EXTENDED TO MAY 16, 2016

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

Comparison Co	Α_	For the	2014 calendar year, or tax year beginning JUL I, ZUI4 and	ending L	<u>J</u> UN 30, ∠015					
Doing business as Second State	В	Check if applicable			D Employer identifie	cation number				
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Burling Bur		Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite						
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Tax-exempt status:		pendin								
Website: ► WWW. BGCEURBANK.ORG High Group exemption number ►	$\overline{\Gamma}$	Tax-exe		or 527	7					
Part Summary 1					-					
Part Summary	K	Form of	organization: X Corporation Trust Association Other ▶	L Year						
TERNS AGE 6 TO 17 YRS OLD WHILLE BUILDING CHARACTER AND SELF-ESTEEM.		art I	Summary							
TERNS AGE 6 TO 17 YRS OLD WHILLE BUILDING CHARACTER AND SELF-ESTEEM.	О О	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ ${ t PI}$	ROVIDE	E PROGRAMS F	OR KIDS AND				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ů		TEENS AGE 6 TO 17 YRS OLD WHILE BUILDING	CHARA	ACTER AND SE	LF-ESTEEM.				
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	ř.	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of more	e than 25% of its net as					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Š	3	Number of voting members of the governing body (Part VI, line 1a)		3					
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	<u>ھ</u>									
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a) \dots							
B Net unrelated business taxable income from Form 990-T, line 34 Prior Year Current Year	Ξ	6	Total number of volunteers (estimate if necessary)		6					
Recomplete Rec	Act									
8 Contributions and grants (Part VIII, line 1h)		b	Net unrelated business taxable income from Form 990-T, line 34	·····						
9				-						
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses (Part IX, column (A), line 25) 10 Total assets (Part X, line 18) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total lassits 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. 24 Print/Type preparer's name 25 Robert Gabon 26 Preparer 27 Firm's name 28 JLK ROSENBERGER, LLP 29 Firm's address 301 N BRAND BLVD., SUITE 550 31 GLENDALE, CA 91203 20 Phone no. (818) 334-8623	ne	8								
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1.3) 14 Benefits paid to or for members (Part IX, column (A), lines 1.3) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 1e) 17 Other expenses (Part IX, column (A), line 1e) 18 Total expenses (Part IX, column (A), line 1e) 19 Revenue less expenses (Part IX, column (A), line 25) 10 Total assets (Part X, line 18) 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total lassits 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. 24 Print/Type preparer's name 25 Robert Gabon 26 Preparer 27 Firm's name 28 JLK ROSENBERGER, LLP 29 Firm's address 301 N BRAND BLVD., SUITE 550 31 GLENDALE, CA 91203 20 Phone no. (818) 334-8623	Ven	9								
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2231046	Be	10								
13 Grants and similar amounts paid (Part IX, column (A), lines 13) 0 .		1								
14 Benefits paid to or for members (Part IX, column (A), line 4) 0										
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1638752. 1833343. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0.										
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18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2292936. 2467431. 19 Revenue less expenses. Subtract line 18 from line 12 -61890. 118577. 20 Total assets (Part X, line 16) 653995. 626294. 21 Total liabilities (Part X, line 26) 114785. 110489. 22 Net assets or fund balances. Subtract line 21 from line 20 539210. 515805. 21 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.	û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		654184.	634088.				
19 Revenue less expenses. Subtract line 18 from line 12 -61890. 118577.					2292936.					
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GLENDALE, CA 91203 Phone no. (818) 334-8623										
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4d	Other program	services	(Describe in	Schedule	O.)
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2091461. Total program service expenses

including grants of \$

Form 990 (2014)

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	<u> </u>			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			l
	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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		Х
е	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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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 other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l _
	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	Х	
2 0a	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 or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	
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Form **990** (2014)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u></u>					
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable						
b							
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
	(gambling) winnings to prize winners?	1c					
2 a	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							
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)	_		37			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_			
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4-		Х			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a					
D	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
50		5a		Х			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	-50					
-	any contributions that were not tax deductible as charitable contributions?	6a		Х			
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).						
а	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				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
	If "Yes," indicate the number of Forms 8282 filed during the year			77			
е	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		Х			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.						
	Did the sponsoring organization make any taxable distributions under section 4966?	9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
	Section 501(c)(7) organizations. Enter:						
	Initiation fees and capital contributions included on Part VIII, line 12						
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities						
11	Section 501(c)(12) organizations. Enter:						
	Gross income from members or shareholders						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year						
	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
L	Note. See the instructions for additional information the organization must report on Schedule O.						
D	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						
_	Enter the amount of reserves on hand 13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
			990	(2014)			

Page 6

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 or note to any line in this Part VI					LX.	
Sec	tion A. Governing Body and Management						
			_		Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22				
	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	22				
2							
	officer, director, trustee, or key employee?			2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the	he direct sup	ervision				
	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	i?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?		5		X	
6	Did the organization have members or stockholders?			6		X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one o	r				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?			7b		X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	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 re	ached at the					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code	e.)				
			_		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 of	chapters, affili	iates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filin	g the form?	11a	Х		
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	Х		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?		12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe	e				
	in Schedule O how this was done			12c	Х		
13	Did the organization have a written whistleblower policy?			13	X		
14	Did the organization have a written document retention and destruction policy?			14		X	
15	Did the process for determining compensation of the following persons include a review and approve	al by indeper	ndent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?					
а	The organization's CEO, Executive Director, or top management official			15a	Х		
b	Other officers or key employees of the organization			15b	X		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement with a					
	taxable entity during the year?			16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		oation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anization's					
	exempt status with respect to such arrangements?			16b			
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►CA						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Section 50	11(c)(3)s only) a	vailab	le		
	for public inspection. Indicate how you made these available. Check all that apply.						
	Own website Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of inter	rest policy, and	finan	cial		
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's by	ooks and rec	ords:▶				
	MIRA SHAH, CONTROLLER - 818-842-9333						
	2244 N. BUENA VISTA STREET, BURBANK, CA 91504						

