EXTENDED TO MAY 16, 2022

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

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	or the	<u>2020 calendar year, or tax year beginning </u>	nding J	UN 30, 2021	
В	Check if applicable	C Name of organization THE BOYS & GIRLS CLUB OF BURBANK AND		D Employer identific	cation number
X	Address change				
	Name change	Doing business as		95-44857	45
	Initial return		oom/suite	E Telephone number	r
	Final return/	300 E. ANGELENO AVE		818-842-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	7439734.
	Amende return			H(a) Is this a group re	eturn
	Applica tion	F Name and address of principal officer: FAOD ILLICITATI			? Yes X No
	pending	SAME AS C ABOVE		H(b) Are all subordinates in	
Τ.	Гах-ехе	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527		list. See instructions
J	Website	www.bgcburbank.org		H(c) Group exemption	n number 🕨
K	orm of o	organization: X Corporation Trust Association Other	L Year o	of formation: 1992 N	1 State of legal domicile: CA
Pa		Summary			
ο	1 E	Briefly describe the organization's mission or most significant activities: ${ t TO}$ PRC	OVIDE	PROGRAMS F	OR KIDS AND
& Governance]	TEENS AGE 6 TO 17 YRS OLD WHILE BUILDING $\overline{0}$	CHARA	CTER AND SE	LF-ESTEEM.
ž	2	Check this box if the organization discontinued its operations or disposed	d of more	than 25% of its net as	
ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	25
<u>ه</u>	4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	25
es	5 1	otal number of individuals employed in calendar year 2020 (Part V, line 2a)		5	158
ΖĖ	6 7	otal number of volunteers (estimate if necessary)		6	100
Activities	7a ⊺	otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	۱d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8 (Contributions and grants (Part VIII, line 1h)		1090579.	5320939.
enr	1	Program service revenue (Part VIII, line 2g)		2050462.	2114754.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		24888.	-12965.
_	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-13397.	-5641.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3152532.	7417087.
	13 (Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
es	15 5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		2552894.	2552691.
Expenses	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)	📙	0.	0.
Ϋ́	b⊺	otal fundraising expenses (Part IX, column (D), line 25) 337509	9.	006550	00000
ш	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		826758.	900030.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3379652.	3452721.
	19 F	Revenue less expenses. Subtract line 18 from line 12		-227120.	3964366.
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year
ssel 3ala	20 ⊺	otal assets (Part X, line 16)		2423280.	9003802.
et A	21 1	otal liabilities (Part X, line 26)		709137.	3558673. 5445129.
	22 N	Net assets or fund balances. Subtract line 21 from line 20		1714143.	3443129.
		Signature Block ties of perjury, I declare that I have examined this return, including accompanying schedules a	and atatam	anta and to the heat of m	/ knowledge and balisf it is
		, and complete. Declare that i have examined this return, including accompanying schedules a			y Kilowieuge allu bellet, it is
uuc	, сопесі	Share Warre	ii preparei		
C:~	_	Signature of officer		05/10/2022 Date	
Sig		SHANNA WARREN, EXECUTIVE DIRECTOR		2410	
Hei	e	Type or print name and title			
	+	Print/Type preparer's name Preparer's signature	I D	ate Check	PTIN
Pai		ROBERT GABON ROBERT GABON		5/04/22 if self-employe	
	-	Firm's name JLK ROSENBERGER, LLP		Firm's EIN	27-1532099
		Firm's address 801 N BRAND BLVD., SUITE 550		THIIISEIN	
200	,	GLENDALE, CA 91203		Phone no (8	18) 334-8623
Mar	tho ID	S discuss this return with the preparer shown above? See instructions		Ti none no. (O	X Ves No

Other program services (Describe on Schedule O.)

2787514. Total program service expenses

including grants of \$

Form **990** (2020)

95-4485745

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	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,			l
	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			l
	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 donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	l	v	
	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	444		x
•	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	-21	_
'	the organization's separate of 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
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or 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,			
	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	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued)

	entertained or required contained portained			
00	Did the examination report more than \$5,000 of grants or other assistance to or for demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
2 4a	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	 		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		1
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
-	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			_V
00	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
a	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			Х
22	Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
٠.	Part V, line 1	34		x
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			_v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	Note: All Form 990 filers are required to complete Schedule O	_ 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			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		

Form 990 (2020) GREATER EAST VALLEY, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	t t ctatements riegaraning care into timings and tax compliance (continued)								
			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 158		37						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	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 on 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			v					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
р	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).			Х					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		22					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30							
Va		6a		х					
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa							
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х						
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
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							
h	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.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
a	Gross income from members or shareholders 11a								
b	Gross income from other sources (Do not net amounts due or paid to other sources against								
10-	amounts due or received from them.) Section 4047(a)(1) page exempt charitable truste is the exampleation filing Form 900 in liquid Form 10412	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
а	Note: See the instructions for additional information the organization must report on Schedule O.	IJa							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
-	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
14a									
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								

