Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending JUN 30, 2013

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): 2244 N. BUENA VISTA ST — Room/suite

City, town, or post office, state, and ZIP code: BURBANK, CA 91504

F Name and address of principal officer: SHERINE SAAD
SAME AS C ABOVE

D Employer identification number: 95-4485745

E Telephone number: 818-842-9333

G Gross receipts $ 2365924.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.BGCBURBANK.ORG

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation: 1992 **M** State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: TO PROVIDE PROGRAMS FOR KIDS AND TEENS AGE 6 TO 17 YRS OLD WHILE BUILDING CHARACTER AND SELF-ESTEEM.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	140
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	1056658.	1310360.
9	Program service revenue (Part VIII, line 2g)	877029.	1024592.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2504.	4412.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<29515.>	<22272.>
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1906676.	2317092.
Expenses			
13	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)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1243522.	1491707.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 274035.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	437732.	738918.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1681254.	2230625.
19	Revenue less expenses. Subtract line 18 from line 12	225422.	86467.
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	457012.	584747.
21	Total liabilities (Part X, line 26)	123088.	151981.
22	Net assets or fund balances. Subtract line 21 from line 20	333924.	432766.

Part II Signature Block

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

Sign Here
▶ Signature of officer — Date
▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
ROBERT GABON	ROBERT GABON	03/05/14		P00178995

Firm's name ▶ JLK ROSENBERGER, LLP — Firm's EIN ▶ 27-1532099

Firm's address ▶ 801 N BRAND BLVD., SUITE 550
GLENDALE, CA 91203 — Phone no. (818) 334-8623

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:
TO FOSTER AND PROMOTE PHYSICAL, SOCIAL, EDUCATIONAL, VOCATIONAL & CHARACTER DEVELOPMENT OF BOYS AND GIRLS, ESPECIALLY THOSE IN BURBANK.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses $ 1741766. including grants of $) (Revenue $ 1024592.)
THIS CORPORATION FOLLOWS THE NATIONAL GUIDE LINES FOR BOYS AND GIRLS CLUBS OF AMERICA. THE CORPORATION PROVIDES AFTER SCHOOL AND DAY CAMP ACTIVITIES INCLUDING EDUCATIONAL PROGRAMS, ATHLETICS, TOURS, SOCIALS ETC.

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** ▶ 1741766.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *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		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
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		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		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	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	140		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	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
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization 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 contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	N/A	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966? N/A			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A			9b		
10	**Section 501(c)(7) organizations.** Enter:					
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:					
a	Gross income from members or shareholders N/A	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? N/A			13a		
	Note. 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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	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*	9			X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶CA

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.

[ ] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

MIRA SHAH, CONTROLLER - 818-842-9333
2244 N. BUENA VISTA STREET, BURBANK, CA 91504

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) ARMOND AGHAKHANIAN DIRECTOR	3.00	X						0.	0.	0.
(2) RODNEY CAMPBELL DIRECTOR	3.00	X						0.	0.	0.
(3) GARETT CHIPMAN DIRECTOR	3.00	X						0.	0.	0.
(4) MICHAEL DRAGAN DIRECTOR	3.00	X						0.	0.	0.
(5) ROBIN TARUFELLI DIRECTOR	3.00	X						0.	0.	0.
(6) RON DAVIS DIRECTOR	3.00	X						0.	0.	0.
(7) KEVIN MCCARNEY DIRECTOR	3.00	X						0.	0.	0.
(8) MICHELLE BOUSE DIRECTOR	3.00	X						0.	0.	0.
(9) MICHAEL WALBRECHT DIRECTOR	3.00	X						0.	0.	0.
(10) DAN STILLWELL RESOURCE DEVELOPMENT CHAIR	3.00	X						0.	0.	0.
(11) AL SHAPIRO DIRECTOR	3.00	X						0.	0.	0.
(12) DAVE AUGUSTINE BOARD DEVELOPMENT CHAIR	3.00	X		X				0.	0.	0.
(13) LORRIE COPELAND VICE-PRESIDENT	3.00	X		X				0.	0.	0.
(14) LEENA MATHEW IMMEDIATE PAST PRESIDENT	3.00	X		X				0.	0.	0.
(15) SHERINE SAAD PRESIDENT	3.00	X		X				0.	0.	0.
(16) SALLY KNUTSON BUDGET & FINANCE CHAIR	3.00	X		X				0.	0.	0.
(17) LYNN WHITE SHELBY SECRETARY	3.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) BRETT EVERHART DIRECTOR	3.00	X						0.	0.	0.
(19) MICHAEL MORGAN DIRECTOR	3.00	X						0.	0.	0.
(20) DAVID EMTER DIRECTOR	3.00	X						0.	0.	0.
(21) JAMI RICE DIRECTOR	3.00	X						0.	0.	0.
(22) MICHELLE CHRISTIAN DIRECTOR	3.00	X						0.	0.	0.
(23) NICOLETTE SCHWARTZ DIRECTOR	3.00	X						0.	0.	0.
(24) EMILIO URIOSTE DIRECTOR	3.00	X						0.	0.	0.
(25) DARIN RYBURN DIRECTOR	3.00	X						0.	0.	0.
(26) TOM STEELE DIRECTOR	3.00	X						0.	0.	0.
1b Sub-total ▶								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ▶								129583.	0.	0.
d Total (add lines 1b and 1c) ▶								129583.	0.	0.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(27) SHANNA WARREN EXECUTIVE DIRECTOR	40.00			X				129583.	0.	0.
Total to Part VII, Section A, line 1c								129583.		

232201 07-25-12

Part VIII **Statement of Revenue**

Check if Schedule O contains a response to any question in this Part VIII ☐

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	326973.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	58993.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	924394.				
	g	Noncash contributions included in lines 1a-1f: $		447109.				
	h	**Total.** Add lines 1a-1f ▶			1310360.			
Program Service Revenue			Business Code					
	2 a	PROGRAM SERVICE	900099		1024592.	1024592.		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f ▶			1024592.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶			4412.			4412.
	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 assets other than inventory						
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8 a	Gross income from fundraising events (not including $ 326973. of contributions reported on line 1c). See Part IV, line 18	a	26560.				
	b	Less: direct expenses	b	48832.				
	c	Net income or (loss) from fundraising events ▶			<22272.>			<22272.>
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from gaming activities ▶						
	10 a	Gross sales of inventory, less returns and allowances	a					
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory ▶						
		Miscellaneous Revenue	Business Code					
	11 a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d ▶						
	12	**Total revenue.** See instructions. ▶			2317092.	1024592.	0.	<17860.>