Page 7

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

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

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

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

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average hours per	box	not c , unle	Pos heck ss pe id a d	more rson i	than is bot	h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) TERRY WALKER	3.00	, ,			4			0	0	0
DIRECTOR	3.00	Х						0.	0.	0.
(2) DENIS CREMINS	3.00	X						0.	0.	0.
OIRECTOR (3) GARETT CHIPMAN	3.00	Δ						0.	0.	0.
DIRECTOR	3.00	х						0.	0.	0.
(4) MICHAEL DRAGAN	3.00									
DIRECTOR		Х						0.	0.	0.
(5) JOAN ORTIZ	3.00									
DIRECTOR		Х						0.	0.	0.
(6) RON DAVIS	3.00									
DIRECTOR		Х						0.	0.	0.
(7) BRIAN O'ROURKE	3.00									
DIRECTOR		Х						0.	0.	0.
(8) MICHELLE BOUSE	3.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) MICHAEL WALBRECHT	3.00	l								
DIRECTOR		Х						0.	0.	0.
(10) DAN STILLWELL	3.00	ļ		l					•	•
VICE PRESIDENT	2 00	Х		Х				0.	0.	0.
(11) AL SHAPIRO	3.00	,,							0	0
DIRECTOR	2 00	Х						0.	0.	0.
(12) DAVE AUGUSTINE	3.00	X							0	0
DIRECTOR CORPLAND	3.00	^						0.	0.	0.
(13) LORRIE COPELAND	3.00	X		х				0.	0.	0.
PRESIDENT (14) LEENA MATHEW	3.00	^		^				0.	0.	0.
DIRECTOR	3.00	X						0.	0.	0.
(15) SHERINE SAAD	3.00							0.	0.	
IMMEDIATE PAST PRESIDENT	3.00	x		х				0.	0.	0.
(16) SALLY KNUTSON	3.00		\vdash	<u> </u>		\vdash		-	J.	<u> </u>
TREASURER	3,30	x		x				0.	0.	0.
(17) LYNN WHITE SHELBY	3.00									<u></u>
PARLIMENTARIAN		x		x				0.	0.	0.
432007 11-07-14	<u> </u>	_	_	_	_				Ţ.	Form 990 (2014)

432007 11-07-14

Form **990** (2014)

95-4485745 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (B) (A) (F) (D) (E) Position Average Name and title Reportable Reportable Estimated (do not check more than one hours per compensation compensation amount of box, unless person is both an officer and a director/trustee week from from related other (list any organizations the compensation hours for organization (W-2/1099-MISC) from the ndividual trustee or related nstitutional trustee (W-2/1099-MISC) organization organizations and related below organizations line) 3.00 (18) RIAD SLEIMAN 0. 0. 0. DIRECTOR (19) SUSAN KIM 3.00 X 0 0. 0. DIRECTOR 3.00 (20) MATHEW POAGE 0 X 0 0. DIRECTOR $3.\overline{00}$ (21) JOE SANTOS X 0 0. DIRECTOR 0. 3.00 (22) BRET HANNIFIN 0 0 DIRECTOR Х Ο. 40.00 (23) SHANNA WARREN X 146500 0. 0. EXECUTIVE DIRECTOR 146500. 0. 0. 1b Sub-total 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 146500. d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 1 compensation from the organization Yes No 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 X 3 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 Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person **Section B. Independent Contractors** 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. (C) (A) (B) Name and business address NONE Description of services Compensation

Form **990** (2014)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC. Form 990 (2014) Part VIII Statement of Revenue

		Check if Schedule O contains a r	esponse	or note to any lin	e in this Part VIII			
			·		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ŀ	Membership dues	1b					
S, ((Fundraising events	1c	350577.				
Gift lar	(Related organizations	1d					
imi	•	Government grants (contributions)	1e	125757.				
z i	f	All other contributions, gifts, grants, and						
ig i		similar amounts not included above	1f	838520.				
d O	Ç	Noncash contributions included in lines 1a-1f: \$		123007.				
<u>8</u> 6	ŀ	Total. Add lines 1a-1f		>	1314854.			
			Business Code					
9	2 a	PROGRAM SERVICE		900099	1275536.	1275536.		
Program Service Revenue	ŀ							
Sch	(
ev ev	(d						
og	•	—						
ه ا	f	All other program service revenue						
	Ç	Total. Add lines 2a-2f			1275536.			
	3	Investment income (including divider			10505			10505
		other similar amounts)			10585.			10585
	4	Income from investment of tax-exem	-					
	5	Royalties						
			Real	(ii) Personal				
	6 a							
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 8		curities	(ii) Other				
		assets other than inventory		4000.				
	t	Less: cost or other basis		3531.				
		and sales expenses		469.				
		Gain or (loss)			469.	469.		
		d Net gain or (loss)			403.	409.		
ne	8 8	 Gross income from fundraising event including \$ 350577. 	s (not					
Še		including \$350577 • contributions reported on line 1c). Se						
Re		, ,		11286.				
Other Reven		Part IV, line 18		47500				
ŏ∣		Less: direct expenses Net income or (loss) from fundraising			-36294.			-36294
		Gross income from gaming activities.			302310			30231
	5 6	Part IV, line 19		21070.				
		Less: direct expenses						
		Net income or (loss) from gaming act			20858.	20858.		
		Gross sales of inventory, less returns						
		and allowances						
	ŀ	Less: cost of goods sold						
		Net income or (loss) from sales of inv						
l		Miscellaneous Revenue	,	Business Code				
İ	11 a							
	ŀ							
	(
	(All other revenue						
		Total. Add lines 11a-11d		>				
40000	12	Total revenue. See instructions.		>	2586008.	1296863.	0.	
43200 11-07-	14							Form 990 (2014

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) Do not include amounts reported on lines 6b, Program service expenses Total expenses Fundraising Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 109200. 156000. 31200. 15600. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 1399787. 1227045. 102742. 70000. Other salaries and wages 7 Pension plan accruals and contributions (include 35914 30886 3232 1796. section 401(k) and 403(b) employer contributions) 7513. 124695. 106977. 10205. Other employee benefits 9 116947. 100574 10525. 5848. Payroll taxes 10 Fees for services (non-employees): 11 a Management Legal 2920. 2920. 2920. 8760. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 20785. 10885. 8436. 1464. Office expenses 13 14 Information technology Royalties 15 137832. 123052. 8875. 5905. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates _____ 21 48018. 40730. 3592. 3696. Depreciation, depletion, and amortization 22 25364. 21784. 2184. 1396. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 243135 193201. 49934. 0. MATERIALS MISCELLANEOUS EXPENSES 88982. 71763. 1882. 15337. WORKSHOPS & TRAINING 23511. 20193. 2024. 1294. d MEMBERSHIP & DUES 19353. 13903. 1014. 4436. 18348. 18348. e All other expenses 2467431 2091461 188831. 187139. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2014)