Form **990** (2020)

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI					X					
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	25								
	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 on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	25								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with any other									
	officer, director, trustee, or key employee?		L	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the	he direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	L	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's as	ssets?	L	5		X					
6	6 Did the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint one or									
	more members of the governing body?		L	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockholders, or									
	persons other than the governing body?		L	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by the following:									
а	The governing body?		L	8a	X						
b	Each committee with authority to act on behalf of the governing body?		L	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 on Schedule O			9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue Code.)									
			_		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		[10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapters, affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?		[10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before filing the forr	n?	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	X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conflicts?	L	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," describe									
	in Schedule O how this was done		L	12c	X						
13	Did the organization have a written whistleblower policy?			13	X						
14	Did the organization have a written document retention and destruction policy?		L	14	X						
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	?									
а	The organization's CEO, Executive Director, or top management official			15a	X						
b	Other officers or key employees of the organization		[15b	X						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange										
	taxable entity during the year?		L	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic										
	exempt status with respect to such arrangements?			16b							
	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 (1024 or 1024-A, if applicable), 990, a	and 990-T (Section 501	I(c)(3)	s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.	_ . ,									
	1 ,	n on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflict of interest polic	y, and	finar	ncial						
	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 be	ooks and records									
	MIRA SHAH, CONTROLLER - 818-842-9333 300 E. ANGELENO AVE. BURBANK. CA 91502										
	ANCELENO AVE, DURDANA, CA 3120										

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Form 990 (2020) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

See instructions for the order in which to list the persons above.

(A)	(B)	(C)					iloui	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Pos heck ss pe id a d	more rson i	than	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHANNA WARREN	40.00							20000	0	0
EXECUTIVE DIRECTOR	2.00			X				200000.	0.	0.
(2) J.GABRIEL CASTRO	3.00								0	•
DIRECTOR	2 00	Х						0.	0.	0.
(3) NATALIE AUGUSTINE	3.00	Ţ.						0	0	0
DIRECTOR	3.00	Х						0.	0.	0.
(4) BRIAN VOLPEI	3.00	X				1		0.	0.	0.
DIRECTOR (5) MICHAEL DRAGAN	3.00	^						0.	0.	0.
DIRECTOR	3.00	Х						0.	0.	0.
(6) JOAN ORTIZ	3.00							0.	0.	0.
DIRECTOR	3.00	x						0.	0.	0.
(7) LEENA MATHEW	3.00								•	•
DIRECTOR	3,00	x						0.	0.	0.
(8) RICHARD WILSON	3.00	 								
DIRECTOR		Х						0.	0.	0.
(9) BRIAN BOQUECOSA	3.00									
DIRECTOR		Х						0.	0.	0.
(10) JENNIFER MACDONALD	3.00									
DIRECTOR		Х						0.	0.	0.
(11) JOE SANTOS	3.00									
DIRECTOR		Х						0.	0.	0.
(12) AL SHAPIRO	3.00									
DIRECTOR		Х						0.	0.	0.
(13) HEIDI CHONG	3.00									
DIRECTOR		Х						0.	0.	0.
(14) LAURIE RYAN-MCDONALD	3.00									
DIRECTOR		Х						0.	0.	0.
(15) PAUL HERMAN	3.00								_	_
PRESIDENT		Х		Х				0.	0.	0.
(16) LORRIE COPELAND	3.00			l					•	
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
(17) SALLY KNUTSON	3.00			,					_	•
TREASURER		Х		Х				0.	0.	0 • Form 990 (2020)