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	135000.	94500.	27000.	13500.
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	1146628.	977154.	100602.	68872.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37732.	31318.	3773.	2641.
9 Other employee benefits	75641.	64077.	7472.	4092.
10 Payroll taxes	96706.	80266.	9671.	6769.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	24621.	8207.	8207.	8207.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses	51367.	8349.	41723.	1295.
14 Information technology				
15 Royalties				
16 Occupancy	39862.	33331.	3969.	2562.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	46830.	42455.	2659.	1716.
23 Insurance	56883.	48102.	5336.	3445.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MATERIALS	426478.	273634.	0.	152844.
b MISCELLANEOUS EXPENSES	45310.	39526.	1560.	4224.
c WORKSHOPS & TRAINING	19408.	16229.	1932.	1247.
d VEHICLE EXPENSES	14864.	14864.	0.	0.
e All other expenses	13295.	9754.	920.	2621.
25 **Total functional expenses.** Add lines 1 through 24e	2230625.	1741766.	214824.	274035.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		22110.	1	39073.
	2	Savings and temporary cash investments		7111.	2	500.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		64625.	4	50069.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	49000.
	9	Prepaid expenses and deferred charges		18693.	9	1425.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 599606.			
	b	Less: accumulated depreciation	10b 426571.	171202.	10c	173035.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		173271.	12	271645.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		457012.	16	584747.
Liabilities	17	Accounts payable and accrued expenses		103077.	17	129305.
	18	Grants payable			18	
	19	Deferred revenue		20011.	19	22676.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		123088.	26	151981.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		332022.	27	426624.
	28	Temporarily restricted net assets		1902.	28	6142.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		333924.	33	432766.
	34	Total liabilities and net assets/fund balances		457012.	34	584747.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2317092.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2230625.
3	Revenue less expenses. Subtract line 2 from line 1	3	86467.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	333924.
5	Net unrealized gains (losses) on investments	5	8135.
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	4240.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	432766.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

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

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. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number 95-4485745

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 [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.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] 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.)

10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 [ ] 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 that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Non-functionally integrated

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	No	(v) Did you notify the organization in col. (i) of your support? Yes	No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	No	(vii) Amount of monetary support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	641343.	740897.	808777.	1056658.	1310360.	4558035.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	641343.	740897.	808777.	1056658.	1310360.	4558035.
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)						315642.
6 **Public support.** Subtract line 5 from line 4.						4242393.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	641343.	740897.	808777.	1056658.	1310360.	4558035.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2061.	1690.	1845.	2504.	4412.	12512.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						4570547.

12 Gross receipts from related activities, etc. (see instructions) **12** 4309801.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) **14** 92.82 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 **15** 88.28 %

16a **33 1/3% support test - 2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2011** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and 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.**

OMB No. 1545-0047

2012

Name of the organization	**Employer identification number**
THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.	95-4485745

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year .... ▶ $ ____________

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

Name of organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BOYS & GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE ATLANTA, GA 30309	$ 45282.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	CITY OF BURBANK 275 E. OLIVE AVENUE BURBANK, CA 91510	$ 34993.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	AS&F 625 FAIR OAKS # 360 SOUTH PASADENA, CA 91030	$ 70000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	WEINGART FOUNDATION 1055 W. SEVENTH STREET SUITE 3050 LOS ANGELES, CA 90017	$ 100000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	MACY'S P.O. BOX 7888 SAN FRANCISCO, CA 94188	$ 51809.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	THE AHMANSON FOUNDATION 9215 WILSHIRE BOULEVARD BEVERLY HILLS, CA 90210	$ 50000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	UNITED WAY 1150 S. OLIVE ST SUIT T 500 LOS ANGELES, CA 90015	$ 60842.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	ROSE HILLS FOUNDATION 225 S. LAKE AVE SUITE 1250 PASADENA, CA 91101	$ 30000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(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: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. 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 information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(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," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______
(ii) Assets included in Form 990, Part X ▶ $ ______

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______
b Assets included in Form 990, Part X ▶ $ ______

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	91887.				
b Contributions	702.	85526.			
c Net investment earnings, gains, and losses	9583.	7685.			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	1835.	1324.			
g End of year balance	100337.	91887.			

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)	X	
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		599606.	426571.	173035.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				173035.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ENDOWMENT FUND	100337.	END-OF-YEAR MARKET VALUE
(B) PUBLICLY TRADED STOCKS &		
(C) BONDS	171308.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	271645.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 25.)* ▶	

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

Schedule D (Form 990) 2012

232053
12-10-12

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	2720602.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	8135.		
b	Donated services and use of facilities	2b	395375.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	403510.
3	Subtract line **2e** from line **1**			3	2317092.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	2317092.

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

1	Total expenses and losses per audited financial statements			1	2626000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	395375.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines **2a** through **2d**			2e	395375.
3	Subtract line **2e** from line **1**			3	2230625.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	2230625.

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open To Public Inspection

Name of the organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number 95-4485745

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(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
Total ▶						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL DINNER DANCE	BACK-A-YOUTH FUNDRAISER	4	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	219833.	97227.	36473.	353533.
	2 Less: Contributions	211093.	97227.	28653.	336973.
	3 Gross income (line 1 minus line 2)	8740.		7820.	16560.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	31012.			31012.
	8 Entertainment				
	9 Other direct expenses	10000.		7820.	17820.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(48832.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				<32272.>

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: CA

a Is the organization licensed to operate gaming activities in each of these states? [X] Yes [ ] No

b If "No," explain:

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

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ______ and the amount of gaming revenue retained by the third party ▶ $ ______ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☒ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

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

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number: 95-4485745

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MATERIALS & S)	X	100	441109.	CURRENT MARKET RATES
26 Other ▶ (FURNITURE &EQ)	X	1	5000.	CURRENT MARKET RATES
27 Other ▶ ( )				
28 Other ▶ ( )				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b If "Yes," describe in Part II.			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047
2012
Open to Public Inspection

Name of the organization	Employer identification number
THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.	95-4485745

FORM 990, PART VI, SECTION A, LINE 2: DAN STILLWELL, A CURRENT DIRECTOR, IS AN OFFICER FOR L.A. GRAPHICO, OF WHICH AL SHAPIRO, A CURRENT DIRECTOR, IS ALSO AN OFFICER OF L.A. GRAPHICO.

FORM 990, PART VI, SECTION B, LINE 11: EACH OF THE BOARD MEMBERS RECEIVES A COPY OF THE FORM 990 TO REVIEW AND APPROVE PRIOR TO IT BEING FILED.

FORM 990, PART VI, SECTION B, LINE 12C: WE HAVE A CONFLICT OF INTEREST POLICY THAT ALL BOARD MEMBERS ARE REQUIRED TO REVIEW AND SIGN ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15: FOR DETERMINING THE SALARY OF THE EXECUTIVE DIRECTOR AND KEY EMPLOYEES THE BOARD OF DIRECTORS REVIEWS THE NATIONAL STUDY OF SALARIES PRODUCED BY THE BOYS AND GIRLS CLUB OF AMERICA THAT SHOWS NATIONAL TRENDS FOR THE DIFFERENT POSITIONS AND THEN VOTES ON THE SALARIES AT A BOARD MEETING.

FORM 990, PART VI, SECTION C, LINE 18: THE FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST TO THE FINANCE DIRECTOR AT THE CLUB LOCATION.

FORM 990, PART VI, SECTION C, LINE 19: THE FORM 1023 AND 990 ARE AVAILABLE UPON REQUEST TO THE FINANCE DIRECTOR AT THE CLUB LOCATION.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

INCREASE IN TEMPORARILY RESTRICTED NET ASSETS 4240.

