#### \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2017 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number BOYS AND GIRLS CLUBS OF GREATER Address change KANSAS CITY Name change 43-6072065 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 4001 BLUE PARKWAY 102 816-361-3600 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ 13,318,219. Amended return KANSAS CITY, MO 64132 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: DAVID A. for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X = 501(c)(3) = 501(c)4947(a)(1) or ) ◀ (insert no.) If "No," attach a list. (see instructions) J Website: ► WWW.HELPKCKIDS.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Association Other > L Year of formation: 1967 M State of legal domicile: MO Trust Part I Summary Briefly describe the organization's mission or most significant activities: ORGANIZED TO PROMOTE THE **Activities & Governance** PERSONAL DEVELOPMENT OF BOYS AND GIRLS, AGES 5-18, WITH SPECIAL if the organization discontinued its operations or disposed of more than 25% of its net assets. 40 3 Number of voting members of the governing body (Part VI, line 1a) 40 Number of independent voting members of the governing body (Part VI, line 1b) 4 552 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 2217 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 0. 7h **Prior Year Current Year**  $7,239,\overline{171}$ 10,538,984. Contributions and grants (Part VIII, line 1h) 8 871,070. 2,122,787. Program service revenue (Part VIII, line 2g) 61,500. 38,419. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -439,926. -433,659. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11  $\overline{7,731,815}$  $\overline{12}, 266, 531.$ Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 253,908. 209,800. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 4,981,237. 5,918,117. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 24,000. 48,000. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 2,875,402. 3,522,423. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,674,340. 8,158,547. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -426,732. 2,592,191. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 5 13,037,457. 15,771,129 20 Total assets (Part X, line 16) 1,273,346. 1,324,342. 21 Total liabilities (Part X, line 26) 三年 764,111. 14,446,787 22 Net assets or fund balances. Subtract line 21 from line 20 ..... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign ROGER MCCOY, Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature RICH A. BILI P00310364 RICH A. BILI Paid self-employed Firm's name ▶ KELLER & OWENS, LLC Firm's EIN ▶ 48-1195228 Preparer Firm's address ▶ 10955 LOWELL AVE, STE 800 Use Only Phone no. (913) 338-3500 OVERLAND PARK, KS 66210 X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	THE ORGANIZATION PROMOTES THE PERSONAL DEVELOPMENT OF BOYS AND G	IRLS
	AGES 5-18, WITH SPECIAL CONCERN FOR THE DISADVANTAGED BY PROVIDI	NG
	SERVICES THAT BUILD SELF-ESTEEM, VALUES AND SKILLS DURING CRITIC	AL
	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 ex	nenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total exp	
	revenue, if any, for each program service reported.	snoos, and
4a	(Code:) (Expenses \$7 , 443 , 744 . including grants of \$209 , 800 . ) (Revenue \$ 2 ,	209 166.
<del>4</del> a	SITE BASED CLUB PROGRAM, NEIGHBORHOOD AND COMMUNITY CLUB PROGRAM	<u>203,100.</u> )
	READING DEVELOPMENT, MENTORING AND OTHER NON-CLUB PROGRAMS.	
	READING DEVELOPMENT, MENTORING AND OTHER NON-CLOB 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 ► 7,443,744.	
		Form <b>990</b> (2017)

# BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Form 990 (2017) KANSAS CITY
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		37	
_	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	١		\ <del></del>
	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		
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	40-		х
_	Schedule D, Parts XI and XII	12a		Α_
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	406	v	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13	Х	Х
14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
. •	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	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
			ΩΩΩ	

# 43-6072065 Page 4

# BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Form 990 (2017)

Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u> X</u>
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			37
	complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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):			v
_	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		
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	00-		х
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
21	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations?	31		Х
32	If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete	31		-22
JZ		32		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	JZ		
-	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	00		
٠.	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	Х	

#### KANSAS CITY Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	······	<u></u>						
					Yes	No				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	40							
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	portab	le gaming							
	(gambling) winnings to prize winners?			1c						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 552									
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За		Х				
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If</i> "No," to line 3b, provide an explanation in Schedule O									
	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	ccoun	t)?	4a		X				
b	If "Yes," enter the name of the foreign country: ▶									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5с						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orgai	nization solicit							
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or	gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	X					
	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	ired							
	to file Form 8282?	······		7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		7e		Х				
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 , 3 , 11 , 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g						
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	•							
_	sponsoring organization have excess business holdings at any time during the year?			8						
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?			9a_						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	10a								
	Initiation fees and capital contributions included on Part VIII, line 12  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a								
11	Section 501(c)(12) organizations. Enter:	LIUD								
	Gross income from members or shareholders	11a								
	Gross income from other sources (Do not net amounts due or paid to other sources against	114								
	amounts due or received from them.)	11b								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	$\overline{}$	)	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.									
	In the constant in the constant is the constant in the constan			13a						
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
-	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b						
					990	(2017)				

KANSAS CITY 43-6072065 Page 6 Form 990 (2017) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 40 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 40 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c in Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a

#### Section C. Disclosure

Other officers or key employees of the organization

exempt status with respect to such arrangements?

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

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) available
	for public inspection. Indicate how you made these available. Check all that apply.

taxable entity during the year?

Another's website | X | Upon request Own website 

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ROGER MCCOY - 816-361-3600 4001 BLUE PARKWAY, SUITE 102, KANSAS CITY

Form **990** (2017)

Х

Х

15b

16a

16b

KANSAS CITY Form 990 (2017)

43-6072065

<u> Page</u> **7** 

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

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

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

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

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

(A)	(B)			_ (0	<b>(</b> )			(D)	(E)	(F)
Name and Title	Average	(do		Posi heck r		than c	ne	Reportable	Reportable	Estimated
	hours per	box	x, unless person is both an ficer and a director/trustee)		an	compensation	compensation	amount of		
	week		Jer an	u a di	ecto	r/truSt	ee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	ıl trustee		ee/	m pen		(88-2/1099-181130)		and related
	below	dual t	utio na		Key employee	st co	-E			organizations
	line)	Indivi	Institutional t	Officer	Key e	Highest compensated employee	Former			· ·
(1) CATHY BEAHAM SMITH	4.00									
BOARD MEMBER		Х						0.	0.	0.
(2) BRADLEY BODAMER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(3) KEVIN BRYANT	4.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(4) ANDREW BURCZYK	4.00									_
BOARD MEMBER	4 00	Х						0.	0.	0.
(5) FRANK CARO	4.00									•
BOARD CHAIR	4 00	Х		Х				0.	0.	0.
(6) JENNIE CLARKE	4.00	7.7						_	_	0
BOARD MEMBER (7) ROB CLEAVINGER	4.00	Х						0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
(8) LARRY DICKINSON	4.00	Λ						0.	0.	0.
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) DAMON BRYANT	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PAUL FISCHER	4.00									
BOARD SECRETARY		Х		Х				0.	0.	0.
(11) JO ANNE GABBERT	4.00									
BOARD MEMBER		Х						0.	0.	0.
(12) JESSICA CHANOS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(13) WILLIAM HUMPHREY, III	4.00									
BOARD MEMBER		Х						0.	0.	0.
(14) CHARLES HUNTER	4.00							_		_
BOARD MEMBER	4 00	X						0.	0.	0.
(15) KIRSTEN KRUG	4.00	~-						_	_	_
BOARD MEMBER	4 00	Х						0.	0.	0.
(16) WHITEY KUHN	4.00	37						_	_	_
VICE CHAIR	4 00	Х						0.	0.	0.
(17) MARK LARRABEE BOARD MEMBER	4.00	х						0.	0.	0.
732007 11-28-17		Λ						<u> </u>	U •	Form <b>990</b> (2017