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(A) (B)				((C)			(D)	(E)		(F)	
Name and title	Average hours per		not c	Posi heck	more	than		Reportable	Reportable		stimat	
	week			ss pe nd a d				compensation from	compensation from related	ar	nount othe	
	(list any	cto						the	organizations	con	npens	
	hours for	or dire				ted		organization	(W-2/1099-MISC)	f	rom th	ne
	related organizations	nstee (trustee		au au	pensa		(W-2/1099-MISC)		١ `	ganiza	
	below	ualtri	tional		ploye	st co m					d rela anizat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former			0.9	ai iizai	
(18) MATHEW POAGE	3.00	_			×	1						
SECRETARY		Х		Х				0.	0.			0.
(19) DAN STILLWELL	3.00											
IMMEDIATE PAST PRESIDENT	2 00	Х		Х		_		0.	0.			0.
(20) DAVE AUGUSTINE	3.00	,,							0			0
DIRECTOR	3.00	Х				-		0.	0.			0.
(21) JOE LAWANDUS DIRECTOR	3.00	x						0.	0.			0.
(22) DAVID REGAN	3.00	^			_	\vdash	┢	0.	0.			
DIRECTOR	3.00	Х						0.	0.			0.
(23) JEANNETTE VASQUEZ	3.00							·	•			
DIRECTOR		x						0.	0.			0.
(24) MICHAEL WALBRECHT	1.00											
DIRECTOR		х						0.	0.			0.
(25) JORGE SOMOANO	1.00											
DIRECTOR		Х						0.	0.			0.
(26) THOMAS A DI MASCIO	3.00								_			
DIRECTOR		Х						0.	0.			0.
1b Subtotal 200000. 0.								0.				
c Total from continuation sheets to Part V								200000.	0.			0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but r												
compensation from the organization	iot iiiriited to ti	1036	iiste	su ai	JUV	C) W	110 1	eceived more than \$100	,,000 of reportable			1
compensation from the enganization				7							Yes	No
3 Did the organization list any former officer	director, trust	ee, l	кеу б	empl	loye	e, o	r hig	hest compensated emp	oloyee on			
line 1a? If "Yes," complete Schedule J for	such individual									3		Х
4 For any individual listed on line 1a, is the s	um of reportab	le c	omp	ensa	atior	n an	d ot	her compensation from	the organization			
and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edul	e J t	for such individual		4	X	
5 Did any person listed on line 1a receive or												1,,
rendered to the organization? If "Yes," con	plete Schedul	e J t	or s	uch _I	pers	son				5		X
Section B. Independent Contractors							4	W	Φ400 000 -f	-4:	.	
1 Complete this table for your five highest co the organization. Report compensation for										ation	irom	
(A)	trie Caleridar y	cai	enui	ng v	VILII	OI W	1	(B)	year.		C)	-
Name and business	address	N	INC	3				Description of s	ervices	ompe		on
							_					
							\dashv					
							\dashv					
2 Total number of independent contractors (including but n	ot li	mite	d to	tho	se li	stec	d above) who received m	nore than			
\$100,000 of compensation from the organ	ization 🕨				(0						
SEE PART VII, SECTIO		ΓĪ	NUZ	lΤΑ	[O]	N	SH	EETS		Form	990	(2020)

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Form 990 GREATER	EAST VA	ιЫ	<u>:</u> Υ	, -	TM	<i>:</i> •			95-448	5/45
Part VII Section A. Officers, Directors, Tr	ustees, Key Eı	mple	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(c	heck	all:	that	app	ly)	compensation	compensation	amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensatio from the organization and related organizations
(27) DENIS CREMINS	1.00									
DIRECTOR		Х						0.	0.	(
(28) BRET HANNIFIN	1.00									
DIRECTOR		Х						0.	0.	(
(29) SEAN O'NEIL	1.00	l								_
DIRECTOR		Х						0.	0.	(
(30) ROBB HOLLMAN	3.00	\ \ \							^	,
DIRECTOR	3.00	Х		_		_		0.	0.	(
(31) COURTNEY KORB-VOGEL DIRECTOR	3.00	X						0.	0.	(
						Y				
				_						
					_					

THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC. Part VIII Statement of Revenue

		Check if Schedule O contains a response of	r note to anv lin	ne in this Part VIII			
		encon il concadio e containe a response	r rioto to diriy iii	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under
							sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	a Federated campaigns 1a					
ir Ou	k	Membership dues 1b					
ا غَيْ		c Fundraising events 1c	246344.				
i i		d Related organizations 1d					
ا≘'ی			L853142.				
Sin		grant (, 	1033142.				
e E	f	f All other contributions, gifts, grants, and					
혈튄		similar amounts not included above 1f	3221453.				
탈	ç	g Noncash contributions included in lines 1a-1f 1g \$	235971.				
a S	ŀ	h Total. Add lines 1a-1f	•	5320939.			
			Business Code				
.	•	a PROGRAM SERVICE	900099	2114754.	2114754.		
ا قِ			300033	2114/34.	2114/34.		
e e	k	o					
S I	c	c [
Program Service Revenue	c	d					
Pg.	6	e					
P.	•	f All other program service revenue					
		-		2114754.			
\dashv		g Total. Add lines 2a-2f		2111731			
	3	Investment income (including dividends, interes		1016			1016
		other similar amounts)		1916.			1916.
	4	Income from investment of tax-exempt bond pr	oceeds -				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 -	a Gross rents 6a	.,				
		b Less: rental expenses 6b					
		Rental income or (loss) 6c					
	C	d Net rental income or (loss)					
	7 a	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	Ŀ	Less: cost or other basis					
e l		and sales expenses 7b	14881.				
eu I			-14881.				
ě		. ,		-14881.	-14881.		
ther Revenue		d Net gain or (loss)		-14001.	-14001.		
the l	8 8	a Gross income from fundraising events (not					
δ		including \$ 246344. of					
		contributions reported on line 1c). See					
		Part IV, line 18	2125.				
	ŀ	b Less: direct expenses 8b	7766.				
		Net income or (loss) from fundraising events	_	-5641.			-5641.
				2041.			2041.
	9 8	a Gross income from gaming activities. See					
		Part IV, line 199a					
	k	b Less: direct expenses9b					
	c	Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		J					
\dashv		Net income or (loss) from sales of inventory					
S _D		-	Business Code				
e G	11 a	a					
an Suc	k	b					
Miscellaneous Revenue	c						
<u>iš</u>		d All other revenue					
≥		e Total. Add lines 11a-11d					
		Total revenue. See instructions		7417087.	2099873.	0.	-3725.
	12	I OLGI I GYGILUG. OGG III SU UUUUUI S		1-11001		L •	J / 4J •

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).