FORM 990, PART XI, LINE 2C

Name of the organization THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Employer identification number 95-4485745

THE FINANCE COMMITTEE APPROVES THE SELECTION OF THE INDEPENDENT AUDITOR AND OVERSEES THE AUDIT.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDING RENOVATIONS											
1	ONE WAY SIGNS	013194	SL	5.00	16	226.			226.	226.		0.
2	BUILDING RENOVATION	060194	SL	7.00	16	17577.			17577.	17577.		0.
3	BUILDING RENOVATION	070195	SL	7.00	16	27797.			27797.	27797.		0.
4	BUILDING RENOVATION	073195	SL	7.00	16	165.			165.	165.		0.
5	ARTS & CRAFTS RENOVATION	010199	SL	7.00	16	18600.			18600.	18600.		0.
6	OFFICE RENOVATION	051601	SL	7.00	16	15000.			15000.	15000.		0.
7	OFFICE RENOVATION	051601	SL	7.00	16	1057.			1057.	1057.		0.
8	MOBILE MODULAR	040102	SL	20.00	16	65021.			65021.	33339.		3251.
9	PLUMBING MODULAR	040102	SL	20.00	16	5590.			5590.	2868.		280.
10	PLUMBING MODULAR	052802	SL	20.00	16	800.			800.	403.		40.
11	PERMITS - MODULAR	053002	SL	20.00	16	1104.			1104.	555.		55.
12	DRINKING FOUNTAIN	022802	SL	7.00	16	500.			500.	499.		0.
13	TREES, BUSHES & FENCE	062602	SL	7.00	16	6300.			6300.	6300.		0.
14	BLDG RENOVATION	080102	SL	7.00	16	5000.			5000.	5000.		0.
52	AIR CONDITIONING	010108	SL	7.00	16	51137.			51137.	32873.		7305.
53	NEW DOORS	040109	SL	5.00	16	4375.			4375.	2844.		875.
54	FIELD RE-PAVEMENT	060109	SL	5.00	16	6000.			6000.	3700.		1200.

(D) - Asset disposed
* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	BUILDING PAINTING	060109	SL	5.00	16	10000.			10000.	6167.		2000.
56	MURAL	060109	SL	5.00	16	498.			498.	308.		100.
70	A/C RENOVATIONS	080109	SL	5.00	16	857.			857.	499.		171.
71	NEW PIPES	123109	SL	5.00	16	920.			920.	460.		184.
72	BATHROOM FLOOR	060110	SL	5.00	16	490.			490.	204.		98.
93	LEASEHOLD CAPITAL IMPROVEMENTS	110111	SL	7.00	16	13980.			13980.	1331.		1997.
94	LEASEHOLD CAPITAL IMPROVEMENTS	110111	SL	7.00	16	3196.			3196.	304.		457.
95	LEASEHOLD CAPITAL IMPROVEMENTS	110111	SL	7.00	16	8921.			8921.	850.		1274.
96	RESTROOM & PAVEMENT REMODEL	043012	SL	7.00	16	29500.			29500.	702.		4214.
	* 990 PAGE 10 TOTAL - BUILDING RENOVAT					294611.		0.	294611.	179628.	0.	23501.
	VEHICLES											
15	1999 FORD VAN	110198	SL	5.00	16	30821.			30821.	30821.		0.
16	FORD ECONOLINE VAN	081999	SL	5.00	16	31468.			31468.	31468.		0.
73	VAN REPAIRS	100109	SL	5.00	16	1613.			1613.	888.		323.
74	VAN REPAIRS	060110	SL	5.00	16	743.			743.	310.		149.
76	VAN REPAIRS	041511	SL	5.00	16	961.			961.	232.		192.
77	VAN REPAIRS	062811	SL	5.00	16	1070.			1070.	214.		214.
97	VAN REPAIRS	081011	SL	5.00	16	703.			703.	126.		141.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
98	VAN REPAIRS	102611	SL	5.00	16	515.			515.	69.		103.
99	VAN REPAIRS	010912	SL	5.00	16	749.			749.	72.		150.
100	VAN REPAIRS	042512	SL	5.00	16	789.			789.	30.		158.
101	VAN REPAIRS	061512	SL	5.00	16	775.			775.	6.		155.
102	VAN REPAIRS	061212	SL	5.00	16	675.			675.	6.		135.
111	SHUTTLE VAN #1	060113	SL	5.00	16	12098.			12098.			202.
112	SHUTTLE VAN #2	060113	SL	5.00	16	13065.			13065.			218.
	* 990 PAGE 10 TOTAL - VEHICLES					96045.		0.	96045.	64242.	0.	2140.
	SPORTS ACTIVITY EQUIPMENT											
17	SPORTS ACTIVITY EQUIPMENT	093093	SL	5.00	16	2662.			2662.	2662.		0.
18	SPORTS ACTIVITY EQUIPMENT	103193	SL	5.00	16	901.			901.	901.		0.
19	TOURNAMENT BOARD	101393	SL	5.00	16	214.			214.	214.		0.
20	MICRO Z BY JARED	033194	SL	5.00	16	2003.			2003.	2003.		0.
21	SEARS POOL TABLE	043094	SL	5.00	16	392.			392.	392.		0.
22	SEARS POOL SUPPLY	043094	SL	5.00	16	314.			314.	314.		0.
23	ACME BILLIARD TABLE	083195	SL	5.00	16	895.			895.	895.		0.
24	DW TEAM SPORT EQUIP	083195	SL	5.00	16	857.			857.	857.		0.
25	SPORTTIME EQUIPMENT	083195	SL	5.00	16	92.			92.	92.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
26	SCORE BOARD	073197	SL	5.00	16	1111.			1111.	1111.		0.
27	SPORTS ACTIVITY EQUIPMENT	073197	SL	5.00	16	10192.			10192.	10192.		0.
28	GAME ROOM	073197	SL	5.00	16	299.			299.	299.		0.
29	SPORTS ACTIVITY EQUIPMENT	063001	SL	5.00	16	1000.			1000.	1000.		0.
30	POOL TABLES	010902	SL	5.00	16	1000.			1000.	1000.		0.
31	FOLDING TABLES	041902	SL	5.00	16	1050.			1050.	1050.		0.
57	SPORTS ACTIVITY EQUIPMENT	070108	SL	5.00	16	1500.			1500.	1200.		300.
58	BASKETBALL HOOP	120108	SL	5.00	16	1029.			1029.	738.		206.
59	BASKETBALL RIM	030109	SL	5.00	16	86.			86.	57.		17.
60	CREATIVE ARTS SOUND SYSTEM	050109	SL	5.00	16	568.			568.	361.		114.
61	CREATIVE ARTS SOUND SYSTEM	050109	SL	5.00	16	151.			151.	95.		30.
62	AIR HOCKEY TABLE & ROUTER	060109	SL	5.00	16	750.			750.	463.		150.
87	POOL TABLE	041511	SL	5.00	16	5000.			5000.	1208.		1000.
114	SPORT COURT	082012	SL	5.00	16	15000.			15000.			2500.
115	TERRA CYCLE	082012	SL	5.00	16	6000.			6000.			1000.
	* 990 PAGE 10 TOTAL - SPORTS ACTIVITY					53066.		0.	53066.	27104.	0.	5317.
	COMPUTER EQUIPMENT											
32	COMPUTERS	022896	SL	5.00	16	5235.			5235.	5235.		0.