Form 990 (2017) KANSAS CI	TY								43-60	72	065	P	age 8
Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(C				(D)	(E)			(F)	
Name and title	Average	(do		Posi heck r			ono	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss per	son i	s both	n an	compensation	compensation	ı	an	nount	of
	week	offi	cer ar	ıd a di	recto	r/trus	tee)	from	from related			other	
	(list any	ctor						the	organizations	,	com	pensa	tion
	hours for	r dir				ted		organization	(W-2/1099-MIS	C)	fr	om th	е
	related	stee c	ruste			eusa		(W-2/1099-MISC)				anizat	
	organizations	al tru:	nal t		loyee	comp						d relat	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
	line)	lu	lus	#0	Key	en Hig	For						
(18) JENNIFER LOWE	4.00												
BOARD MEMBER		Х						0.		0.			0.
(19) MICHAEL NAATZ	4.00												
BOARD MEMBER		Х						0.		0.			0.
(20) DEAN NEWTON	4.00												
BOARD MEMBER		Х						0.		0.			0.
(21) ERIC SCHROEDER	4.00									$\neg$			
BOARD MEMBER		Х						0.		0.			0.
(22) JO STUEVE	4.00									<del>-  </del>			
BOARD MEMBER	1.00	Х						0.		0.			0.
(23) TRUDIE HALL	4.00	Λ						0.		٠.			<u> </u>
	4.00	77								_			^
BOARD MEMBER	4 00	Х						0.		0.			0.
(24) SEAN TOOHIG	4.00												_
BOARD MEMBER		Х						0.		0.			0.
(25) MICHAEL TORTI	4.00									_			
VICE CHAIR; TREASURER		Х		Х				0.		0.			0.
(26) SUSIE OLIVER	4.00												
BOARD MEMBER		Х						0.		0.			0.
1b Sub-total							<b>▶</b>	0.		0.			0.
c Total from continuation sheets to Part VII							<b>•</b>	335,555.		0.	2	4,5	00.
. =							•	335,555.		0. 24,500			
2 Total number of individuals (including but no					ove	) wh	o re		000 of reportable				
compensation from the organization	or minicoa to an	000		u ub		,		, and the trial of	occ or reportable				2
Compensation from the organization												Yes	No
3 Did the organization list any <b>former</b> officer.	director or tw				مامد		ایم	high act compandated an	nnlavaa an	1			140
,											_		Х
line 1a? If "Yes," complete Schedule J for st											3		
4 For any individual listed on line 1a, is the su												37	
and related organizations greater than \$150											4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or st	ıch r	ers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest cor	mpensated inc	lepe	nde	nt co	ntra	acto	rs th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
the organization. Report compensation for t	he calendar ye	ear e	endir	ng wi	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0	<b>C)</b>	
Name and business	address	NO	INC	S				Description of s	ervices	С	ompe	nsatio	n
							$\dashv$						
							$\dashv$		+				
2 Total number of independent contractors (in	ŭ	ot lin	nited	to t	_		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					(							000	
SEE PART VII, SECTION	I A CONT	ΤN	UΑ	Τ, Τ.	UΝ	S	нΕ	ETS			Form	99U (	2017)

	S CITY								43-607	2065
Part VII   Section A. Officers, Director	rs, Trustees, Key Er	nplo	yee	s, a	nd H	lighe	est (	Compensated Employe	es (continued)	
(A)		(D)	(E)	(F)						
Name and title	( <b>B</b> ) Average				C) ition	1		Reportable	Reportable	Estimated
	hours	(c	heck	all	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	or				loyee		the	organizations	compensation
	(list any hours for	or directo				d em b		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	ee or (	stee			nsateo		(***2/1099****100)		and related
	organizations	trust	al tru		yee	эш реі				organizations
	below	Individual trustee	Institutional trustee	Je.	Key employee	Highest compensated employee	ner			
	line)	lbdi	Inst	Officer	Key	Hig	Former			
(27) TOM TURNER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(28) TERRANCE WILSON	4.00	1								
IMMEDIATE PAST CHAIR		Х		Х				0.	0.	0.
(29) CHRIS COX	4.00									
BOARD MEMBER		Х						0.	0.	0.
(30) JASON FRANKLIN	4.00									
BOARD MEMBER	4 00	Х						0.	0.	0.
(31) ROSHANN PARRIS	4.00								•	•
BOARD MEMBER	4 00	Х						0.	0.	0.
(32) W. KEITH PENCE	4.00	<b>.</b> ,						_	0	•
BOARD MEMBER (33) JOHN C. ROSE	4 00	Х						0.	0.	0.
BOARD MEMBER	4.00	х						0.	0.	0
(34) GREG SPEARS	4.00	Δ						0.	0.	0.
VICE CHAIR	4.00	Х						0.	0.	0.
(35) TIM WALTRIP	4.00	Λ						0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
(36) NICOLE WOSJE	4.00							•	•	•
BOARD MEMBER		х						0.	0.	0.
(37) STEVEN J. SESTAK	4.00								•	
BOARD CHAIR		Х						0.	0.	0.
(38) MELINDA ESTES	4.00							-	-	-
BOARD MEMBER		Х						0.	0.	0.
(39) ROBERT D. FIRNHABER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(40) MARK GILGUS	4.00									
BOARD MEMBER		Х						0.	0.	0.
(41) DANIEL HECKMAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(42) SCOTT MCVICKER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(43) DAVID A. SMITH	40.00									
PRESIDENT/EXECUTIVE DIRECT				X				227,237.	0.	18,618.
(44) ROGER MCCOY	40.00	-								
VP ADMIN/CFO				Х				108,318.	0.	5,882.
		-								
		-	$\vdash$							
		}								
		]	L	<u> </u>	l	l				
Total to Dout VIII Continue A line 4								335,555.		24 500
Total to Part VII, Section A, line 1c								1 222,222.		24,500.