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		'		'
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	00000	6666	6666	66666
	trustees, and key employees	200000.	66667.	66667.	66666
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	2004077	1761626	15666	05775
7	Other salaries and wages	2004077.	1761636.	156666.	85775
8	Pension plan accruals and contributions (include	26776	21056	2670	01.40
_	section 401(k) and 403(b) employer contributions)	26776. 159262.	21956. 133910.	2678. 16389.	2142 8963
9	Other employee benefits				
10	Payroll taxes	162576.	133312.	16258.	13006
11	Fees for services (nonemployees):				
a	Management				
b	Legal				
С.	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	141518.	104467.	12761.	24290
	column (A) amount, list line 11g expenses on Sch O.)	141310.	104407.	12/01•	24290
12	Advertising and promotion	25399.	10694.	13526.	1179
13	Office expenses	25555.	10094.	13320.	1119
14	Information technology				
15	Royalties	212978.	170894.	24794.	17290
16 17	Occupancy	212770.	170074.	21771	1/2/0
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
21 22	Payments to affiliates	99325.	85380.	8288.	5657
22 23		29136.	24169.	2952.	2015
23 24	Insurance Other expenses. Itemize expenses not covered	232301	211031	2321	2013
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MATERIALS	270915.	176526.	0.	94389
a b	MISCELLANEOUS EXPENSES	81418.	64044.	3461.	13913
C	WORKSHOPS & TRAINING	17318.	14365.	1755.	1198
d	MEMBERSHIPS AND DUES	14836.	12307.	1503.	1026
	All other expenses	7187.	7187.		
25	Total functional expenses. Add lines 1 through 24e	3452721.	2787514.	327698.	337509
<u>26</u> 26	Joint costs. Complete this line only if the organization	-			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-23-20				Form 990 (2020

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Part X Balance Sheet

Part X	Balance Sheet						
	Check if Schedule O contains a response or	note to any lir	ne in this Part X				
				(A) Beginning of year		(B) End of year	
1	Cash - non-interest-bearing			1607754.	1	1388056	
2					2		
3	Pledges and grants receivable, net				3		
4				266521.	4	606772	
5	Loans and other receivables from any curren	t or former off	ficer, director,				
	trustee, key employee, creator or founder, su	bstantial cont	tributor, or 35%				
	controlled entity or family member of any of t		5				
6	Loans and other receivables from other disq	ualified persor	ns (as defined				
	under section 4958(f)(1)), and persons descr	bed in section	n 4958(c)(3)(B)		6		
ទ្ឋ 7	Notes and loans receivable, net			0.	7	931546	
Assets 8 8 8 8	Inventories for sale or use				8		
[⊄] 9	Prepaid expenses and deferred charges			50619.	9	60639	
10:	a Land, buildings, and equipment: cost or other						
	basis. Complete Part VI of Schedule D		6393889.	1-0-60			
	b Less: accumulated depreciation		444197.	458638.	10c	5949692	
11					11		
12	,			39748.	12	67097	
13	Investments - program-related. See Part IV, li		13				
14	• • • • • • • • • • • • • • • • • • • •		14				
15	Other assets. See Part IV, line 11			0.400000	15		
16	3 \			2423280.	16	9003802	
17	. ,			171204.	17	221079	
18	1 7			18620.	18 19	52707	
19		Deferred revenue					
20					20		
21	, ,				21		
g 22	. ,						
Ĭ	trustee, key employee, creator or founder, su						
	controlled entity or family member of any of t				22		
23	. ,		_		23		
24	1 7				24		
25	,						
	parties, and other liabilities not included on li	nes 17-24). Co	omplete Part X	519313.		3284887	
	of Schedule D		·····	709137.		3558673	
26	9			709137•	26	3336073	
န္မ	Organizations that follow FASB ASC 958,	cneck nere	• <u>A</u>				
	and complete lines 27, 28, 32, and 33.			232741.	27	4231984	
27	********			1481402.	28	1213145	
<u> </u>	Net assets with donor restrictions Organizations that do not follow FASB AS			1401402	20	1213143	
בֿ		J 936, CHECK	nere 🕨 🗀				
5 00	and complete lines 29 through 33.	- 1		20			
29				30			
30	1 1 , , , ,				31		
Net Assets or Fund Balances 2 2 2 2 3 1 3 2 3 2 3 2 2 2 3 2 2 3 2 3	3 , ,			1714143.	31	5445129	
_				2423280.	33	9003802	
33	Total liabilities and net assets/fund balances			4447400.	ა ა	Form 990 (20:	