228102
05-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
33	COMPUTER SOFTWARE	073197	SL	5.00	16	3783.			3783.	3783.		0.
34	COMPUTERS	073197	SL	5.00	16	3765.			3765.	3765.		0.
35	COMPUTERS	113000	SL	5.00	16	2738.			2738.	2738.		0.
36	LEARNING CENTER FURNITURE	030302	SL	5.00	16	4000.			4000.	4000.		0.
37	8 DELL COMPUTERS	052202	SL	5.00	16	10000.			10000.	10000.		0.
38	10 IBM WIRELESS COMPUTETS	070102	SL	5.00	16	30900.			30900.	30900.		0.
69	TECH LAB COMPUTER	090109	SL	5.00	16	549.			549.	312.		110.
78	HP DESKTOP PC'S	040411	SL	5.00	16	9800.			9800.	2450.		1960.
79	HP LCD MONITORS	040411	SL	5.00	16	2600.			2600.	650.		520.
80	HP ALL IN ONE PRINTERS	040411	SL	5.00	16	300.			300.	75.		60.
81	LYNKSYS WIRELESS ROUTER	040411	SL	5.00	16	80.			80.	20.		16.
82	HP DESKTOP PC'S	042811	SL	5.00	16	7840.			7840.	1829.		1568.
83	16 HP MONITORS	042811	SL	5.00	16	2080.			2080.	485.		416.
84	MICROSOFT COMPUTER SOFTWARE	042811	SL	3.00	16	20640.			20640.	8027.		6880.
85	MICROSOFT X BOX	042911	SL	5.00	16	4200.			4200.	980.		840.
103	LAMINATING MACHINE	092011	SL	5.00	16	199.			199.	31.		40.
104	LAPTOP BATTERY	113011	SL	5.00	16	96.			96.	11.		19.
105	DEFIBRILLATOR	062512	SL	10.00	16	2368.			2368.			237.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

FORM 990 PAGE 10 990

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME					111173.		0.	111173.	75291.	0.	12666.
	FURNITURE & EQUIPMENT											
39	OFFICE FURNITURE	033194	SL	5.00	16	592.			592.	592.		0.
40	FAX MACHINE	083195	SL	5.00	16	271.			271.	271.		0.
41	PRINTER	083195	SL	5.00	16	503.			503.	503.		0.
42	OFFICE COMPUTER	073195	SL	5.00	16	918.			918.	918.		0.
43	COMPUTER	093099	SL	5.00	16	839.			839.	839.		0.
44	AIR CONDITIONER	093099	SL	5.00	16	942.			942.	942.		0.
45	OSH AIR CONDITIONER	061401	SL	5.00	16	313.			313.	313.		0.
46	MINOLTA COPIER	063001	SL	5.00	16	2000.			2000.	2000.		0.
47	DONOR PERFECT SOFTWARE	063002	SL	5.00	16	4366.			4366.	4366.		0.
48	CANON 400V COPIER	040405	SL	5.00	16	5954.			5954.	5954.		0.
49	TELEPHONE EQUIPMENT	070105	SL	7.00	16	3624.			3624.	3624.		0.
50	COMPUTERS	050107	SL	5.00	16	6062.			6062.	6062.		0.
51	FURNITURE	030107	SL	5.00	16	1664.			1664.	1664.		0.
63	LUNCH TABLES	070108	SL	5.00	16	1982.			1982.	1584.		396.
64	LUNCH TABLES	070108	SL	5.00	16	1982.			1982.	1584.		396.
65	LAPTOP	040109	SL	5.00	16	834.			834.	541.		167.

228102
05-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
66	COMPUTER	080109	SL	5.00	16	840.			840.	490.		168.
67	LAPTOP	090109	SL	5.00	16	685.			685.	388.		137.
86	OFFICE PHONE	083010	SL	5.00	16	129.			129.	48.		26.
106	TECH LAB FURNITURE	091911	SL	5.00	16	502.			502.	80.		100.
107	IPAD	011912	SL	5.00	16	622.			622.	57.		124.
108	SHEDS	043012	SL	5.00	16	1500.			1500.	50.		300.
109	COMPUTER EQUIPMENT	060612	SL	5.00	16	87.			87.	1.		17.
110	XEROX COPIER	112211	SL	5.00	16	5000.			5000.	604.		1000.
113	CANON COPIER	092012	SL	5.00	16	2500.			2500.			375.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUI					44711.		0.	44711.	33475.	0.	3206.
	* GRAND TOTAL 990 PAGE 10 DEPR					599606.		0.	599606.	379740.	0.	46830.

228102
05-01-12

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **4562** Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization 990

(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172 **2012** Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.	FORM 990 PAGE 10	95-4485745

Part I **Election To Expense Certain Property Under Section 179** **Note:** *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2000000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	

8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.**)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	46830.

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	46830.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

216251 12-28-12 LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4562** (2012)

18190305 769635 E07158L7 2012.05060 THE BOYS & GIRLS CLUB OF BU E07158L1

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	**(b)** Date placed in service	**(c)** Business/ investment use percentage	**(d)** Cost or other basis	**(e)** Basis for depreciation (business/investment use only)	**(f)** Recovery period	**(g)** Method/ Convention	**(h)** Depreciation deduction	**(i)** Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		**(b)** Vehicle		**(c)** Vehicle		**(d)** Vehicle		**(e)** Vehicle		**(f)** Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	**(b)** Date amortization begins	**(c)** Amortizable amount	**(d)** Code section	**(e)** Amortization period or percentage	**(f)** Amortization for this year
42 Amortization of costs that begins during your 2012 tax year:					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.	Employer identification number (EIN) or 95-4485745
	Number, street, and room or suite no. If a P.O. box, see instructions. 2244 N. BUENA VISTA ST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BURBANK, CA 91504	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	**Return Code**	**Application Is For**	**Return Code**
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MIRA SHAH, CONTROLLER 2244 N. BUENA VISTA STREET - BURBANK, CA 91504

Telephone No. ▶ 818-842-9333 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2014 .

5 For calendar year ______ , or other tax year beginning JUL 1, 2012 , and ending JUN 30, 2013 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
WE REQUEST AN ADDITIONAL EXTENSION OF TIME TO GATHER THE DATA NEEDED TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$ 0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$ 0.
c	**Balance due.** Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$ 0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ Title ▶ C.P.A. Date ▶

TAXABLE YEAR **2012**

California Exempt Organization Annual Information Return

228941 12-18-12

FORM **199**

Calendar Year 2012 or fiscal year beginning month JULY day 1 year 2012, and ending month JUNE day 30 year 2013.

Corporation/Organization Name	California corporation number
THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.	1845403
Address (suite, room, or PMB no.) 2244 N. BUENA VISTA ST	FEIN 95-4485745
City BURBANK / State CA / ZIP Code 91504	

A First Return ☐ Yes ☒ No

B Amended Return ● ☐ Yes ☒ No

C IRC Section 4947(a)(1)trust ☐ Yes ☒ No

D Final Return?
● ☐ Dissolved ● ☐ Surrendered (Withdrawn)
● ☐ Merged/Reorganized Enter date: ●

E Check accounting method:
(1) ☐ Cash (2) ☒ Accrual (3) ☐ Other

F Federal return filed?
(1)● ☐ 990T (2)● ☐ 990(PF) (3)● ☐ Sch H (990)

G Is this a group filing for the subordinates/affiliates? ● ☐ Yes ☒ No
If "Yes," attach a roster. See instructions

H Is this organization in a group exemption? ☐ Yes ☒ No
If "Yes," what is the parent's name?

I Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? ● ☐ Yes ☒ No
If "Yes," explain, and attach copies of revised documents.

J If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign, or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? ● ☐ Yes ☒ No
If "Yes," complete and attach form FTB 3509.

K Is the organization exempt under R&TC Section 23701g? ● ☐ Yes ☒ No
If "Yes," enter the gross receipts from nonmember sources $

L If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. No filing fee is required. ● ☐

M Is the organization a Limited Liability Company? ● ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ● ☐ Yes ☒ No

O Is the organization under audit by the IRS or has the IRS audited in a prior year? ● ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8 ●	1	1055564. 00
	2 Gross dues and assessments from members and affiliates ●	2	00
	3 Gross contributions, gifts, grants, and similar amounts received STMT 1 ●	3	1310360. 00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. **This line must be completed. If the result is less than $50,000, see General Instruction B** ●	4	2365924. 00
	5 Cost of goods sold ● 5: 00		
	6 Cost or other basis, and sales expenses of assets sold ● 6: 00		
	7 Total costs. Add line 5 and line 6	7	00
	8 Total gross income. Subtract line 7 from line 4 ●	8	2365924. 00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18 ●	9	2279457. 00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8 ●	10	86467. 00
Filing Fee	11 Filing fee $10 or $25. See General Instruction F	11	10. 00
	12 Total payments	12	00
	13 Penalties and Interest. See General Instruction J	13	00
	14 Use tax. See General Instruction K ●	14	00
	15 **Balance due.** Add line 11, line 13, and line 14. Then subtract line 12 from the result	15	10. 00

Sign Here

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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer ▶ | Title | Date | ● Telephone

Paid Preparer's Use Only

Preparer's signature ▶ ROBERT GABON | Date 03/05/14 | Check if self-employed ▶ ☐ | ● PTIN P00178995

Firm's name (or yours, if self-employed) and address ▶ JLK ROSENBERGER, LLP
801 N BRAND BLVD., SUITE 550
GLENDALE, CA 91203
● FEIN 27-1532099
● Telephone (818) 334-8623

May the FTB discuss this return with the preparer shown above? See instructions ● ☒ Yes ☐ No

THE BOYS & GIRLS CLUB OF BURBANK AND
GREATER EAST VALLEY, INC. 95-4485745

228951 12-18-12

Part II Organizations with gross receipts of more than $50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	1	26560. 00
	2	Interest	2	4412. 00
	3	Dividends	3	00
	4	Gross rents	4	00
	5	Gross royalties	5	00
	6	Gross amount received from sale of assets (See Instructions)	6	00
	7	Other income SEE STATEMENT 2	7	1024592. 00
	8	**Total** gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	8	1055564. 00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid	9	00
	10	Disbursements to or for members	10	00
	11	Compensation of officers, directors, and trustees SEE STATEMENT 3	11	135000. 00
	12	Other salaries and wages	12	1146628. 00
	13	Interest	13	00
	14	Taxes	14	96706. 00
	15	Rents	15	39862. 00
	16	Depreciation and depletion (See instructions)	16	46830. 00
	17	Other Expenses and Disbursements SEE STATEMENT 4	17	814431. 00
	18	**Total** expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	18	2279457. 00

Schedule L Balance Sheets

Assets	Beginning of taxable year (a)	(b)	End of taxable year (c)	(d)
1 Cash		29221.		39573.
2 Net accounts receivable		64625.		50069.
3 Net notes receivable				
4 Inventories				49000.
5 Federal and state government obligations				
6 Investments in other bonds				
7 Investments in stock				
8 Mortgage loans				
9 Other investments STMT 5		173271.		271645.
10 a Depreciable assets	550943.		599606.	
b Less accumulated depreciation	(379741.)	171202.	(426571.)	173035.
11 Land				
12 Other assets STMT 6		18693.		1425.
13 Total assets		457012.		584747.
Liabilities and net worth				
14 Accounts payable		103077.		129305.
15 Contributions, gifts, or grants payable				
16 Bonds and notes payable				
17 Mortgages payable				
18 Other liabilities STMT 7		20011.		22676.
19 Capital stock or principle fund				
20 Paid-in or capital surplus. Attach reconciliation				
21 Retained earnings or income fund		333924.		432766.
22 Total liabilities and net worth		457012.		584747.

Schedule M-1 Reconciliation of income per books with income per return
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than $50,000.

1 Net income per books	86467.	7 Income recorded on books this year not included in this return.	
2 Federal income tax		8 Deductions in this return not charged against book income this year	
3 Excess of capital losses over capital gains		9 Total. Add line 7 and line 8	
4 Income not recorded on books this year		10 Net income per return. Subtract line 9 from line 6	86467.
5 Expenses recorded on books this year not deducted in this return			
6 Total. Add line 1 through line 5	86467.		

FORM 199 CASH CONTRIBUTIONS OF $5000 OR MORE INCLUDED ON PART I, LINE 3 STATEMENT 1

CONTRIBUTOR'S NAME	CONTRIBUTOR'S ADDRESS	DATE OF GIFT	AMOUNT
BOYS & GIRLS CLUB OF AMERICA	1275 PEACHTREE ST NE ATLANTA, GA 30309	12/05/12	45282.
BUR-CAL MANAGEMENT CORP	101 S. FIRST STREET SUITE 400 BURBANK, CA 91502	03/15/13	5000.
CARL W. JOHNSON FOUNDATION	5900 WILSHIRE BLVD SUITE 2300 LOS ANGELES, CA 90071	12/21/12	5000.
THE ANNENBERG FOUNDATION	2000 AVENUE OF THE STARS STE 1000S LOS ANGELES, CA 90067	10/01/12	25000.
CITY OF BURBANK	275 E. OLIVE AVENUE BURBANK, CA 91510	08/02/12	34993.
AS&F	625 FAIR OAKS # 360 SOUTH PASADENA, CA 91030	09/26/12	70000.
THE WALT DISNEY COMPANY	500 S. BUENA VISTA ST BURBANK, CA 91521	06/03/13	14180.
WEINGART FOUNDATION	1055 W. SEVENTH STREET SUITE 3050 LOS ANGELES, CA 90017	10/03/12	100000.
DAN STILLWELL	3800 VANOWEN STREET BURBANK, CA 91505	02/25/13	10952.
BOYS & GIRLS CLUB OF AMERICA-LA ALLIANCE	3939 ATLANTIC AVE SUITE 215 LONG BEACH, CA 90807	02/25/13	10000.
MACY'S	P.O. BOX 7888 SAN FRANCISCO, CA 94188	03/26/13	51809.
THE AHMANSON FOUNDATION	9215 WILSHIRE BOULEVARD BEVERLY HILLS, CA 90210	06/07/13	50000.
TURNER BROADCASTING SYSTEMS INC	101 MURIETTA ST. NW ATLANTA, GA 30303	10/25/12	7500.
BEST BUY	7601 PENN AVE S RICHFIELD, MN 55423	07/23/12	6837.
BURRTEC WASTE INDUSTRIES INC	9890 CHERRY AVENUE FONTANA, CA 92335	03/04/13	5000.