Page 9

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D**) Revenue excluded from tax under (B) (C) Unrelated Related or Total revenue business exempt function sections 512 - 514 revenue revenue 579,165. Contributions, Gifts, Grants and Other Similar Amounts **1 a** Federated campaigns **b** Membership dues 2,084,886. c Fundraising events 3,556,601 d Related organizations 658,553 e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above ..... 3,659,779 3,740,649 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f 10,538,984. Business Code 900099 1,798,841 1,798,841 2 a SUMMER SCHOOL PROGRAM Program Service Revenue 900099 208,914 PROGRAM RENTAL 208,914 MEMBERSHIP DUES 900099 92,837. 92,837. 22,195. FIELD TRIP/TOURNAMENT FEES 900099 22,195. All other program service revenue ..... 2,122,787. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 21,666. 21,666 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ..... **d** Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 428,129. assets other than inventory b Less: cost or other basis 411,376. and sales expenses 16,753. c Gain or (loss) 16,753. 16,753. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue 2,084,886. of including \$ contributions reported on line 1c). See Part IV, line 18 120,274 633,907 **b** Less: direct expenses ..... -513,633 -513,633, c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns 11,186. and allowances 6,405. **b** Less: cost of goods sold 4,781. 4,781. c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a INSURANCE PROCEEDS 900099 63,473 63,473 900099 11,720 11,720 MISCELLANEOUS d All other revenue ..... 75,193 e Total. Add lines 11a-11d 12,266,531, 2,202,761 -475,214. Total revenue. See instructions. 12

#### 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).

	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon	se or note to any line in t			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	202,700.	202,700.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	7,100.	7,100.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	360,056.	184,392.	151,078.	24,586
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,616,470.	3,295,990.	600,400.	720,080
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	59,380.	45,655.	9,481.	4,244
9	Other employee benefits	501,314.	391,601.	9,481. 74,855.	4,244, 34,858, 53,326,
10	Payroll taxes	380,897.	243,774.	83,797.	53,326
11	Fees for services (non-employees):				
а	Management				
b		9,483.		9,483.	
С		49,400.		49,400.	
d					
е		24,000.			24,000.
f	Investment management fees	8,792.		8,792.	
g					
J	column (A) amount, list line 11g expenses on Sch O.)	267,334.	229,907.		37,427.
12	Advertising and promotion	22,398.			37,427. 22,398.
13	Office expenses	451,587.	355,049.	72,299.	24,239
14	Information technology	7,710.	6,091.	1,079.	540.
15	Royalties	•	·	,	
16	Occupancy	1,117,491.	1,050,441.	33,525.	33,525
17	Travel	228,373.	205,386.	16,847.	6,140.
18	Payments of travel or entertainment expenses	ļ	,	,	•
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	39,904.	30,979.	6,549.	2,376.
20	Interest	26,806.	2,681.	24,125.	•
21	Payments to affiliates	ļ	,	,	
22	Depreciation, depletion, and amortization	820,586.	769,464.	12,801.	38,321.
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 O.)				
а	HOOD & DEVEDACED	367,162.	352,475.	11,015.	3,672.
b	HEATHWOOD LOSS	61,022.	61,022.	-	,
С	MEMBERSHIPS AND SUBSCRI	32,406.	9,037.	21,746.	1,623.
d	MISCELLANEOUS EXPENSE	11,969.	,	,	11,969.
	All other expenses	,			, <del>-</del> -
25	Total functional expenses. Add lines 1 through 24e	9,674,340.	7,443,744.	1,187,272.	1,043,324
26	Joint costs. Complete this line only if the organization	•	. ,		•
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ► X if following SOP 98-2 (ASC 958-720)				
	,	l.		L.	Form 990 (2017

Form **990** (2017)

# Part X Balance Sheet

ı uı	ιΛ	Dalance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			101,695.	1	45,831.
	2	Savings and temporary cash investments			1,039,079.	2	751,483.
	3	Pledges and grants receivable, net		1,197,102.	3	1,295,416.	
	4	Accounts receivable, net			9,587.	4	4,561.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)	)(3)(B), and contributing			
		employers and sponsoring organizations of secti	on 501	(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			3,726,000.	7	0.
As	8	Inventories for sale or use				8	
	9				32,290.	9	6,627.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	25,133,403. 14,488,308.			
	b	Less: accumulated depreciation	10b	14,488,308.	3,930,078.	10c	10,645,095.
	11	Investments - publicly traded securities	831,668.	11	10,645,095. 919,180.		
	12	Investments - other securities. See Part IV, line 1			12		
	13	Investments - program-related. See Part IV, line 1	2,163,958.	13	2,102,936.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		6,000.	15	0.	
	16	Total assets. Add lines 1 through 15 (must equa			13,037,457.	16	15,771,129.
	17	Accounts payable and accrued expenses		591,135.	17	495,110.	
	18	Grants payable		18			
	19	Deferred revenue		619,891.	19	499,490.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	art IV o	of Schedule D		21	
S	22	Loans and other payables to current and former	officers	s, directors, trustees,			
Liabilities		key employees, highest compensated employees	s, and o	disqualified persons.			
abi		Complete Part II of Schedule L				22	
=	23	Secured mortgages and notes payable to unrelate	ted thir	d parties	62,320.	23	329,742.
	24	Unsecured notes and loans payable to unrelated	third p	parties		24	
	25	Other liabilities (including federal income tax, pay	/ables t	o related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	· ·			1,273,346.	26	1,324,342.
		Organizations that follow SFAS 117 (ASC 958)	, check	k here ▶ X and			
Se		complete lines 27 through 29, and lines 33 and			40 506 000		10 555 005
ü	27	Unrestricted net assets			10,706,332.	27	13,575,285.
3ala	28	Temporarily restricted net assets			1,051,096.	28	864,819.
Jd E	29				6,683.	29	6,683.
Fur		Organizations that do not follow SFAS 117 (AS	SC 958	), check here 🕨 🔲 📗			
ō		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipmen	t fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc		······	44 564 444	32	14 446 505
Z	33	Total net assets or fund balances	11,764,111.	33	14,446,787.		
	34	Total liabilities and net assets/fund balances			13,037,457.	34	15,771,129.