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		170 527				
2	Total expenses (must equal Part IX, column (A), line 25)	2		$\frac{527}{643}$				
3	Revenue less expenses. Subtract line 2 from line 1	3		$\frac{043}{141}$				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		$\frac{141}{348}$				
5	9 \ 7							
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 on Schedule O)	9	-2	682	57.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54	451	29.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
					No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х				
	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:							
	X 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.						
За	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit							
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990 (2020)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

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 c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)		
1		A church, convention of ch						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3		A hospital or a cooperative					ii).	
4	一	A medical research organiz						the hospital's name
		city, and state:	a operatea ee.	ngan onon man a moopha		5554.5		,
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ed by a d	overnmental unit describ	ned in
J		section 170(b)(1)(A)(iv). (C		ilege of difficerally owner	a or operar	.ca by a g	overnmental and accord)CG 1
6				aantal unit daaarihad in	costion 17	/O/b//4//A\	(v)	
6	X	A federal, state, or local gov						nublic described in
′	22	An organization that norma	•	riliai part of its support i	rom a gov	ernmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D				
8	H	A community trust describe			A			
9		An agricultural research org	=			-		
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10	ш	An organization that norma						
		activities related to its exen						
		income and unrelated busing		(less section 511 tax) fr	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	•					
11	\vdash	An organization organized a	•					
12		An organization organized a						
		more publicly supported or						Check the box in
		lines 12a through 12d that	* -			•		
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the dire	ctors or trustees of the s	supporting
		organization. You must o	complete Part IV, Se	ections A and B.				
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving
		control or management o	f the supporting orga	anization vested in the s	ame perso	ns that co	ontrol or manage the sup	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.				
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrate	ed with,
		its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions 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 sat	tisfy a disti	ribution re	quirement and an attent	iveness
	_	requirement (see instruct	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	a Type I, Type II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.		
f	Ente	er the number of supported o	organizations					
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) le the erge	nization listed		
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		Organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
_								
Γ∩t≥	a i							1

Schedule A (Form 990 or 990-EZ) 2020 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.)

<u> </u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1411778.	1038865.	1152557.	1090579.	5320939.	10014718.
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	1411778.	1038865.	1152557.	1090579.	5320939.	10014718.
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)						829032.
6	Public support. Subtract line 5 from line 4.						9185686.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1411778.	1038865.	1152557.	1090579.	5320939.	10014718.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	6008.	7131.	8640.	24888.	-12965.	33702.
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						10048420.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	9816327.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop						▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (14	91.41 %
	Public support percentage from 2019					15	94.11 %
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies	as a publicly supp	orted organization	·			▶ X
b	33 1/3% support test - 2019. If the o	-					
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	_					
	and if the organization meets the fact				•	VI how the organiz	zation
	meets the facts-and-circumstances to	•	•				
b	10% -facts-and-circumstances tes	_					10% or
	more, and if the organization meets the				-		. —
	organization meets the facts-and-circ		-				>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC.

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

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

Se	ction A. Public Support						_
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or bus-						
	iness under section 513						
4							
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	a Amounts included on lines 1, 2, and						
7 6	3 received from disqualified persons						
,	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.)						
		(=) 001C	(h) 0017	(=) 0010	(4) 0010	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ie organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here						<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2020 (I	ine 8, column (f), o	divided by line 13,	column (f))		15	%
	Public support percentage from 2019					16	%
Se	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	20 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2020. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
ŀ	33 1/3% support tests - 2019. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20							

032023 01-25-21

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	2		
ı			
	3a		
	3b		
ł	3с		
	4a		
H	4a		
ł	4b		
	4c		
	5a		
	Ja		
	5b		
ı	5c		
	6		
	7		
	8		
	9a		
	Ob-		
ł	9b		
	9с		
ļ	10a		
	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		<u> </u>
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800	supervised, or controlled the supporting organization.	2		Щ
Sec	ction C. Type II Supporting Organizations		I.,	
			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	1		
Sec	the supported organization(s). etion D. All Type III Supporting Organizations	_ '	<u> </u>	Ь
-	Mon D. 7th Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, 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	ction 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 yea(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 governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	, , ,			
	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	Ok-		
2	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	1 (=)			

of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

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Sch

Schedule A (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC.