Check here

if following SOP 98-2 (ASC 958-720)

Part X | Balance Sheet

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	te to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		11760.	1	77028.	
	2	Savings and temporary cash investments			175000.	2	20000.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net	111437.	4	93264.		
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensations	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	1 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	I(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr)		6			
Assets	7	Notes and loans receivable, net				7	
Ř	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			15479.	9	38090.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	743839.			
	b	Less: accumulated depreciation	10b	526125.	166667.	10c	217714.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	173652.	12	180198.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	653995.	16	626294.
	17	Accounts payable and accrued expenses		91940.	17	97574.	
	18	Grants payable				18	4.004.
	19	Deferred revenue			22845.	19	12915.
	20	Tax-exempt bond liabilities	,,			20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to current and forme					
≣		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	3 17-24)	. Complete Part X of			
		Schedule D			114705	25	110400
	26	Total liabilities. Add lines 17 through 25			114785.	26	110489.
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🔼 and			
ces		complete lines 27 through 29, and lines 33 ar			200710		406222
<u>a</u>	27	Unrestricted net assets			388710. 150500.	27	486223. 29582.
Fund Balances	28	Temporarily restricted net assets			130300.	28	29302.
<u>n</u>	29					29	
		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
Š		and complete lines 30 through 34.					
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or ed				31	
Net Assets or	32	Retained earnings, endowment, accumulated in			539210.	32	<u> </u>
_	33	Total net assets or fund balances			653995.	33	515805. 626294.
	34	Total liabilities and net assets/fund balances			000990.	34	020294.

Form **990** (2014)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		860				
2	Total expenses (must equal Part IX, column (A), line 25)	2		674 185	_			
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		392				
5	Net unrealized gains (losses) on investments	5	_	210	64.			
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	-1	209	<u> 18.</u>			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	5	<u> 158</u>	05.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a			2a		Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch							
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle 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 requ							
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2014)			

432012 11-07-14

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 **2014**

Open to Public Inspection

Name of the organization

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

Employer identification number 95-4485745

Pa	rt I	Reason for Public (Charity Status (All organizations must co	omplete th	is part.) Se	ee instructions.			
he (organ	ization is not a private found	ation because it is: (For lines 1 through 11, o	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)(1	I)(A)(i).			
2		A school described in secti	on 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 organiz						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). (C		nego er armreren, om re	. o. opo.u					
6		A federal, state, or local gov	-	nental unit described in	section 17	70(h)(1)(A)	(v)			
	X	An organization that norma	-					nublic described in		
•		section 170(b)(1)(A)(vi). (Co	•	ilitiai part of its support i	ioiii a gov	Ciriiriciilai	unit of from the general	public described in		
8			•	(1)(A)(vi) (Complete Par	+ II \					
9	H	A community trust describe			A	oontributii	ana mambarahin fasa s	and areas resaints from		
9		An organization that norma	•	•			· · · · · · · · · · · · · · · · · · ·	•		
		activities related to its exen								
		income and unrelated busin		(less section 511 tax) tr	om busine	sses acqu	lired by the organization	aπer June 30, 1975.		
40		See section 509(a)(2). (Cor	• •	5 b . d . d d . f	(-1 0		20(-)(4)			
10		An organization organized a	•							
11		An organization organized a	•				· · · · · · · · · · · · · · · · · · ·			
		more publicly supported or	-					neck the box in		
		lines 11a through 11d that	* *			•				
а	L	Type I. A supporting orga	· ·							
		the supported organization	., .		a majority	of the dire	ctors or trustees of the s	supporting		
		organization. You must c	•							
b		Type II. A supporting org	· ·					-		
		control or management o			ame perso	ons that co	ontrol or manage the sup	pported		
	_	organization(s). You mus	- ·							
С		Type III functionally inte	-				• •	ed with,		
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.			
d			integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organi	zation(s)		
		that is not functionally int	egrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	iveness		
	_	requirement (see instructi	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Type I, Type II, Type III			
		functionally integrated, or								
f	Ente	r the number of supported o	organizations							
g		ride the following information		•	V: A I - H					
	(1	Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o listed i		(v) Amount of monetary	(vi) Amount of other support (see		
		organization		above or IRC section	governing o	document?	support (see Instructions)	Instructions)		
				(see instructions))	Yes	No	mon denone)	mondonono)		
- - -										

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC.

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	808777.	1056658.	1310360.	1154007.	1314854.	5644656.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	808777.	1056658.	1310360.	1154007.	1314854.	5644656.
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)						433922.
6	Public support. Subtract line 5 from line 4.						5210734.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	808777.	1056658.	1310360.	1154007.	1314854.	5644656.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	1845.	2504.	4412.	8199.	10585.	27545.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						5672201.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	5152817.
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stor	here					<u></u> ▶∟
	ction C. Computation of Publ						01 06
	Public support percentage for 2014 (I					14	91.86 %
	Public support percentage from 2013					15	91.54 %
16a	33 1/3% support test - 2014. If the o	•		•		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2013. If the o	•				•	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	ū					Ť
	and if the organization meets the "fac				-	-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the		•		•		
	organization meets the "facts-and-circ						
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	ınd see instruction	s ▶∟

Schedule A (Form 990 or 990-EZ) 2014

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.)

Se	ction A. Public Support	low, please com	piete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	\-, · · ·	(-,	(-,	(-, 25.5	(-,,	(-,
-	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	in an a sum day a setting 540						
1	Tax revenues levied for the organ						
4	ization's benefit and either paid to						
_							
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
K	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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support					1	
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
(Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thir	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organi	zation,
	check this box and stop here						>
Se	ction C. Computation of Public	Support Pe	ercentage				
15	Public support percentage for 2014 (lin	ne 8, column (f) d	divided by line 13, o	column (f))		15	%
16	Public support percentage from 2013	Schedule A, Part	t III, line 15			16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 201	4 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2014. If the o					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box an	-					
k	33 1/3% support tests - 2013. If the o						
	line 18 is not more than 33 1/3%, chec	•			•	·	
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
- Ga		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
Ioa		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	•		
	71 11 3 3		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
0				
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions	<u>).</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970. See instru	ictions. All
	other Type III non-functionally integrated supporting organizations must com	plete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally	integr	ated Type III supporting orga	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC.