Form **990** (2017)

Form **990** (2017)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,6	74,	340.		
3	Revenue less expenses. Subtract line 2 from line 1	3	2,5	92,3	191.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,7	64,3	<u> 111.</u>		
5	Net unrealized gains (losses) on investments	5		90,4	<u>485.</u>		
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							
	column (B))	10	14,4	<u>46,</u>	<u> 787.</u>		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>				
			_	Yes	s 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	0.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u>	а	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2	b X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	, , , , , , , , , , , , , , , , , , , ,						
	review, or compilation of its financial statements and selection of an independent accountant?		2	c X			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit					
	Act and OMB Circular A-133?		<u>3</u>	а	<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3	h l	1		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

CLUBS OF GREATER **Employer identification number** Name of the organization BOYS AND GIRLS KANSAS CITY 43-6072065 Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

(Complete only if you checked the box on line 5, 7, 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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	7491235.	6092402.	6811361.	7239171.	10538984.	38173153.
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	7491235.	6092402.	6811361.	7239171.	<u> 10538984.</u>	38173153.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3672758.
	Public support. Subtract line 5 from line 4.						34500395.
Sec	tion B. Total Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	7491235.	6092402.	6811361.	7239171.	<u> 10538984.</u>	38173153.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	55,782.	62,280.	84,604.	56,278.	21,666.	280,610.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,956.	3,689.	2,968.	24,547.	75,193.	108,353.
11	<b>Total support.</b> Add lines 7 through 10						38562116.
	Gross receipts from related activities,	•	,				,266,710.
13	First five years. If the Form 990 is for	-			•		
800	organization, check this box and stop	here	oontago				<b>&gt;</b>
	<u> </u>					T T	00 47
	Public support percentage for 2017 (li					14	89.47 %
	Public support percentage from 2016					15	90.65 %
16a	33 1/3% support test - 2017. If the contact have The approximation available						
<b>L</b>	stop here. The organization qualifies						
D	33 1/3% support test - 2016. If the condition have	•		•		•	
17-	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact				· ·	-	
Į.	meets the "facts-and-circumstances"						
O	10% -facts-and-circumstances test	_					
	more, and if the organization meets the organization meets the "facts-and-circ				-		▶□
10	<b>Private foundation.</b> If the organization		•	-			<b>.</b>
10	rivate loundation. If the organization	n did flot Check a l	JOA OIT III IE TS, TO	a, 100, 17a, 01 17b	, check this box a	nu see mstruction	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2017

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

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

Section A. Public Support		· · · · · · · · · · · · · · · · · · ·				
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						
Calendar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6	(a) 2013	(b) 2014	(6) 2010	(u) 2010	(6) 2017	(i) Total
10a Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b, whether or not the business is						
regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First five years. If the Form 990 is for	the organization's	s first, second. thir	d, fourth. or fifth t	ax year as a section	n 501(c)(3) organi:	zation,
check this box and <b>stop here</b>	· ·			•		·
Section C. Computation of Publi						
15 Public support percentage for 2017 (li	ne 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support percentage from 2016	Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>117</b> (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 2	<b>2016</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2017. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2016. If the						
line 18 is not more than 33 1/3%, check						▶∐
20 Private foundation If the organization	n did not check a	hay on line 1/ 10	a or 10h check th	nie hov and see inc	etructions	<b>▶</b>

732023 10-06-17

# Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
_		
4c		
-		
5a		
- Eh		
5b 5c		
30		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		<u> </u>

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

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	lov. 20, 1970 (explain in F	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must of	omplete Sec	tions A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	inizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	S		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the			
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
_	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

# BOYS AND GIRLS CLUBS OF GREATER

Schedule A	(Form 990 or 990-EZ) 2017 KANSAS CITY	43-6072065 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17. Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part for any additional part of the section D, lines 2, 5, and 6. Also complete this part of the secti	7a or 17b; Part III, line 12; les 1 and 2; Part IV, Section C, lart V, Section B, line 1e; Part V,
	(See instructions.)	
		_

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization **Employer identification number** BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY 43-6072065 Organization type (check one):

Filers of:		Section:
		X 501(c)( 3 ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> 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
Check if	vour organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .
		(), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General l	Rule	
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special F	Rules	
	sections 509(a)(1) ar any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	year, total contributi	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for uelty to children or animals. Complete Parts I, II, and III.
	year, contributions of the checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
but it <b>mu</b>	<b>st</b> answer "No" on F	It isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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)	(b)	(c)	(d)
	Name, address, and ZIP + 4	Total contributions  \$ 351,628.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,089,352</u> .	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Hame, address, and Zir + +	\$ 255,485.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4	* 592,546.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ 219,528.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$3,556,601.	Person Payroll Noncash X (Complete Part II for noncash contributions.)

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 Pa	art 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
6	\$8,400 CASH, \$3,548,201 OF NET ASSETS		
6		\$ \$3,556,601.	12/31/17
(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number BOYS AND GIRLS CLUBS OF GREATER 43-6072065 KANSAS Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

**Employer identification number** 43-6072065

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		S Of Accounts. Complete if the
	Organization answered Tes On Form 990, Fart IV, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wr	riting that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's ex	_	
6	Did the organization inform all grantees, donors, and donor adv		
•	for charitable purposes and not for the benefit of the donor or o	• •	•
	impermissible private benefit?	, , , , , ,	
Pa	rt II Conservation Easements. Complete if the orga		
1	Purpose(s) of conservation easements held by the organization		·
	Preservation of land for public use (e.g., recreation or ed		storically important land area
	Protection of natural habitat	<i>'</i> —	ertified historic structure
	Preservation of open space	<del></del>	
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
С	Number of conservation easements on a certified historic struc		
d			
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release		
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing cor	nservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above	•	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	s the organization's accounting for
Da	conservation easements.	Aut Historical Transcruss or C	Alban Cincilan Accada
Pa	rt III Organizations Maintaining Collections of		otner Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC	•	, , , , , , , , , , , , , , , , , , ,
	historical treasures, or other similar assets held for public exhib		ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe		
D	If the organization elected, as permitted under SFAS 116 (ASC	• •	
	treasures, or other similar assets held for public exhibition, edu	ication, or research in furtherance of pi	ublic service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
^			
2	If the organization received or held works of art, historical treas		ai gain, provide
-	the following amounts required to be reported under SFAS 116		<b>•</b> •
a	Revenue included on 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.