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of	comple	ete 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):			
а	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 0.015 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 0.035.	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 0.85 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	intear	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Schedule A (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Secti	Section D - Distributions Current Year								
1	Amounts paid to supported organizations to accomplish exe	mpt purposes	1						
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity		2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	ns 3						
4	Amounts paid to acquire exempt-use assets		4						
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5						
6	Other distributions (describe in Part VI). See instructions.		6						
7	Total annual distributions. Add lines 1 through 6.		7						
8	Distributions to attentive supported organizations to which the	he organization is responsiv	е						
	(provide details in Part VI). See instructions.		8						
9	Distributable amount for 2020 from Section C, line 6		9						
10	Line 8 amount divided by line 9 amount		10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020					
1	Distributable amount for 2020 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2020 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2020								
a	From 2015								
b	From 2016								
c	From 2017								
d	From 2018								
e	From 2019								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
h	Applied to 2020 distributable amount								
<u>i</u> _	Carryover from 2015 not applied (see instructions)								
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2020 from Section D,								
	line 7: \$								
a	Applied to underdistributions of prior years								
	Applied to 2020 distributable amount								
c	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2020, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2020. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2021. Add lines 3j								
	and 4c.								
8	Breakdown of line 7:								
	Excess from 2016								
	Excess from 2017								
	Excess from 2018								
	Excess from 2019								
е	Excess from 2020								

Schedule A (Form 990 or 990-EZ) 2020

THE BOYS & GIRLS CLUB OF BURBANK AND

Schedule A (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC. 95-4485745 Page 8 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

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

Employer identification number 95-4485745

Pa	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	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	sed funds
	are the organization's property, subject to the organization's $% \left(\frac{1}{2}\right) =\frac{1}{2}\left(\frac{1}{2}\right) \left(\frac{1}{$	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
_			
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati		
	Preservation of land for public use (for example, recrea		a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		a.
b			
С.	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired a		I I
•	listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to concernation as	compat is located	
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
U	Starr and volunteer riours devoted to monitoring, inspecting,	rianding of violations, and emorcing con-	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year
•	S	and of violations, and emorning conserva	alon cacomonic danng the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	-	
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	3	
Pa	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for public	olic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	nerance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treatment		
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> \$

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

Pai	rt III Organizations Maintaining (Collections of Ar	t, Historical Tr	easures, or Otl	ner Similar	Asset	S (contir	ued)	
3	Using the organization's acquisition, access	sion, and other record	s, check any of the	following that make	significant us	se of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's of	collections and explain	n how they further t	he organization's ex	cempt purpos	e in Part	XIII.		
5	During the year, did the organization solicit						,		,
	to be sold to raise funds rather than to be m					L	Yes		No
Pai	rt IV Escrow and Custodial Arrar reported an amount on Form 990, Pa		ete if the organization	n answered "Yes"	on Form 990, I	Part IV, li	ine 9, or		
10	Is the organization an agent, trustee, custoo		lian, for contribution	o or other assets a	ot included				
Id			•				Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						163		1110
b	in res, explain the arrangement in rait All	and complete the lo	llowing table.				Amount		
c	Beginning balance				1c		Amount		
	Additions during the year								
	5								
f	Ending balance								
	Did the organization include an amount on F						Yes		No
	If "Yes," explain the arrangement in Part XIII	·							
	rt V Endowment Funds. Complete								
	·	(a) Current year	(b) Prior year	(c) Two years back	1	ırs back	(e) Four	years	back
1a	Beginning of year balance	39748.	216424.	224032	. 2:	12712.	.,	169	353.
b								25	000.
С		37305.	-15006.	13295		15269.		21	670.
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs	9269.	160000.	17043					
f		687.	1670.	3860		3949.		3	311.
g		67097.	39748.	216424	. 22	24032.		212	712.
2	Provide the estimated percentage of the cu	rrent year end balanc	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment	%							
С	Term endowment	_%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
За	Are there endowment funds not in the poss	ession of the organiza	ation that are held a	nd administered for	the organizat	tion	-		
	by:								No
	(i) Unrelated organizations						3a(i)	Х	
	(ii) Related organizations						3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requir	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of th		wment funds.						
Pai	rt VI Land, Buildings, and Equipr								
	Complete if the organization answere								
	Description of property	(a) Cost or of basis (investn	` '		Accumulated epreciation		(d) Bool	k value	9
-1-	Land	<u> </u>	,	37796.	- Problation		10	377	96
	Land			92130.	5849	0 -		336	
	Buildings			93492.	9559			978	
					,,,,,,	~ 	۷.	. , 0.	
	Equipment Other		<u></u> 3	70471.	29011	4.	:	803	57.
	II. Add lines 1a through 1e. (Column (d) must o				17011			496	
IJIA	in Add in Co Ta through Te. (Oolanin (a) mast t	oquai i oiiii ooo, i ait	л, ээлинн (<i>D)</i> , ште т	···/					

Part VII Investments - Other Securities.	,		, ago c
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	5 000 D 111/1	11 0 5 000 5 1 1 1 10	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
	(b) DOOR VAIGE	(c) Method of Valdation. Cost of end	
(1)			
(2)			
(3)			
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	>	
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			E02016
(2) PPP LOAN			503916.
(3) NOTE PAYABLE			2780971.
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)		3284887.
2. Liability for uncertain tax positions. In Part XIII, provide		•	