Par	rt V Type III Non-Functionally Integrated	1 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	tion D - Distributions			,	Current Year
1	Amounts paid to supported organizations to accomplis	sh exe	empt purposes		
2	Amounts paid to perform activity that directly furthers	exem	ot purposes of supported		
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt po	urpos	es of supported organizatior	ns	
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval require	ed)			
6	Other distributions (describe in Part VI). See instruction	ns.			
7	Total annual distributions. Add lines 1 through 6.				
	Distributions to attentive supported organizations to whether the support of the	hich t	he organization is responsive		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2014 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
	,		(i)	(ii)	(iii)
			Excess Distributions	Underdistributions	Distributable
Secti	tion E - Distribution Allocations (see instructions)			Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2014				
	(reasonable cause required-see instructions)				
3	Excess distributions carryover, if any, to 2014:				
а					
b					
С					
d					
е	From 2013				
f	Total of lines 3a through e				
	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		7		
4	Distributions for 2014 from Section D,				
	line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2014 distributable amount				
С	Remainder. Subtract lines 4a and 4b from 4.				
	Remaining underdistributions for years prior to 2014, if				
	any. Subtract lines 3g and 4a from line 2 (if amount				
	greater than zero, see instructions).				
6	Remaining underdistributions for 2014. Subtract lines 3	3h			
	and 4b from line 1 (if amount greater than zero, see				
	instructions).				
7	Excess distributions carryover to 2015. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а					
b					
С					
d	Excess from 2013				
е	Excess from 2014				

Schedule A (Form 990 or 990-EZ) 2014

THE BOYS & GIRLS CLUB OF BURBANK AND

Schedule A	(Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC.	95-4485745 Page 8
Part VI	(Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC. Supplemental Information. Provide the explanations required by Part II, lin	ne 10; Part II, line 17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
_		

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2014

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
THE AHMANSON FOUNDATION	200000.	86556
WARNER BROS	147983.	34539
MACY'S	244159.	130715
WEINGART FOUNDATION	225000.	111556
AS&F	184000.	70556
	1	

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

OMB No. 1545-0047

Name of the organization

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

Employer identification number

95-4485745

Organization type (check one):						
Filers of:	:	Section:				
Form 990	or 990-EZ	\overline{X} 501(c)($\overline{3}$) (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				
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organizatior	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ruelty to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \bigsim \frac{1}{2} \\ \frac{1}{2}				

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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

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	ıl space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	BOYS AND GIRLS CLUB OF AMERICA 1275 PEACHTREE ST NE ATLANTA, GA 30309	\$141277 .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FREEMANTLE MEDIA NORTH AMERICA INC 4000 W. ALAMEDA AVE 3RD FLOOR BURBANK, CA 91505	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AS AND F 625 FAIR OAKS # 360 SOUTH PASADENA, CA 91030	\$ 65000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOYS AND GIRLS CLUB OF AMERICA-LA ALLIANCE 3939 ATLANTIC AVE SUITE 215 LONG BEACH, CA 90807	\$ 30000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	MACY'S P.O. BOX 7888 SAN FRANCISCO, CA 94188	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE AHMANSON FOUNDATION		Person X Payroll
	9215 WILSHIRE BLVD BEVERLY HILLS, CA 90210	\$50000.	Noncash (Complete Part II for noncash contributions.)
100150 11 0		Schedule B /Form	990 990-F7 or 990-PF\ (2014)

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	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	THE ANNENBERG FOUNDATION 2000 AVENUE OF THE STARS SUITE 1000 LOS ANGELES, CA 90067	\$ 50000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	COMMUNITY DEVELOPMENT BLOCK GRANT 150 N. THIRD STREET BURBANK, CA 91510	s100757.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	UNITED WAY 1150 S. OLIVE ST SUIT T 500 LOS ANGELES, CA 90015	\$34250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	WARNER BROS 4000 WARNER BLVD BLDG 137 BURBANK, CA 91522	\$ <u>41095.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	THE RALPH M. PARSONS FOUNDATION 888 W. 6TH STREET 7TH FLOOR LOS ANGELES, CA 90017	\$50000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
402450 11 0		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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 a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		\$	
		Ψ	
(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
-		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
—			
		\$	990, 990-EZ, or 990-PF) (

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Employer identification number Name of organization THE BOYS & GIRLS CLUB OF BURBANK AND 95-4485745 GREATER EAST VALLEY, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (<u>a)</u> No. `fŕom Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

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.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 95-4485745

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Pai		ganization answered "Yes" to Form 990, P	
1	Purpose(s) of conservation easements held by the organizati	·	· · · · · · · · · · · · · · · · · · ·
	Preservation of land for public use (e.g., recreation or e	`	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	, ,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rel		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat		
	conservation easements.		
Pai	rt III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheral	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	•	71
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treations		
-	the following amounts required to be reported under SFAS 1		· · · · · · · · · · · · · · · · · · ·
а	Revenue included in Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

Pai	t III Organizations Maintaining Co	llections of Ar	t, Historical Tr	easures, or Oth	er Similar A	ssets(continued)				
3	Using the organization's acquisition, accession	, and other records	s, check any of the	following that are a	significant use o	of its collection items				
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	е	Other							
С	c Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5	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									
Pai	t IV Escrow and Custodial Arrange									
	reported an amount on Form 990, Part	K, line 21.								
1a	Is the organization an agent, trustee, custodian	or other intermedi	ary for contribution	s or other assets no	t included					
	on Form 990, Part X?					Yes No				
b	If "Yes," explain the arrangement in Part XIII an									
						Amount				
С	Beginning balance				1c					
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Form					Yes No				
b	If "Yes," explain the arrangement in Part XIII. C	heck here if the ex	planation has been	provided in Part XII	l					
Pai	t V Endowment Funds. Complete if the	ne organization ans	swered "Yes" to Fo	rm 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	113688.	100337.	91887.						
b	Contributions			702.	85	526.				
С	Net investment earnings, gains, and losses	1596.	15324.	9583.	7(585.				
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs									
f	Administrative expenses	2101.	1973.	1835.	1:	324.				
	End of year balance	113183.	113688.	100337.	918	387.				
2	Provide the estimated percentage of the currer	nt year end balance	e (line 1g, column (a	a)) held as:						
а	Board designated or quasi-endowment	100.00	%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶									
	The percentages in lines 2a, 2b, and 2c should	equal 100%.								
За	Are there endowment funds not in the possess	ion of the organiza	tion that are held a	nd administered for	the organization	ı				
	by:					Yes No				
	(i) unrelated organizations					3a(i) X				
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations li	sted as required or	Schedule R?			3b				
4	Describe in Part XIII the intended uses of the o									
Pai	t VI Land, Buildings, and Equipme	nt.								
	Complete if the organization answered '	Yes" to Form 990,	Part IV, line 11a. S	ee Form 990, Part X	, line 10.					
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Book value				
		basis (investm	ent) basis	(other) de	epreciation					
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment									
	Other		7	43839.	526125.	217714.				
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990, Part	X, column (B), line 1	0c.)	>	217714.				