Sche	dule D (Form 990) 2017 KANSAS (							72065		age 2
Par	rt III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, o	r Othe	r Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the t	following that	t are a si	gnificant us	se of its o	ollection	items	3
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progra	ams					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explain	how they further th	ne organizatio	on's exer	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit or	receive donations of	f art, historical treas	sures, or othe	er similar	assets		_		_
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		te if the organizatio	n answered	"Yes" on	Form 990	Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia		•					٦.,		٦
_	on Form 990, Part X?						∟	<b>」Yes</b>		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:							
	<b>D</b> · · · · · ·							Amount		
C	Beginning balance									
d	Additions during the year									
e	Distributions during the year					<u>1e</u>				
2a	Ending balance				t liabil			Yes		No
	If "Yes," explain the arrangement in Part XIII.					шу!		_ 1es	$\vdash$	
Par						10				
	Complete	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears hack	(e) Four	vears	hack
1a	Beginning of year balance	785,164.	742,253.	<del>                                     </del>	7,355.		99,714.			469.
b	Contributions	14,849.	21,182.	<u> </u>	0,928.		15,545.			500.
c	Net investment earnings, gains, and losses	86,717.	28,373.	<del> </del>	0,369.		27,805.			609.
d	Grants or scholarships	,	,		,		,			
e	Other expenditures for facilities									
_	and programs	8,440.	6,644.	!	5,661.		45,709.		62,	864.
f	Administrative expenses	·	•		,					
g	End of year balance	878,290.	785,164.	74:	2,253.	7:	97,355.		799,	714.
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a	)) held as:				•		
а	Board designated or quasi-endowment	57 <b>.</b> 75	%	•						
b	Permanent endowment ► .00	%	_							
С	Temporarily restricted endowment ▶ 42	2.25 %								
	The percentages on lines 2a, 2b, and 2c shou									
За	Are there endowment funds not in the posses	ssion of the organizat	tion that are held ar	nd administer	ed for th	ne organiza	tion	_		
	by:								Yes	No
	(i) unrelated organizations							3a(i)		X
								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the		vment funds.							
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	See Form 990	, Part X,	line 10.				
	Description of property	(a) Cost or ot	, ,	or other		ccumulate	d	(d) Book	c valu	е
		basis (investm	,	(other)	de	preciation				
1a	Land			8,869.	10	000 11	\ <u></u>			<u>69.</u>
b	Buildings		22,70	9,313.	12,	922,13	56.	9,787	,1	77.
С	Leasehold improvements		1 50	F 001	4	F C C 4 F	,_	1		4.0
d	Equipment		1,73	5,221.	⊥,	566,17	74.	Т 6 2	1,0	<u>49.</u>
	Other							0 (45	- ^	0 E
Tota	I. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part X	(, column (B), line 1	0c.)				0,645		
							Schedule	I) (Form	uan)	つい17

Part VII Investments - O	ther Securities				
chedule D (Form 990) 2017	KANSAS CIT	ГҮ			
	POIS WID 6	STVTO	СПОРО	Or	GKEA

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Bescription of security or category (including name of security)  (b) Book value  (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Cost or end-of-year market value (e) Cos	
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.)▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c, See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market vertically and the second of the s	
(2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶    Part VIII   Investments - Program Related.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market version form 990, Part X, line 13.   (a) Description of investment   (b) Book value   (c) Method of valuation: Cost or end-of-year market version   (c) Method of valuation: Cost or end-of-year market ve	<del>ue</del>
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market version for the part X of the	
(A) (B) (C) (C) (D) (E) (F) (G) (G) (H)  Total. (Col. (b) must equal form 990, Part X, col. (B) line 12.) ▶  Part VIII   Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) ENTITY 2, 102, 936. END-OF-YEAR MARKET VALUE (3)  (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal form 990, Part X, col. (B) line 13.) ▶ 2, 102, 936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (4) (5)	
(B) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INTEREST IN AFFILIATED (2) ENTITY (2) 102,936. END-OF-YEAR MARKET VALUE (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (5)	
(C) (D) (E) (F) (G) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INTEREST IN AFFILIATED (2) ENTITY (2,102,936. END-OF-YEAR MARKET VALUE (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (2,102,936. END-OF-YEAR MARKET VALUE (5) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶    Part VIII   Investments - Program Related.	
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market version of the valuation of valuation o	
(G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INTEREST IN AFFILIATED (2) ENTITY (2) ENTITY (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or end-of-year market value (d) (a) (b) Method of valuation: Cost or e	
(H)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment  (b) Book value  (c) Method of valuation: Cost or end-of-year market valuation: Co	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶  Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INTEREST IN AFFILIATED (2) ENTITY (2, 10.2, 9.36.) END-OF-YEAR MARKET VALUE (3)  (4)  (5)  (6)  (7)  (8)  (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (2, 10.2, 9.36.)  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cos	
Part VIII Investments - Program Related.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (2) ENTITY (2,102,936 • END-OF-YEAR MARKET VALUE (3)  (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (2,102,936 • END-OF-YEAR MARKET VALUE (3) (4) (5) (6) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (2,102,936 • END-OF-YEAR MARKET VALUE (5) (6) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (2,102,936 • END-OF-YEAR MARKET VALUE (5) (6) Book value (1) (2) (3) (4) (5)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.  (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) Method of valuation: Cost or end-of-year market value (d) Market IVALUE (d) END-OF-YEAR MARKET VALUE (e) ENTITY (g) ENTITY (g) ENTITY (g) END-OF-YEAR MARKET VALUE (d) (e) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) INTEREST IN AFFILIATED (2) ENTITY (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year market value END - OF - YEAR MARKET VALUE (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  (a) Description (b) Book value (1) (2) (3) (4) (5)	
(1) INTEREST IN AFFILIATED (2) ENTITY (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2, 102, 936.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (5)	
(2) ENTITY (2) 2,102,936. END-OF-YEAR MARKET VALUE  (3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶  2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val  (1) (2) (3) (4) (5)	ue
(3) (4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) > 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (5)	
(4) (5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (5)	
(5) (6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val (1) (2) (3) (4) (5)	
(6) (7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2 , 102 , 936 .  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value) (1) (2) (3) (4) (5)	
(7) (8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2 , 102 , 936 .  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value (2) (3) (4) (5)	
(8) (9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book value)  (1) (2) (3) (4) (5)	
(9)  Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 2,102,936.  Part IX Other Assets.  Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val  (1)  (2)  (3)  (4)  (5)	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)       2,102,936.         Part IX Other Assets.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.         (a) Description         (b) Book val         (1)         (2)         (3)         (4)         (5)	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.  (a) Description (b) Book val  (1) (2) (3) (4) (5)	
(a) Description (b) Book val (1) (2) (3) (4) (5)	
(1) (2) (3) (4) (5)	
(2) (3) (4) (5)	ie
(3) (4) (5)	
(4) (5)	
(5)	
(6)	
(7)	
(7) (8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability (b) Book value	
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
<u>(7)</u>	
(9) Total (October (b) report a great Form 2000, Port V, and (D) (inc. 25.)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 X