032053 12-01-20

Pa	rt XI Reconciliation of Revenue per Audited Financial St	tatements With	Revenue per R	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	7540624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b			88660.		
С	. , , ,				
d	Other (Describe in Part XIII.)	2d	34877.		
е	J			2e	123537.
3	Subtract line 2e from line 1			3	7417087.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 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 1.			5	7417087.
Pa	rt XII Reconciliation of Expenses per Audited Financial S		n Expenses per	Return	-
	Complete if the organization answered "Yes" on Form 990, Part IV,				25/1201
1	Total expenses and losses per audited financial statements			1	3541381.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	A I	00660		
а	***************************************		88660.		
b	, , ,				
С					
d	,				00660
е	J			2e	88660.
3	Subtract line 2e from line 1	,,		3	3452721.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	, , , , , , , , , , , , , , , , , , , ,				
b	, , , , , , , , , , , , , , , , , , , ,				0.
_C	Add lines 4a and 4b			4c	3452721.
5 Da	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line art XIII Supplemental Information.	18.)		5	3432721.
		d 4: Dort IV lines 1h	and Oh: Dort V. line	4. Dort V	line Or Dort VI
	ride the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			4, Part A,	iirie 2, Part XI,
111165	3 20 and 4b, and Part XII, lines 20 and 4b. Also complete this part to provide	arry additional inform	nation.		
PA	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
	,				
NE	T UNREALIZED GAIN ON INVESTMENTS				34877.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

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

Schedule G (Form 990 or 990-EZ) 2020

Part I Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	'es" oı	n Form 990, Part IV,	line 17. Form 990-E2	I filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed 	e Solicita f Solicita g Special or oral agreement with any individua art VII) or entity in connection with prividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	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			
		7				
Total			•			
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration

032081 11-25-20

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

Schedule G (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gre	oss income on Form 990	-EZ, lines 1 and 6b. List e	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))
Φ			(event type)	(event type)	(total number)	COI. (C))
Revenue			440040	405000	24.556	0.40460
Rev	1	Gross receipts	110910.	105983.	31576.	248469.
			108785.	105003	21576	246244
	2	Less: Contributions	108/85.	105983.	31576.	246344.
	2	Gross income (line 1 minus line 2)	2125.			2125.
	3	Gross income (line 1 minus line 2)	2123.			2123.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses						
pen	6	Rent/facility costs				
Ϋ́						
irec	7	Food and beverages				
	8	Entartainment				
	9	Entertainment Other direct expenses	E 2 2 C	24.	346.	7766.
	_	Direct expense summary. Add lines 4 through		= -1		7766.
		Net income summary. Subtract line 10 from li				-5641.
Pa	rt l	Gaming. Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.				
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(,)	bingo/progressive bingo		col. (a) through col. (c))
Ве						
	1	Gross revenue				
	2	Cook prizes				
ses	_	Cash prizes				
Direct Expenses	3	Noncash prizes				
Ď						
irec	4	Rent/facility costs				_
	5	Other direct expenses				
			Yes %	Yes%	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	a E in column (d)			
	′	bliect expense summary. Add lines 2 through	15 III Columni (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		•	
			(2)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities: C	A		
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		X Yes No
b	If "	No," explain:				
	_					T77
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes X No
b	If "	Yes," explain:				
	_					
	_					
0320	32 1	1-25-20			Schedule G (For	m 990 or 990-EZ) 2020

THE BOYS & GIRLS CLUB OF BURBANK AND

Schedule G (Form 990 or 990-EZ) 2020 GREATER EAST VALLEY, INC.	95-44	857	745	Page 3
11 Does the organization conduct gaming activities with nonmembers?		Y	'es	X No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_			
to administer charitable gaming?	L	Y	'es	X No
13 Indicate the percentage of gaming activity conducted in:				
a The organization's facility	<u> 1</u>	3a		%
b An outside facility	<u>1</u>	3b		%
14 Enter the name and address of the person who prepares the organization's gaming/special events books and reco	rds:			
Name				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Y	'es	X No
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue received by the organization ▶	ount			
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 > \$				
Carring manager compensation • •				
Description of services provided				
Director/officer Employee Independent contractor				
17 Mandatory distributions:				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_			
retain the state gaming license?	L	Y	'es	X No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the			
organization's own exempt activities during the tax year ▶ \$				
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v)	; and Part I	II, line	es 9, 9	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				

THE BOYS & GIRLS CLUB OF BURBANK AND

Schedule G	(Form 990 or 990-EZ)	GREATER EA	ST VALLEY,	INC.	95-4485745	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (continued)				
				7		
					Sahadula C (Farm 000 a	000 57

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information. THE BOYS & GIRLS CLUB OF BURBANK AND GREATER EAST VALLEY, INC.