Schedule D (Form 990) 2014

Schedule I	D (Form 990) 2014 $\qquad \qquad	ST VALLEY, INC	• 95	-4485745 Page 3
	Investments - Other Securities.			
	Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Descr	iption of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financ	cial derivatives			
(2) Closel	y-held equity interests			
(3) Other				
	NDOWMENT FUND	113183.	END-OF-YEAR MARKET	' VALUE
(-)	UBLICLY TRADED STOCKS &			
(C) B	ONDS	67015.	END-OF-YEAR MARKET	' VALUE
(D)				
(E)				
(F)				
(G)				
(H)				
	(b) must equal Form 990, Part X, col. (B) line 12.)	180198.		
Part VI	II Investments - Program Related.			
	Complete if the organization answered "Yes"			
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	_			
	Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	1 (1) 5
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	1 (h)	- 45)		
Part X	lumn (b) must equal Form 990, Part X, col. (B) lin	le 15.)	>	
FaitA		to Form 000 Dort IV line 1	I a av 11f Caa Farm 000 Part V line 05	
	Complete if the organization answered "Yes" (a) Description of liability		(b) Book value).
1.			b) Book value	
	ederal income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7) (8)				
(0)		I		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2014

(9)

Pai	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2684124.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-21064.		
b	Donated services and use of facilities	2b	119180.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	98116.
3	Subtract line 2e from line 1			3	2586008.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			•
С	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	2586008.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		ı Expenses per	Returr	1.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12				2506611
1	Total expenses and losses per audited financial statements			1	2586611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	4 1	110100		
а			119180.		
b	• • • • • • • • • • • • • • • • • • • •				
C					
d	,				119180.
_	Add lines 2a through 2d			2e	2467431.
3	Subtract line 2e from line 1			3	240/431•
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.4.1			
a	, , , , , , , , , , , , , , , , , , , ,				
	Other (Describe in Part XIII.)				•
				1 4 - 1	()
_	Add lines 4a and 4b Total expenses, Add lines 2 and 4a. (This must equal Form 900, Part I, line 19)			4c	0. 2467431
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c 5	2467431.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	art IV, lines 1b	and 2b; Part V, line	5	2467431.

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990.

THE BOYS & GIRLS CLUB OF BURBANK AND Emplo

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Employer identification number 95-4485745

Part I Fundraising Activities. required to complete this par	 Complete if the organization answer t. 	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations								
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization		
		Yes	No					
		N						
「otal			•					
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		
		_						

432081 08-28-14

30

Schedule G (Form 990 or 990-EZ) 2014

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

Schedule G (Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC. 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 gre	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BACK-A-YOUTH		(add col. (a) through
			DINNER DANCE	FUNDRAISER	4	col. (c))
<u>e</u>			(event type)	(event type)	(total number)	coi. (cj)
Revenue	1	Gross receipts	196909.	115301.	49653.	361863.
	2	Less: Contributions	185623.	115301.	49653.	350577.
	3	Gross income (line 1 minus line 2)	11286.			11286.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages	21872.			21872.
	8	Entertainment				
	9	Other direct expenses	10010	263.	6497.	25708.
	10	Direct expense summary. Add lines 4 through			>	47580.
		Net income summary. Subtract line 10 from li				-36294.
Pa	ırt l	Gaming. Complete if the organization	answered "Yes" to Form	990, Part IV, line 19, or I	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1	Gross revenue			21070.	21070.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses			212.	212.
		·	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	X No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	212.
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	20858.
			_	_		
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No
b	lf "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes X No
		Yes," explain:				·
	_					
43208	32 08	8-28-14			Schedule G (For	rm 990 or 990-EZ) 2014

THE BOYS & GIRLS CLUB OF BURBANK AND

Sch	edule G (Form 990 or 990-EZ) 2014 GREATER EAST VALLEY, INC. 95-	-4485	745	Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	X No
	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	X No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	o An outside facility			/ 6
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	X No
b	o 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			
·	vetain the state gaming license?		Yes	X No
h	• 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 > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part II	I. lines 9.	9b. 10)b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	, ,	,	,,
	, , , , , , , , , , , , , , , , , , , ,			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

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

Employer identification number 95-4485745

Pai	rt 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	Method of noncash contri		-	 3
1	Art - Works of art			, , , , , , , , , , , , , , , , , , ,				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	19541.				
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 22	Taxidermy							
23	Historical artifacts Scientific specimens							
24	Archeological artifacts							
25	Other (MATERIALS & S)	Х	300	103466.	CURRENT MA	RKET	RA	TES
26	Other ()							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organi	zation durin	g the tax year for c	contributions				
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement 29				
						. \	es/	No
30a	During the year, did the organization receive b	y contributio	on any property rep	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least three years from the date	e of the initia	al contribution, and	d 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 r	equires the review	of any non-standard contrib	utions?	. 31		_X_
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					. 32a		<u> </u>
b	If "Yes," describe in Part II.							
33	If the organization did not report an amount in	column (c) 1	for a type of prope	rty for which column (a) is ch	ecked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2014)

THE BOYS & GIRLS CLUB OF BURBANK AND

Schedule M	(Form 990) (2014)	GREATER	EAST	VALLEY,	INC.	95-4485745	Page 2
Part II	Supplemental	Information	Drovido	the information	required by Part I, lines 30b, 32b, and 3 s, the number of items received, or a cor	3, and whether the organiza mbination of both. Also com	tion

432142 08-12-14

SCHEDULE 0

Department of the Treasury

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

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

Employer identification number 95-4485745

Name of the organization

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

FORM 990, PART VI, SECTION A, LINE 2:

AL SHAPIRO AND DAN STILLWELL, ARE FATHER AND SON AND BOTH OF THEM ARE CURRENT DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 11:

EACH OF THE BOARD MEMBERS RECEIVES A COPY OF THE FORM 990 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.