Schedule D (Form 990) 2017

43-6072065 Page 4 KANSAS CITY

Par	t XI Reconciliation of Revenue per Audited Financial Statemen	its With F	Revenue per Re	turn.			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.						
1	Total revenue, gains, and other support per audited financial statements			1	12,332,607.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains (losses) on investments		90,485. 75,000.				
b	Donated services and use of facilities		75,000.				
С	Recoveries of prior year grants						
d	Other (Describe in Part XIII.)	2d	6,405.		4 = 4		
е	Add lines 2a through 2d			2e	171,890. 12,160,717.		
3	Subtract line 2e from line 1			3	12,160,717.		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	0 500				
а	Investment expenses not included on Form 990, Part VIII, line 7b		8,792. 97,022.				
b	Other (Describe in Part XIII.)	4b	97,022.		105 014		
С	Add lines 4a and 4b			4c	105,814. 12,266,531.		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	12,266,531.		
Par	t XII Reconciliation of Expenses per Audited Financial Stateme	nts with	Expenses per H	teturi	n.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				0 640 031		
1	Total expenses and losses per audited financial statements			1	9,649,931.		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	75 000				
а	Donated services and use of facilities		75,000.				
b	Prior year adjustments						
С	Other losses	1 1	6 405				
d	Other (Describe in Part XIII.)		6,405.		01 405		
е	Add lines 2a through 2d			2e	81,405. 9,568,526.		
3	Subtract line 2e from line 1			3	9,568,526.		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	0 500				
а	Investment expenses not included on Form 990, Part VIII, line 7b		8,792. 97,022.				
b	Other (Describe in Part XIII.)	4b	97,022.		105 014		
С	Add lines 4a and 4b			4c	105,814.		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	9,674,340.		
	t XIII Supplemental Information.						
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I			; Part )	X, line 2; Part XI,		
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional inform	ation.				
D. 7.							
PAF	T V, LINE 4:						
mitt	ODGANIZACION IIGEG ICG ENDOMENC EINDG EOD	MEMDE	DOUTD AND	OOT 1	T EOE		
THE	ORGANIZATION USES ITS ENDOWMENT FUNDS FOR	MEMBE	KSHIP AND	СОГ	LEGE		
aat	IOI ADGUEDG						
SCF	OLARSHIPS.						
ם א ב	T X, LINE 2:						
PAL	I A, DINE Z:						
тип	CLUBS HAVE ADOPTED FASB ASC 740-10 AS IT	мтсит	א טערע שט שט	UG /	יז זום כי		
1111	CHORD HAVE ADOPTED PASE ASC /40-10 AS II .	міспі	APPLI IO I.	пь (	СПОВР		
D T N	ANCIAL TRANSACTIONS. THE CLUBS' POLICY IS	תר סביר	מגד.ז ג חסח	тт.т	TV FOD ANV		
FIL	ANCIAL INANDACTIONS: THE CHODS FOLICT IS	IO REC	OKD A HIAD		II FOR ANI		
ጥአን	POSITION THAT IS BENEFICIAL TO THE CLUBS,	TNCLII	הדאום אאיט ס	<b></b>	תשת		
177	FOSTITON THAT IS BENEFICIAL TO THE CHODS,	INCHO	DING ANT K	מענים	11110		
דאזי	EREST AND PENALTIES, WHEN IT IS MORE LIKEL	ע האש	NOT THE D	ידפח	ΤΤΟΝ ΤΆΚΕΝ		
<u> </u>	TUDDI THE LEMANTIES, WHEN II IS HOVE DIVED	T TITUTA	1401 111E P	ODI.	TION TANDIN		
вv	MANAGEMENT WITH RESPECT TO THE TRANSACTION	OR CT.	ASS OF TRA	NSA	CTTONS		
	THE TRANSPORT WITH REDUCT TO THE TRANSPORTION	OIL CI	TIDD OF TIME	TADM	CIIOIID		
WJT	L BE OVERTURNED BY A TAXING AUTHORITY UPON	EXAMT	NATION. M	ANA	GEMENT		
				14 1/	<u></u>		
BELIEVES THERE ARE NO SUCH POSITIONS AS OF DECEMBER 31, 2017 AND,							

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017 KANSAS CITY Part XIII Supplemental Information (continued)	43-6072065 Page 5
Part XIII   Supplemental Information (continued)	
ACCORDINGLY, NO LIABILITY HAS BEEN ACCRUED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	6,405.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
HEATHWOOD LOSS	
RECLASS	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	97,022.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	6,405.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
HEATHWOOD LOSS	
RECLASS	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	97,022.
	_
	_

#### **SCHEDULE G**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to www.irs.gov/Form990 for the latest instructions.

**2017** 

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Employer identification number 43-6072065

Fundraising Activitie required to complete this p	<b>S.</b> Complete if the organization answart.	vered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
	e X Solicit f X Solicit g X Special n or oral agreement with any individual Part VII) or entity in connection with dividuals or entities (fundraisers) purs	ation of ation of al fundra al (includ profession	non-g gover ising of ing of	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	<u> </u>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribu	istody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
KERN & ASSOCIATES - P.O. BOX	STRATEGIC FUNDRAISING	Yes	No			
LOO1, KEARNEY, MO 64060	LEADERSHIP & CONSULTING	103	X	0.	24,000.	-24,000.
3 List all states in which the organiza or licensing.  XS, MO	tion is registered or licensed to solicit	contrib	utions	or has been notified	24,000. it is exempt from real	-24,000. gistration

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

Schedule G (Form 990 or 990-EZ) 2017

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-F7, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	ss income on Form 990-	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events				
			KIDS NIGHT			(add col. (a) through				
				SPORTSFEST	2	col. <b>(c)</b> )				
a			(event type)	(event type)	(total number)					
Revenue			4	450 440	150 600	0 00 - 460				
ě	1	Gross receipts	1,602,322.	450,148.	152,690.	2,205,160.				
_			1 502 440	426 700	144 640	2 004 006				
	2	Less: Contributions	1,503,448.	436,798.	144,640.	2,084,886.				
	3	Gross income (line 1 minus line 2)	98,874.	13,350.	8,050.	120,274.				
	3	Choss income (line 1 minus line 2)	30,074.	13,330.	0,030.	120,2740				
	4	Cash prizes	0.	0.	0.					
	5	Noncash prizes	0.	0.	0.					
ses										
Sens	6	Rent/facility costs	9,474.	1,710.	2,078.	13,262.				
Direct Expenses			100 505	10.540	10 554	125 222				
g	7	Food and beverages	102,787.	19,648.	13,554.	135,989.				
卣	_		211,230.	26 027		227 257				
	8	Entertainment Other direct expanses	208,708.	26,027. 28,587.	10,104.	237,257. 247,399.				
	9 10	Other direct expenses		· · · · · · · · · · · · · · · · · · ·	,	633,907.				
		Net income summary. Subtract line 10 from lin				-513,633.				
Pa	Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than									
		\$15,000 on Form 990-EZ, line 6a.								
a			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
eu			(-, 9-	bingo/progressive bingo	(-, g g	col. (a) through col. (c))				
Revenue		_								
	1	Gross revenue								
	2	Cash prizes								
ses	2	Casii piizes								
Expenses	3	Noncash prizes								
ă										
Direct	4	Rent/facility costs								
	5	Other direct expenses								
			Yes %	Yes %	Yes %					
	6	Volunteer labor	No No	No	No					
	-	Diversity and a constraint of the control of the co	Fin and war (al)							
	′	Direct expense summary. Add lines 2 through	5 in column (a)							
Net gaming income summary. Subtract line 7 from line 1, column (d)										
9 Enter the state(s) in which the organization conducts gaming activities:										
		the organization licensed to conduct gaming ac		Yes No						
b	If "	'No," explain:								
	_									
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·			Yes No				
b	IT "	Yes," explain:								
	_									