CAST & CREW ENTERTAINMENT SERVICES	2300 EMPIRE AVENUE 5TH FLOOR BURBANK, CA 91504	04/03/13	5000.
CROWN DEVELOPMENT	440 W.78TH STREET MINNEAPOLIS, MN 55435	03/26/13	5000.
UNITED WAY	1150 S. OLIVE ST SUIT T 500 LOS ANGELES, CA 90015	04/30/13	60842.
NESTLE USA INC	800 N. BRAND BLVD GLENDALE, CA 91203	03/31/13	5000.
LA GRAPHICO	3800 VANOWEN STREET BURBANK, CA 91505	02/28/13	11820.
DAVE & PAT AUGUSTINE	P.O. BOX 751 BURBANK, CA 91503	10/22/12	13726.
WARNER BROS	4000 WARNER BLVD BLDG 137 BURBANK, CA 91522	01/31/13	25000.
ALAN & ELIZABETH SHAPIRO FOUNDATION	4532 DEL MORENO DR WOODLAND HILLS, CA 91364	04/12/13	5550.
WAYNE & CHRISTY ZIMMERMAN	12301 LONGACRE AVE GRANADA HILLS, CA 91344	06/12/13	12200.
EDISON INTERNATIONAL	P.O. BOX 700 ROSEMEAD, CA 91770	10/18/12	5000.
ESA'S FOUNDATION	317 MADISON AVE, 22ND FLOOR NEW YORK, NY 10017	04/12/13	5000.
BURBANK WATER & POWER	164 W. MAGNOLIA BLVD BURBANK, CA 91502	02/28/13	5000.
KAISER PERMANENTE	393 EAST WALNUT ST 2ND FLOOR PASADENA, CA 91188	07/27/12	5000.
WORTHE REAL ESTATE	4444 LAKESIDE DRIVE BURBANK, CA 91505	04/30/13	5000.
ROSE HILLS FOUNDATION	225 S. LAKE AVE SUITE 1250 PASADENA, CA 91101	12/15/12	30000.
TOTAL INCLUDED ON LINE 3			640691.

FORM 199 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
PROGRAM SERVICE	1024592.
TOTAL TO FORM 199, PART II, LINE 7	1024592.

FORM 199 COMPENSATION OF OFFICERS, DIRECTORS AND TRUSTEES STATEMENT 3

NAME AND ADDRESS	TITLE AND AVERAGE HRS WORKED/WK	COMPENSATION
ARMOND AGHAKHANIAN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
RODNEY CAMPBELL 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
GARETT CHIPMAN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
MICHAEL DRAGAN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
ROBIN TARUFELLI 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
RON DAVIS 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
KEVIN MCCARNEY 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
MICHELLE BOUSE 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.

MICHAEL WALBRECHT 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
DAN STILLWELL 2244 N. BUENA VISTA ST BURBANK, CA 91504	RESOURCE DEVELOPMENT CHAIR 3.00	0.
AL SHAPIRO 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
DAVE AUGUSTINE 2244 N. BUENA VISTA ST BURBANK, CA 91504	BOARD DEVELOPMENT CHAIR 3.00	0.
LORRIE COPELAND 2244 N. BUENA VISTA ST BURBANK, CA 91504	VICE-PRESIDENT 3.00	0.
LEENA MATHEW 2244 N. BUENA VISTA ST BURBANK, CA 91504	IMMEDIATE PAST PRESIDENT 3.00	0.
SHERINE SAAD 2244 N. BUENA VISTA ST BURBANK, CA 91504	PRESIDENT 3.00	0.
SALLY KNUTSON 2244 N. BUENA VISTA ST BURBANK, CA 91504	BUDGET & FINANCE CHAIR 3.00	0.
LYNN WHITE SHELBY 2244 N. BUENA VISTA ST BURBANK, CA 91504	SECRETARY 3.00	0.
BRETT EVERHART 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
MICHAEL MORGAN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
DAVID EMTER 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
JAMI RICE 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.

MICHELLE CHRISTIAN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
NICOLETTE SCHWARTZ 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
EMILIO URIOSTE 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
DARIN RYBURN 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
TOM STEELE 2244 N. BUENA VISTA ST BURBANK, CA 91504	DIRECTOR 3.00	0.
SHANNA WARREN 2244 N. BUENA VISTA ST BURBANK, CA 91504	EXECUTIVE DIRECTOR 40.00	135000.
TOTAL TO FORM 199, PART II, LINE 11		135000.

FORM 199 OTHER EXPENSES STATEMENT 4

DESCRIPTION	AMOUNT
MATERIALS	426478.
MISCELLANEOUS EXPENSES	45310.
WORKSHOPS & TRAINING	19408.
VEHICLE EXPENSES	14864.
DIRECT EXPENSES OF FUNDRAISING EVENTS	48832.
PENSION PLAN CONTRIBUTIONS	37732.
OTHER EMPLOYEE BENEFITS	75641.
ACCOUNTING FEES	24621.
OFFICE EXPENSES	51367.
INSURANCE	56883.
ALL OTHER EXPENSES	13295.
TOTAL TO FORM 199, PART II, LINE 17	814431.

FORM 199 OTHER INVESTMENTS STATEMENT 5

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ENDOWMENT FUND	91887.	100337.
PUBLICLY TRADED STOCKS & BONDS	81384.	171308.
TOTAL TO FORM 199, SCHEDULE L, LINE 9	173271.	271645.

FORM 199 OTHER ASSETS STATEMENT 6

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID EXPENSES AND DEFERRED CHARGES	18693.	1425.
TOTAL TO FORM 199, SCHEDULE L, LINE 12	18693.	1425.

FORM 199 OTHER LIABILITIES STATEMENT 7

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	20011.	22676.
TOTAL TO FORM 199, SCHEDULE L, LINE 18	20011.	22676.

TAXABLE YEAR **2012**

Corporation Depreciation and Amortization

CALIFORNIA FORM **3885**

Attach to Form 100 or Form 100W. FORM 199 FEIN 95-4485745

Corporation name: THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

California corporation number: 1845403

Part I Election To Expense Certain Property Under IRC Section 179

1 Maximum deduction under IRC Section 179 for California	1	$25,000
2 Total cost of IRC Section 179 property placed in service	2	
3 Threshold cost of IRC Section 179 property before reduction in limitation	3	$200,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		

7 Listed property (elected IRC Section 179 cost)	7	
8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7	8	
9 Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10 Carryover of disallowed deduction from prior taxable years	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2013. Add line 9 and line 10, less line 12	13	

Part II Depreciation and Election of Additional First Year Expense Deduction Under R&TC Section 24356

(a) Description property	(b) Date acquired	(c) Cost or other basis	(d) Depreciation allowed or allowable in earlier years	(e) Depreciation Method	(f) Life or rate	(g) Depreciation for this year	(h) Additional first year depreciation
14							
SEE STATEMENT	8	599606.	379740.				
15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed $2,000. See instructions for line 14, column (h)					15	46830.	