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

Schedule O (Form 990 or 990-EZ) (2014)

Asset No.	Description	Date Acquir		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	0131	94	SL	5.00	16	226.			226.	226.		0.
2	BUILDING RENOVATION	0601	94	SL	7.00	16	17577.			17577.	17577.		0.
3	BUILDING RENOVATION	0701	95	SL	7.00	16	27797.			27797.	27797.		0.
	BUILDING RENOVATION	0731	95	SL	7.00	16	165.	·		165.	165.		0.
	ARTS & CRAFTS RENOVATION	0101	99	SL	7.00	16	18600.			18600.	18600.		0.
6	OFFICE RENOVATION	0516	01	SL	7.00	16	15000.			15000.	15000.		0.
7	OFFICE RENOVATION	0516	01	SL	7.00	16	1057.			1057.	1057.		0.
8	MOBILE MODULAR	0401	02	SL	20.00	16	65021.			65021.	39841.		3251.
9	PLUMBING MODULAR	0401	02	SL	20.00	16	5590.			5590.	3428.		280.
10	PLUMBING MODULAR	0528	02	SL	20.00	16	800.			800.	483.		40.
11	PERMITS - MODULAR	0530	02	SL	20.00	16	1104.			1104.	665.		55.
		0228	02	SL	7.00	16	500.			500.	499.		0.
	TREES, BUSHES & FENCE	0626	02	SL	7.00	16	6300.			6300.	6300.		0.
14	BLDG RENOVATION	0801	02	SL	7.00	16	5000.			5000.	5000.		0.
52	AIR CONDITIONING	0101	.08	SL	7.00	16	51137.			51137.	47483.		3654.
53	NEW DOORS	0401	09	SL	5.00	16	4375.			4375.	4375.		0.
54	FIELD RE-PAVEMENT	0601	09	SL	5.00	16	6000.			6000.	6000.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquii		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	0601	09	SL	5.00	16	10000.			10000.	10000.		0.
56	MURAL	0601	09	SL	5.00	16	498.			498.	500.		0.
70	A/C RENOVATIONS	0801	09	SL	5.00	16	857.			857.	841.		16.
71	NEW PIPES	1231	09	SL	5.00	16	920.			920.	828.		92.
		0601	10	SL	5.00	16	490.			490.	400.		90.
93		1101	11	SL	7.00	16	13980.			13980.	5325.		1997.
94		1101	11	SL	7.00	16	3196.			3196.	1218.		457.
95		1101	11	SL	7.00	16	8921.			8921.	3398.		1274.
96		0 4 3 0	12	SL	7.00	16	29500.			29500.	9130.		4214.
	ARTSCIENCE RENOVATION	0101	14	SL	5.00	16	5155.			5155.	516.		1031.
117	EDISON BUNGALOW	0619	14	SL	20.00	16	20000.			20000.			1000.
	EDISON BUNGALOW IMPROVEMENTS	0801	14	SL	20.00	16	85681.			85681.			4284.
125	BUILDING LETTERING	0501	15	SL	5.00	16	2000.			2000.			67.
126	SHADE AWNINGS	1004	14	SL	7.00	16	10311.			10311.			2494.
	* 990 PAGE 10 TOTAL - BUILDING RENOVAT	П					417758.		0.	417758.	226652.	0.	24296.
	VEHICLES												
15	1999 FORD VAN	1101	98	SL	5.00	16	30821.			30821.	30821.		0.
16	FORD ECONOLINE VAN	0819	99	SL	5.00	16	31468.			31468.	31468.		0.

⁽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
73	VAN REPAIRS	100109	SL	5.00	16	1613.			1613.	1534.		79.
74	VAN REPAIRS	060110	SL	5.00	16	743.			743.	608.		135.
76	VAN REPAIRS	041511	SL	5.00	16	961.			961.	616.		192.
77	VAN REPAIRS	062811	SL	5.00	16	1070.			1070.	642.		214.
97	VAN REPAIRS	081011	SL	5.00	16	703.			703.	408.		141.
98	VAN REPAIRS	102611	SL	5.00	16	515.			515.	275.		103.
99	VAN REPAIRS	010912	SL	5.00	16	749.			749.	372.		150.
100	VAN REPAIRS	042512	SL	5.00	16	789.			789.	346.		158.
101	VAN REPAIRS	061512	SL	5.00	16	775.			775.	316.		155.
102	VAN REPAIRS	061212	SL	5.00	16	675.			675.	276.		135.
111	SHUTTLE VAN #1	060113	SL	5.00	16	12098.			12098.	2621.		2422.
112	SHUTTLE VAN #2	060113	SL	5.00	16	13065.			13065.	2831.		2613.
129		070114	SL	5.00	16	99.			99.			20.
	* 990 PAGE 10 TOTAL - VEHICLES					96144.		0.	96144.	73134.	0.	6517.
	SPORTS ACTIVITY EQUIPMENT											
17		093093	SL	5.00	16	2662.			2662.	2662.		0.
	SPORTS ACTIVITY EQUIPMENT	103193	SL	5.00	16	901.			901.	901.		0.
19	TOURNAMENT BOARD	101393	SL	5.00	16	214.			214.	214.		0.