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

# BOYS AND GIRLS CLUBS OF GREATER

Schedule G (Form 990 or 990-EZ) 2017 KANSAS CITY	43-60	72065	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Yes	No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or of	ther entity formed		
to administer charitable gaming?		Yes	No
13 Indicate the percentage of gaming activity conducted in:	1	1	
a The organization's facility		13a	<u>%</u>
<b>b</b> An outside facility		13b	<u>%</u>
14 Enter the name and address of the person who prepares the organization's gaming/special ever	nts books and records:		
Name			
Address			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives ga	aming revenue?	Yes	No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$	and the amount		
of gaming revenue retained by the third party > \$			
c If "Yes," enter name and address of the third party:			
Name			
Address			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation > \$			
Description of services provided			
Director/officer Employee Independent contractor			
17 Mandatory distributions:			
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming pr	oceeds to		
retain the state gaming license?		Yes	☐ No
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt org	anizations or spent in the		
organization's own exempt activities during the tax year > \$			
Supplemental Information. Provide the explanations required by Part I, line 2b, colun 15c, 16, and 17b, as applicable. Also provide any additional information. See instruction		s 9, 9b, 10	b, 15b,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PA	AID FUNDRAISERS:		
,			
/T) NAME OF BUNDDATCED, KEDN C ACCOCTAMEC			
(I) NAME OF FUNDRAISER: KERN & ASSOCIATES			
(I) ADDRESS OF FUNDRAISER: P.O. BOX 1001, KEARNEY,	MO 64060		
PART I, LINE 2B, COLUMN (V):			
IT IS DIFFICULT TO ASCERTAIN WHICH CONTRIBUTIONS W	ERE A DIRECT RES	ULT O	F
THE FUNDRAISER'S EFFORTS. THE FUNDRAISER DID NOT	COLLECT FINDS 2	ти UN	 E
FUNDRAISER WAS PAID BY THE ORGANIZATION.	SCEEDEL LONDO, F		<del></del>

#### BOYS AND GIRLS CLUBS OF GREATER

Schedule G (Form 990 or 990-EZ)  Part IV Supplemental Info	KANSAS CITY		43-6072065	Page 4
Part IV Supplemental Info	rmation <sub>(continued)</sub>			
				_
			Sala alula O (Farra 000 ar	.000 E7)

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization BOYS AND KANSAS CI	Employer identification number 43-6072065						
Part I General Information on Grants a							
<ol> <li>Does the organization maintain records criteria used to award the grants or assi</li> <li>Describe in Part IV the organization's process.</li> </ol>	stance?						
Part II Grants and Other Assistance to	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addition	onal space is neede	ed.	(6) Made and ad-	T	_
Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UEAMUNOOD COMMUNITAY CENTED IIC							
HEATHWOOD COMMUNITY CENTER, LLC 6301 ROCKHILL ROAD							CONSTRUCTION OF BASEBALL
KANSAS CITY, MO 64131	20-0394993	501(C)(3)	166,700.	0.			COMPLEXES FOR CHILDREN.
BOYS & GIRLS CLUBS NEW MARKETS, INC - 6301 ROCKHILL ROAD - KANSAS CITY, MO 64131	27-1723729		36,000.	0.			REAL ESTATE RENOVATIONS THROUGH CONTROLLED ENTITY.
2 Enter total number of section 501(c)(3) a	I and government org	l nanizations listed in the	l line 1 table				<u> </u>
3 Enter total number of other organization	•	•					0.
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2017)

Page 2

KANSAS CITY

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0. FAIR MARKET VALUE SCHOLARSHIPS 7,100. Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Part IV PART I, LINE 2: THE ORGANIZATION ONLY GAVE SIGNIFICANT GRANT FUNDS TO RELATED ENTITIES. THE ORGANIZATION MONITORS THE USE OF THESE GRANT FUNDS CLOSELY THROUGH ITS CONTROL OF BOTH THE HEATHWOOD COMMUNITY CENTER, LLC AND BOYS & GIRLS CLUBS THE SCHOLARSHIPS GRANTED BY THE ORGANIZATION WERE DONE NEW MARKETS, INC. SO FOLLOWING A SPECIFIC SELECTION PROCESS AND REVIEW OF THE EVENTUAL RECIPIENTS.

#### SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

QU I /

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

BOYS AND GIRLS CLUBS OF GREATER

KANSAS CITY

Employer identification number 43-6072065

Pá	art I Questions Regarding Compensation			
			Yes	No
<b>1</b> a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	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 (such as, 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee   X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			37
	The organization?	5a		X
b	Any related organization?	5b		
_	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			v
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			v
•	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		1

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

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation benefits (I	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) DAVID A. SMITH	(i)	227,237.	0.	0.	9,869.			0.
PRESIDENT/EXECUTIVE DIRECT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

#### **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

Employer identification number 43-6072065

Pai	TI Types of Property							
		(a)	(b)	(c)	(d)			
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of def			
		арріісаріє		Form 990, Part VIII, line 1g	Tioricasii contribu	LIOIT AIT		
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	66,323.	FAIR MARKET	VAI	JUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts			2 540 004				
25	Other (NET ASSETS FR)	<u> </u>	1		FAIR MARKET			
26	Other (PROGRAM ACTIV)	X	18		FAIR MARKET			
27	Other (MISCELLANEOUS)	X	12	31,214.	FAIR MARKET	VAL	10E	
28	Other ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	3, Part IV, L	Jonee Acknowledg	ement <b>29</b>		$\overline{}$	<del>,</del> ,	
00-	Desired the control of the control o	4. 11 41		and and the David I. Proposed Albertain			Yes	No
зua	During the year, did the organization receive by							
	must hold for at least three years from the date					20-		Х
<b>L</b>	exempt purposes for the entire holding period?					30a		
	If "Yes," describe the arrangement in Part II.  Does the organization have a gift acceptance p	olicy that ro	acuires the review	of any nonetandard contribu	tions?	24	х	
31						31	<u>~</u>	
32a	Does the organization hire or use third parties of					222	x	ı
<b>h</b>	contributions?  If "Yes," describe in Part II.					32a	-22	
33	If the organization didn't report an amount in co	olumn (a) far	a type of property	for which column (a) is sho	cked			
33	describe in Part II.	namm (C) 101	a type of property	ioi willon coluinin (a) is the	undu,			
	accompc in r art ii.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2017

				ny aut	aitionai	l infor	matior	າ.								nation of both. Also complete
CHE	DULI	Ξ M,	L]	INE	32E	3:										
HE	ORG	ANIZ	AT]	ION	UTI	LI	ZES	AN	INVES	TMEN	T BRO	KER	то	SELI	ANY	IN-KIND
'ONT	RIBU	JTIO	NS	REC	CEIV	/ED	IN	THE	FORM	OF	PUBLI	CLY	TRA	DED	STOC	к.
																Schedule M (Form 990)

