, or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Form 990-PF, 990-T, 472	0. or 6069, enter any	refundable credits and estimated	. :					
tax payments made. Include any prior year over	-							
previously with Form 8868.		,	8b	\$	0.			
c Balance due. Subtract line 8b from line 8a. Inclu	ide vour payment wit	h this form, if required, by using		· · · · · · · · · · · · · · · · · · ·	***************************************			
EFTPS (Electronic Federal Tax Payment System)	• •		8c	\$	0.			
		st be completed for Part II						
Under penalties of perjury, I declare that I have examined this	form, including accomp			f my knowledg	je and belief,			
it is true, correct, and complete, and that I am authorized to p	repare this form.							
Signature > Mu Som	Title ► CPA		Date	,	1,2/13			
•				Form 8	868 (Rev. 1-2013)			

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