⁽D) - Asset disposed

Asset No.	Description	Dat Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
20	MICRO Z BY JARED	0331	94	SL	5.00	16	2003.			2003.	2003.		0.
21	SEARS POOL TABLE	0430	94	SL	5.00	16	392.			392.	392.		0.
22	SEARS POOL SUPPLY	0430	94	SL	5.00	16	314.			314.	314.		0.
23	ACME BILLIARD TABLE	0831	95	SL	5.00	16	895.			895.	895.		0.
24	DW TEAM SPORT EQUIP	0831	95	SL	5.00	16	857.			857.	857.		0.
25	SPORTTIME EQUIPMENT	0831	95	SL	5.00	16	92.			92.	92.		0.
		0731	97	SL	5.00	16	1111.			1111.	1111.		0.
	SPORTS ACTIVITY EQUIPMENT	0731	97	SL	5.00	16	10192.			10192.	10192.		0.
_		0731	97	SL	5.00	16	299.			299.	299.		0.
	SPORTS ACTIVITY EQUIPMENT	0630	01	SL	5.00	16	1000.			1000.	1000.		0.
30	POOL TABLES	0109	02	SL	5.00	16	1000.			1000.	1000.		0.
		0419	02	SL	5.00	16	1050.			1050.	1050.		0.
	SPORTS ACTIVITY EQUIPMENT	0701	0 8	SL	5.00	16	1500.			1500.	1500.		0.
58	BASKETBALL HOOP	1201	0 8	SL	5.00	16	1029.			1029.	1030.		0.
59		0301	0 9	SL	5.00	16	86.			86.	86.		0.
60		0501	09	SL	5.00	16	568.			568.	570.		0.
		0501	09	SL	5.00	16	151.			151.	150.		0.
	AIR HOCKEY TABLE & ROUTER	0601	09	SL	5.00	16	750.			750.	751.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acqui		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
87	POOL TABLE	0415	11	SL	5.00	16	5000.			5000.	3208.		1000.
114	SPORT COURT	0820	12	SL	5.00	16	15000.			15000.	5500.		3000.
115		0820	12	SL	5.00	16	6000.			6000.	2200.		1200.
	* 990 PAGE 10 TOTAL - SPORTS ACTIVITY						53066.		0.	53066.	37977.	0.	5200.
	COMPUTER EQUIPMENT												
32	COMPUTERS	0228	96	SL	5.00	16	5235.			5235.	5235.		0.
33	COMPUTER SOFTWARE	0731	97	SL	5.00	16	3783.			3783.	3783.		0.
34	COMPUTERS	0731	97	SL	5.00	16	3765.			3765.	3765.		0.
		1130	0 0	SL	5.00	16	2738.			2738.	2738.		0.
	LEARNING CENTER FURNITURE	0303	02	SL	5.00	16	4000.			4000.	4000.		0.
		0522	02	SL	5.00	16	10000.			10000.	10000.		0.
	10 IBM WIRELESS COMPUTETS	0701	02	SL	5.00	16	30900.			30900.	30900.		0.
69	TECH LAB COMPUTER	0901	09	SL	5.00	16	549.			549.	532.		17.
78	HP DESKTOP PC'S	0404	11	SL	5.00	16	9800.			9800.	6370.		1960.
		0404	11	SL	5.00	16	2600.			2600.	1690.		520.
80		0404	11	SL	5.00	16	300.			300.	195.		60.
	LYNKSYS WIRELESS ROUTER	0404	11	SL	5.00	16	80.			80.	52.		16.
82	HP DESKTOP PC'S	0428	11	SL	5.00	16	7840.			7840.	4965.		1568.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquii		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	16 HP MONITORS MICROSOFT COMPUTER	0428	11	SL	5.00	16	2080.			2080.	1317.		416.
		0428	11	SL	3.00	16	20640.			20640.	20640.		0.
85	MICROSOFT X BOX	0429	11	SL	5.00	16	4200.			4200.	2660.		840.
103	LAMINATING MACHINE	0920	11	SL	5.00	16	199.			199.	111.		40.
104	LAPTOP BATTERY	1130	11	SL	5.00	16	96.			96.	49.		19.
105	DEFIBRILLATOR	0625	12	SL	10.00	16	2368.			2368.	474.		237.
118	VIDEO CAMERA	0206	14	SL	5.00	16	1023.		•	1023.	68.		205.
119	APPLE COMPUTER	0224	14	SL	5.00	16	1092.			1092.	73.		218.
120	APPLE COMPUTER	0224	14	SL	5.00	16	1092.			1092.	73.		218.
121	(D)2 IMAC COMPUTERS	0617	14	SL	5.00	16	3531.			3531.			0.
128		0814	14	SL	5.00	16	1187.			1187.			238.
	* 990 PAGE 10 TOTAL - COMPUTER EQUIPME						119098.		0.	119098.	99690.	0.	6572.
	FURNITURE & EQUIPMENT												
39	OFFICE FURNITURE	0331	94	SL	5.00	16	592.			592.	592.		0.
40	FAX MACHINE	0831	95	SL	5.00	16	271.			271.	271.		0.
41	PRINTER	0831	95	SL	5.00	16	503.			503.	503.		0.
42	OFFICE COMPUTER	0731	95	SL	5.00	16	918.			918.	918.		0.
43	COMPUTER	0930	99	SL	5.00	16	839.			839.	839.		0.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquir	ed	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
44	AIR CONDITIONER	0930	99	SL	5.00	16	942.			942.	942.		0.
45	OSH AIR CONDITIONER	0614	01	SL	5.00	16	313.			313.	313.		0.
		0630	01	SL	5.00	16	2000.			2000.	2000.		0.
	DONOR PERFECT SOFTWARE	0630	02	SL	5.00	16	4366.			4366.	4366.		0.
48	CANON 400V COPIER	0404	05	SL	5.00	16	5954.			5954.	5954.		0.
49	TELEPHONE EQUIPMENT	0701	.05	SL	7.00	16	3624.			3624.	3624.		0.
50	COMPUTERS	0501	07	SL	5.00	16	6062.			6062.	6062.		0.
51	FURNITURE	0301	.07	SL	5.00	16	1664.			1664.	1664.		0.
63	LUNCH TABLES	0701	08	SL	5.00	16	1982.			1982.	1982.		0.
64	LUNCH TABLES	0701	.08	SL	5.00	16	1982.			1982.	1982.		0.
65	LAPTOP	0401	09	SL	5.00	16	834.			834.	834.		0.
66	COMPUTER	0801	.09	SL	5.00	16	840.			840.	826.		14.
67	LAPTOP	0901	09	SL	5.00	16	685.			685.	662.		23.
86	OFFICE PHONE	0830	10	SL	5.00	16	129.			129.	100.		26.
106	TECH LAB FURNITURE	0919	11	SL	5.00	16	502.			502.	280.		100.
107	IPAD	0119	12	SL	5.00	16	622.			622.	305.		124.
108	SHEDS	0430	12	SL	5.00	16	1500.			1500.	650.		300.
109	COMPUTER EQUIPMENT	0606	12	SL	5.00	16	87.			87.	35.		17.