Part III Summary

16 Total: If the corporation is electing: IRC Section 179 expense, add the amount on line 12 and line 15, column (g); **or** Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h), **or** Depreciation (if no election is made), enter the amount from line 15, column (g)	16	46830.
17 Total depreciation claimed for federal purposes from federal Form 4562, line 22	17	46830.
18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.)	18	0.

Part IV Amortization

(a) Description of property	(b) Date acquired	(c) Cost or other basis	(d) Amortization allowed or allowable in earlier years	(e) R&TC section (see instructions)	(f) Period or percentage	(g) Amortization for this year
19						

20 Total. Add the amounts in column (g)	20	
21 Total amortization claimed for federal purposes from federal Form 4562, line 44	21	
22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 12	22	

CA 3885 DEPRECIATION STATEMENT 8

ASSET NO./ DESCRIPTION	DATE IN SERVICE	COST OR BASIS	PRIOR DEPR	METHOD	LIFE	DEPRE- CIATION	BONUS
1 ONE WAY SIGNS	01/31/94	226.	226.	SL	5.00	0.	
2 BUILDING RENOVATION	06/01/94	17577.	17577.	SL	7.00	0.	
3 BUILDING RENOVATION	07/01/95	27797.	27797.	SL	7.00	0.	
4 BUILDING RENOVATION	07/31/95	165.	165.	SL	7.00	0.	
5 ARTS & CRAFTS RENOVATION	01/01/99	18600.	18600.	SL	7.00	0.	
6 OFFICE RENOVATION	05/16/01	15000.	15000.	SL	7.00	0.	
7 OFFICE RENOVATION	05/16/01	1057.	1057.	SL	7.00	0.	
8 MOBILE MODULAR	04/01/02	65021.	33339.	SL	20.00	3251.	
9 PLUMBING MODULAR	04/01/02	5590.	2868.	SL	20.00	280.	
10 PLUMBING MODULAR	05/28/02	800.	403.	SL	20.00	40.	
11 PERMITS - MODULAR	05/30/02	1104.	555.	SL	20.00	55.	
12 DRINKING FOUNTAIN	02/28/02	500.	499.	SL	7.00	0.	
13 TREES, BUSHES & FENCE	06/26/02	6300.	6300.	SL	7.00	0.	
14 BLDG RENOVATION	08/01/02	5000.	5000.	SL	7.00	0.	
15 1999 FORD VAN	11/01/98	30821.	30821.	SL	5.00	0.	
16 FORD ECONOLINE VAN	08/19/99	31468.	31468.	SL	5.00	0.	
17 SPORTS ACTIVITY EQUIPMENT	09/30/93	2662.	2662.	SL	5.00	0.	
18 SPORTS ACTIVITY EQUIPMENT	10/31/93	901.	901.	SL	5.00	0.	
19 TOURNAMENT BOARD	10/13/93	214.	214.	SL	5.00	0.	
20 MICRO Z BY JARED	03/31/94	2003.	2003.	SL	5.00	0.	
21 SEARS POOL TABLE	04/30/94	392.	392.	SL	5.00	0.	
22 SEARS POOL SUPPLY	04/30/94	314.	314.	SL	5.00	0.	
23 ACME BILLIARD TABLE	08/31/95	895.	895.	SL	5.00	0.	

24 DW TEAM SPORT EQUIP						
	08/31/95	857.	857.	SL	5.00	0.
25 SPORTTIME EQUIPMENT						
	08/31/95	92.	92.	SL	5.00	0.
26 SCORE BOARD						
	07/31/97	1111.	1111.	SL	5.00	0.
27 SPORTS ACTIVITY EQUIPMENT						
	07/31/97	10192.	10192.	SL	5.00	0.
28 GAME ROOM						
	07/31/97	299.	299.	SL	5.00	0.
29 SPORTS ACTIVITY EQUIPMENT						
	06/30/01	1000.	1000.	SL	5.00	0.
30 POOL TABLES						
	01/09/02	1000.	1000.	SL	5.00	0.
31 FOLDING TABLES						
	04/19/02	1050.	1050.	SL	5.00	0.
32 COMPUTERS						
	02/28/96	5235.	5235.	SL	5.00	0.
33 COMPUTER SOFTWARE						
	07/31/97	3783.	3783.	SL	5.00	0.
34 COMPUTERS						
	07/31/97	3765.	3765.	SL	5.00	0.
35 COMPUTERS						
	11/30/00	2738.	2738.	SL	5.00	0.
36 LEARNING CENTER FURNITURE						
	03/03/02	4000.	4000.	SL	5.00	0.
37 8 DELL COMPUTERS						
	05/22/02	10000.	10000.	SL	5.00	0.
38 10 IBM WIRELESS COMPUTETS						
	07/01/02	30900.	30900.	SL	5.00	0.
39 OFFICE FURNITURE						
	03/31/94	592.	592.	SL	5.00	0.
40 FAX MACHINE						
	08/31/95	271.	271.	SL	5.00	0.
41 PRINTER						
	08/31/95	503.	503.	SL	5.00	0.
42 OFFICE COMPUTER						
	07/31/95	918.	918.	SL	5.00	0.
43 COMPUTER						
	09/30/99	839.	839.	SL	5.00	0.
44 AIR CONDITIONER						
	09/30/99	942.	942.	SL	5.00	0.
45 OSH AIR CONDITIONER						
	06/14/01	313.	313.	SL	5.00	0.
46 MINOLTA COPIER						
	06/30/01	2000.	2000.	SL	5.00	0.
47 DONOR PERFECT SOFTWARE						
	06/30/02	4366.	4366.	SL	5.00	0.
48 CANON 400V COPIER						
	04/04/05	5954.	5954.	SL	5.00	0.
49 TELEPHONE EQUIPMENT						
	07/01/05	3624.	3624.	SL	7.00	0.
50 COMPUTERS						
	05/01/07	6062.	6062.	SL	5.00	0.