Schedule M (Form 990) 2017

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Inspection

Name of the organization

BOYS AND GIRLS CLUBS OF GREATER KANSAS CITY

**Employer identification number** 43-6072065

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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 11B:
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 HAS A CONFLICT OF INTEREST, HE RECUSES HIMSELF FROM ANY
DECISION MAKING REGARDING 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 DECISION 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 STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### **SCHEDULE R** (Form 990)

### **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. BOYS AND GIRLS CLUBS OF GREATER

Open to Public Inspection

OMB No. 1545-0047

**Employer identification number** 

43-6072065

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controllingentity

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

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	rolled
				501(c)(3))		Yes	No
HEATHWOOD COMMUNITY CENTER, LLC - 20-0394993							1
6301 ROCKHILL ROAD, SUITE 305	COMMUNITY RECREATION			170(B)(1)(A)(			l
KANSAS CITY, MO 64131	CENTER	MISSOURI	501(C)(3)	VI)	N/A		X
BOYS & GIRLS CLUBS NEW MARKETS, INC -	FURTHERING THE MISSION OF				BOYS & GIRLS CLUB		1
27-1723729, 6301 ROCKHILL ROAD, SUITE 305,	BOYS & GIRLS CLUB OF			170(B)(1)(A)(	OF GREATER KANSAS		1
KANSAS CITY, MO 64131	GREATER KANSAS CITY	MISSOURI	501(C)(3)	VI)	CITY	Х	<u> </u>
							l
							<u> </u>
							1
							l
							<u> </u>

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

KANSAS CITY

Schedule R (Form 990) 2017

072065 Page 2

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

(a)	(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	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Schedule R (Form 990) 2017

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
1	During the tax year, did the organization engage in any of the following transactions	s with one or more re	elated organizations listed i	in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	у			1a		X				
	Gift, grant, or capital contribution to related organization(s)					X					
С	Gift, grant, or capital contribution from related organization(s)				1c	X					
	Loans or loan guarantees to or for related organization(s)						X				
	Loans or loan guarantees by related organization(s)										
f	Dividends from related organization(s)				1f		X				
	Sale of assets to related organization(s)						X				
	Purchase of assets from related organization(s)						X				
i	Exchange of assets with related organization(s)						X				
j	Lease of facilities, equipment, or other assets to related organization(s)						X				
-											
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х				
- 1							Х				
m	Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)										
	Sharing of facilities, equipment, mailing lists, or other assets with related organizati					_	X				
					_		Х				
	3 · para sarpa y sara sara sa 3 sara sa 4 y sara sa 3 sara sa 4 y sara sa 3										
р	Reimbursement paid to related organization(s) for expenses				10		Х				
	Reimbursement paid by related organization(s) for expenses					_	Х				
,											
r	Other transfer of cash or property to related organization(s)				1r		Х				
	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 w					_					
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining							
(1) I	HEATHWOOD COMMUNITY CENTER, LLC	В	166,700.	CASH GIVEN							
(2) I	BOYS & GIRLS CLUBS NEW MARKETS, INC	В	36,000.	CASH GIVEN							
(3) I	OYS & GIRLS CLUBS NEW MARKETS, INC	С	3,556,601.	BOOK VALUE							
<u>(4)</u>											
(5)											

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

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

(a)	(b)	(c)	(d)	(e) Are a	)	(f)	(g)	(1	1)	(i)	(	i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec.	Share of	Share of	Dispi	opor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	ral or F	Percentage
of entity		(state or foreign	excluded from tax under	orgs.	.?'	total	end-of-year	alloca	tions?	of Schedule K-1	part	ner?	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes	NO	
					$\dashv$			-				-	
					$\neg$								
					_								
					$\dashv$			$\vdash$				-	
					_			_				oxed	
+				$\vdash$	$\dashv$			<del>                                     </del>				$\vdash$	
		I	I	1 1	- 1			1	1		i l	1	

## BOYS AND GIRLS CLUBS OF GREATER

Schedule R	(Form 990) 2017	KANSAS	CITY	43-6072065	Page 5
Part VII	(Form 990) 2017 Supplemental Info	mation.			
			nses to questions on Schedule R. See instructions.		
	1 Tovido additional illioni	10111011100001	noo to questions on constant it. God instructions.		
					-

732165 09-11-17 Schedule R (Form 990) 2017

#### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

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

OMB No. 1545-1709

**Electronic filing** (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit <a href="https://www.irs.gov/efile">www.irs.gov/efile</a>, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

#### Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

				Enter file	er's identifyir	ıg number
Type or print	Name of exempt organization or other filer, see instruction BOYS AND GIRLS CLUBS OF GRE	Employer identification number (EIN) or				
File by the	KANSAS CITY  Number, street, and room or suite no. If a P.O. box, se	Social so	43-6072065 Social security number (SSN)			
due date for filing your return. See	4001 BLUE PARKWAY, NO. 102	Social Se	curity riumbe	1 (3314)		
instructions.	City, town or post office, state, and ZIP code. For a fo KANSAS CITY, MO 64132	reign addr	ress, see instructions.			
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)			0 1
Applicati	on	Return	Application			Return
Is For			Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 990-BL			Form 1041-A	08		
Form 4720 (individual)			Form 4720 (other than individual)	09		
Form 990-PF		04	Form 5227	10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069	11		
Form 990-T (trust other than above)			Form 8870			
• If the c	organization does not have an office or place of business is for a Group Return, enter the organization's four digit €  If it is for part of the group, check this box	Group Exe	mption Number (GEN) I	this is fo	r the whole g	
	· · · · · · · · · · · · · · · · · · ·		MBER 15, 2018 , to file			
	quest an automatic 6-month extension of time until the organization named above. The extension is for the c			tne exem	ipt organizati	on return
<b>▶</b> [	X calendar year 2017 or tax year beginning	0.00	d anding			
2 If th	e tax year entered in line 1 is for less than 12 months, ch		d ending on:		<u> </u>	
2	Change in accounting period	ieck reasc	on initial return r	-inai retur	11	
	nis application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6060 o	enter the tentative tax loss any			
	refundable credits. See instructions.	01 0009, 6	eriter the teritative tax, less any	3a	\$	0.
	nis application is for Forms 990-PF, 990-T, 4720, or 6069,	- Ju	Ψ			
	imated tax payments made. Include any prior year overpa	•		3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa			0.0		
	using EFTPS (Electronic Federal Tax Payment System). S	•		Зс	\$	0.
Dy l	If you are going to make an electronic funds withdrawal	Joo monde	20010.	00	. Ψ	

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)