⁽D) - Asset disposed

^{*} ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Da [:] Acqu	te ired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
110	XEROX COPIER	112	211	SL	5.00	16	5000.			5000.	2604.		1000.
113	CANON COPIER	092	12	SL	5.00	16	2500.			2500.	875.		500.
		010:	114	SL	5.00	16	11341.			11341.	1134.		2268.
123	CHAIRS, COUCHES & TABLES	081	113	SL	5.00	16	1835.			1835.	336.		367.
		0908	314	SL	5.00	16	3417.	·		3417.			694.
	* 990 PAGE 10 TOTAL - FURNITURE & EQUI						61304.		0.	61304.	40653.	0.	5433.
	* GRAND TOTAL 990 PAGE 10 DEPR						747370.		0.	747370.	478106.	0.	48018.

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

990

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562

| Business or activity to which this form relates

Identifying number

	E BOYS & GIRLS CLUB		NK AND					
	EATER EAST VALLEY, I					AGE 10		95-4485745
Par	t I Election To Expense Certain Proper	ty Under Section 1	79 Note: If you have	any listed	property, c	omplete Part	V before yo	-
1 N	Maximum amount (see instructions)						1	500000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)					
3 T	hreshold cost of section 179 property	before reduction	in limitation				3	2000000.
4 R	leduction in limitation. Subtract line 3 f	rom line 2. If zero	or less, enter -0-				4	
5 D	ollar limitation for tax year. Subtract line 4 from line	1. If zero or less, enter	-0 If married filing separ	ately, see inst	uctions		5	
6	(a) Description of pro	perty	(b) Co	ost (business u	se only)	(c) Elected	l cost	
7 L	isted property. Enter the amount from	line 29			. 7			
8 T	otal elected cost of section 179 prope	rty. Add amounts	in column (c), lines	6 and 7			8	
	entative deduction. Enter the smaller							
10 C	Carryover of disallowed deduction from	line 13 of your 20	013 Form 4562				10	
	susiness income limitation. Enter the sr							
	ection 179 expense deduction. Add lir							
	carryover of disallowed deduction to 20							
_	Do not use Part II or Part III below for				•			
Par	t II Special Depreciation Allowar	nce and Other D	epreciation (Do no	t include li	sted prope	rty.)		
14 S	special depreciation allowance for quali	fied property (oth	er than listed prop	erty) place	d in service	during		
th	ne tax year						14	
15 P	Property subject to section 168(f)(1) ele							
								48018.
Par	t III MACRS Depreciation (Do not							
			Section A	A				
17 N	ACRS deductions for assets placed in	n service in tax ye	ars beginning befo	re 2014			17	
18 If	you are electing to group any assets placed in servi	ice during the tax year	into one or more general a	asset accounts	, check here .	▶ □		
	Section B - Assets						tion Syste	em
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreci (business/investmer only - see instruction	nt use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
e	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
	Desidential weeks!	/			27.5 yrs.	MM	S/L	
h	Residential rental property	,			27.5 yrs.	ММ	S/L	

	Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System												
20a	Class life						S/L						
b	12-year				12 yrs.		S/L						
С	40-year		/		40 yrs.	MM	S/L						

Summary (See instructions.)

Nonresidential real property

i

21 Listed property. Enter amount from line 28 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

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

> LHA For Paperwork Reduction Act Notice, see separate instructions. 38

Form 4562 (2014)

48018.

23

39 yrs.

S/L

S/L

21

MM

MM

Form 4562 (2014)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V

recreation, or amusement.)

	through (c) of S	Section A, all	of Section B, an	nd Section C if app	olicable.	cing lease	е ехрепъе,	comp	eleonly 24a, 22	FD, COIUIT	1115 (a)		
	Section A -	Depreciation	on and Other In	formation (Cauti	on: See the instruc	tions for li	mits for pa	sseng	er automobiles.)				
24a	Do you have evidence to s	upport the bu	siness/investment	use claimed?	Yes No	24 b If "Y	es," is the	evider	nce 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) Metho Conven	od/	(h) Depreciation deduction	Elec section co	n 179		
25	Special depreciation allo	wance for q	ualified listed pro	operty placed in s	ervice during the t	ax year an	d						
	used more than 50% in	a qualified b	usiness use					25					
26	Property used more that	n 50% in a c	ualified business	s use:									
		: :	%										
		: :	; ; % ; ; %										
		: :	%										
27	Property used 50% or le	ess in a quali	fied business us	e:									
		: :	%				S/L -						
		: :	%				S/L -						
		: :	%				S/L -						
28	Add amounts in column	(h), lines 25	through 27. Ente	er here and on line	e 21, page 1			28					
29	Add amounts in column	(i), line 26. E	nter here and or	n line 7, page 1	A.				29				
					tion on Use of Vel								
Con	nplete this section for ve	hicles used	by a sole proprie	etor, partner, or ot	her "more than 5%	owner," o	or related p	oerson	. If you provided	d vehicles	3		
to y	our employees, first ans	wer the ques	stions in Section	C to see if you m	eet an exception to	completi	ng this sed	ction fo	or those vehicles	3.			

30 Total business/investment miles driven durin year (do not include commuting miles)	g the Ve	(a) ehicle	(I Veh	o) nicle	(d Veh	•	Veh	•	(€ Veh	•	(1 Veh	f) icle
31 Total commuting miles driven during the32 Total other personal (noncommuting) mdriven	e year											
33 Total miles driven during the year.Add lines 30 through 3234 Was the vehicle available for personal uduring off-duty hours?	sse Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a mo	re											

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.

37	Do you maintain a written policy statement that p	rohibits all p	personal use of vehicles,	including commuti	ng, by your		Yes	No	
	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	9 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.								
P	art VI Amortization			_	_				
	(a) Description of costs	(b)	(c) Amortizable	(d) Code	(e)	(· Amort	f) ization		

Part VI Amortization											
(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percenta	(f) Amortization for this year						
42 Amortization of costs that begins during your 2014 tax year:											
	: :										
	: :										
43 Amortization of costs that began before your 2	4	3									
44 Total. Add amounts in column (f). See the inst	4	4									

Form 4562 (2014) 416252 01-08-15