51	FURNITURE					
	03/01/07	1664.	1664.	SL	5.00	0.
52	AIR CONDITIONING					
	01/01/08	51137.	32873.	SL	7.00	7305.
53	NEW DOORS					
	04/01/09	4375.	2844.	SL	5.00	875.
54	FIELD RE-PAVEMENT					
	06/01/09	6000.	3700.	SL	5.00	1200.
55	BUILDING PAINTING					
	06/01/09	10000.	6167.	SL	5.00	2000.
56	MURAL					
	06/01/09	498.	308.	SL	5.00	100.
57	SPORTS ACTIVITY EQUIPMENT					
	07/01/08	1500.	1200.	SL	5.00	300.
58	BASKETBALL HOOP					
	12/01/08	1029.	738.	SL	5.00	206.
59	BASKETBALL RIM					
	03/01/09	86.	57.	SL	5.00	17.
60	CREATIVE ARTS SOUND SYSTEM					
	05/01/09	568.	361.	SL	5.00	114.
61	CREATIVE ARTS SOUND SYSTEM					
	05/01/09	151.	95.	SL	5.00	30.
62	AIR HOCKEY TABLE & ROUTER					
	06/01/09	750.	463.	SL	5.00	150.
63	LUNCH TABLES					
	07/01/08	1982.	1584.	SL	5.00	396.
64	LUNCH TABLES					
	07/01/08	1982.	1584.	SL	5.00	396.
65	LAPTOP					
	04/01/09	834.	541.	SL	5.00	167.
66	COMPUTER					
	08/01/09	840.	490.	SL	5.00	168.
67	LAPTOP					
	09/01/09	685.	388.	SL	5.00	137.
69	TECH LAB COMPUTER					
	09/01/09	549.	312.	SL	5.00	110.
70	A/C RENOVATIONS					
	08/01/09	857.	499.	SL	5.00	171.
71	NEW PIPES					
	12/31/09	920.	460.	SL	5.00	184.
72	BATHROOM FLOOR					
	06/01/10	490.	204.	SL	5.00	98.
73	VAN REPAIRS					
	10/01/09	1613.	888.	SL	5.00	323.
74	VAN REPAIRS					
	06/01/10	743.	310.	SL	5.00	149.
76	VAN REPAIRS					
	04/15/11	961.	232.	SL	5.00	192.
77	VAN REPAIRS					
	06/28/11	1070.	214.	SL	5.00	214.
78	HP DESKTOP PC'S					
	04/04/11	9800.	2450.	SL	5.00	1960.
79	HP LCD MONITORS					
	04/04/11	2600.	650.	SL	5.00	520.

80	HP ALL IN ONE PRINTERS					
	04/04/11	300.	75.	SL	5.00	60.
81	LYNKSYS WIRELESS ROUTER					
	04/04/11	80.	20.	SL	5.00	16.
82	HP DESKTOP PC'S					
	04/28/11	7840.	1829.	SL	5.00	1568.
83	16 HP MONITORS					
	04/28/11	2080.	485.	SL	5.00	416.
84	MICROSOFT COMPUTER SOFTWARE					
	04/28/11	20640.	8027.	SL	3.00	6880.
85	MICROSOFT X BOX					
	04/29/11	4200.	980.	SL	5.00	840.
86	OFFICE PHONE					
	08/30/10	129.	48.	SL	5.00	26.
87	POOL TABLE					
	04/15/11	5000.	1208.	SL	5.00	1000.
93	LEASEHOLD CAPITAL IMPROVEMENTS					
	11/01/11	13980.	1331.	SL	7.00	1997.
94	LEASEHOLD CAPITAL IMPROVEMENTS					
	11/01/11	3196.	304.	SL	7.00	457.
95	LEASEHOLD CAPITAL IMPROVEMENTS					
	11/01/11	8921.	850.	SL	7.00	1274.
96	RESTROOM & PAVEMENT REMODEL					
	04/30/12	29500.	702.	SL	7.00	4214.
97	VAN REPAIRS					
	08/10/11	703.	126.	SL	5.00	141.
98	VAN REPAIRS					
	10/26/11	515.	69.	SL	5.00	103.
99	VAN REPAIRS					
	01/09/12	749.	72.	SL	5.00	150.
100	VAN REPAIRS					
	04/25/12	789.	30.	SL	5.00	158.
101	VAN REPAIRS					
	06/15/12	775.	6.	SL	5.00	155.
102	VAN REPAIRS					
	06/12/12	675.	6.	SL	5.00	135.
103	LAMINATING MACHINE					
	09/20/11	199.	31.	SL	5.00	40.
104	LAPTOP BATTERY					
	11/30/11	96.	11.	SL	5.00	19.
105	DEFIBRILLATOR					
	06/25/12	2368.		SL	10.00	237.
106	TECH LAB FURNITURE					
	09/19/11	502.	80.	SL	5.00	100.
107	IPAD					
	01/19/12	622.	57.	SL	5.00	124.
108	SHEDS					
	04/30/12	1500.	50.	SL	5.00	300.
109	COMPUTER EQUIPMENT					
	06/06/12	87.	1.	SL	5.00	17.
110	XEROX COPIER					
	11/22/11	5000.	604.	SL	5.00	1000.
111	SHUTTLE VAN #1					
	06/01/13	12098.		SL	5.00	202.

112 SHUTTLE VAN #2							
	06/01/13	13065.		SL	5.00	218.	
113 CANON COPIER							
	09/20/12	2500.		SL	5.00	375.	
114 SPORT COURT							
	08/20/12	15000.		SL	5.00	2500.	
115 TERRA CYCLE							
	08/20/12	6000.		SL	5.00	1000.	
TOTAL DEPR TO FORM 3885		599606.	379740.			46830.	

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEB SITE ADDRESS:

http://ag.ca.gov/charities/

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of $800, plus interest, and/or fines or filing penalties as defined in Government Code section 12586.1. IRS extensions will be honored.

State Charity Registration Number: CT 91678

THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.
Name of Organization

2244 N. BUENA VISTA ST
Address (Number and Street)

BURBANK, CA 91504
City or Town, State and ZIP Code

Check if:

☐ Change of address

☐ Amended report

Corporate or Organization No. 1845403

Federal Employer I.D. No. 95-4485745

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)
Make Check Payable to Attorney General's Registry of Charitable Trusts

Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than $25,000	0	Between $100,001 and $250,000	$50	Between $1,000,001 and $10 million	$150
Between $25,000 and $100,000	$25	Between $250,001 and $1 million	$75	Between $10,000,001 and $50 million	$225
				Greater than $50 million	$300

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2012 ending 06/30/2013) list:
Gross annual revenue $ 2317092. Total assets $ 584747.

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer "yes" to any of the questions below, you must attach a separate sheet providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

		Yes	No
1.	During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest? SEE STATEMENT 9	X	
2.	During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3.	During this reporting period, did non-program expenditures exceed 50% of gross revenues?		X
4.	During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.		X
5.	During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If "yes," provide an attachment listing the name, address, and telephone number of the service provider.		X
6.	During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 10	X	
7.	During this reporting period, did the organization hold a raffle for charitable purposes? If "yes," provide an attachment indicating the number of raffles and the date(s) they occurred.		X
8.	Does the organization conduct a vehicle donation program? If "yes," provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.		X
9.	Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	X	

Organization's area code and telephone number 818-842-9333

Organization's e-mail address SHANNAWARRENBGC@AOL.COM

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

Signature of authorized officer	Printed Name	Title	Date

FORM RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS STATEMENT 9
PART B, LINE 1

THE EXECUTIVE DIRECTOR, SHANNA WARREN, IS A SALARIED EMPLOYEE WHO WAS PAID $ 135,000.00 IN THIS FISCAL YEAR.

FORM RRF-1 INFORMATION REGARDING GOVERNMENT FUNDING STATEMENT 10
PART B, LINE 6

COMMUNITY DEVELOPMENT BLOCK GRANT-CITY OF BURBANK, 141 N. GLENOAKS BLVD, BURBANK, CA 91502:CONTACT MARCOS GONZALEZ (818) 238-5160.
BURBANK UNIFIED SCHOOL DISTRICT, 1900 W. OLIVE AVE, BURBANK, CA 91502:CONTACT JAN BRITTS (818) 238-5160.
OFFICE OF JUSTICE, 1275 PEACHTREE STREET NE, ATLANTA, GA 30309-3506:CONTACT NAVERNE COKE (404)487-5844.