Inspection **Employer identification number** 95-4485745

Pa	art I Questions Regarding Compensation				
	•			Yes	No
1a	Check the appropriate box(es) if the organization provided a	ny of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any r	relevant information regarding these items.			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organizati	ion follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described	above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursi	ing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director,	regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used	to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check a	any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but e	explain in Part III.			
	Compensation committee	Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII,	Section A, line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment	?	4a		X
b	Participate in or receive payment from a supplemental nonqu	ualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based comp	pensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the	applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	ions must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, o	did the organization pay or accrue any compensation			
	contingent on the revenues of:				
					X
b	Any related organization?		5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, of	did the organization pay or accrue any compensation			
	contingent on the net earnings of:				7,
					X
b			6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, o				77
			7		Х
8	Were any amounts reported on Form 990, Part VII, paid or a	·			77
		3.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebutta	able presumption procedure described in			

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

Schedule J (Form 990) 2020

Regulations section 53.4958-6(c)?

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)		
(A) Name and Title		compensation incentive reportab		(iii) Other reportable compensation	compensation	Derients	(B)(()-(D)	reported as deferred on prior Form 990	
(1) SHANNA WARREN	(i)	200000.	0.	0.	0.	0.	200000.		
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)				Y				
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	[(II)						I		

Schedule J (Form 990) 2020 GREATER	EAST VALLEY, INC.	95-4485745 Page 3
Part III Supplemental Information		
	equired for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Par	rt II. Also complete this part for any additional information.
		· · · · · · · · · · · · · · · · · · ·

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

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

Attach to Form 990.

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

Open to Public Inspection

Employer identification number

95-4485745

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

		Check if applicable	Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contr		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous		A					
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other \blacktriangleright (MATERIALS & S)	X	300	235971.	CURRENT M	ARKET	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	ontributions				
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b							
	must hold for at least three years from the dat							
	exempt purposes for the entire holding period	?				30a		<u> </u>
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	itions?	31	ļ	X
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a		_X_
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			

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

Schedule M (Form 990) 2020

describe in Part II.

THE BOYS & GIRLS CLUB OF BURBANK AND

95-4485745 GREATER EAST VALLEY, INC. Schedule M (Form 990) 2020 Page 2 Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

032142 11-23-20

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

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

Employer identification number 95-4485745

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 11B:

THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS 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) 2020

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172

990

Attachment Sequence No. **179**

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

Identifying number

	E BOYS & GIRLS CLUB EATER EAST VALLEY,	-	NK AND	FOF	RM 990 P	AGE 10		95-4485745
	t Election To Expense Certain Prope		79 Note: If you				V before v	
	Maximum amount (see instructions)						141	1040000.
	otal cost of section 179 property place	and in service (see						
	hreshold cost of section 179 property		2590000.					
	leduction in limitation. Subtract line 3							
	ollar limitation for tax year. Subtract line 4 from lin							
6	(a) Description of p		-o II mamed iiiii		ness use only)	(c) Elected		
	(-)			(-) (,,	(-,		
							-	
							-	
7 1	isted property. Enter the amount fron	n line 20			7		-	
	otal elected cost of section 179 prop		in column (c)				8	
	entative deduction. Enter the smalle				A			
	Carryover of disallowed deduction from							
	Business income limitation. Enter the s							
	section 179 expense deduction. Add I							
	Carryover of disallowed deduction to 2						12	
	Don't use Part II or Part III below for				13			
Par					le listed proper	tv)		
	pecial depreciation allowance for qua		- :					
	ne tax year					ū	14	
	Property subject to section 168(f)(1) el						···· 	
	Other depreciation (including ACRS)						16	104152.
_	t III MACRS Depreciation (Don't						10	
	imate a spreamment (2 sm.			tion A				
17 N	MACRS deductions for assets placed	in service in tax ve	ars beginning	before 202	0		17	
	you are electing to group any assets placed in ser						iii	
10	Section B - Assets						ation Syste	em
		(b) Month and	(c) Basis for	depreciation	(d) Recovery	1		
	(a) Classification of property	year placed in service	(business/inv only - see i		period	(e) Convention	(i) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs.		S/L	
		/			27.5 yrs.	MM	S/L	
h	Residential rental property	/			27.5 yrs.	ММ	S/L	
		/			39 yrs.	MM	S/L	
i	Nonresidential real property	/				MM	S/L	
	Section C - Assets I	Placed in Service	During 2020	Tax Year U	sing the Alter	native Depre	ciation Sys	tem
20a	Class life						S/L	
b	12-year				12 yrs.		S/L	
С	30-year	/			30 yrs.	MM	S/L	
d	40-year	/			40 yrs.	MM	S/L	
Par	t IV Summary (See instructions.)							
21 L	isted property. Enter amount from lin	e 28					21	
22 T	otal. Add amounts from line 12, lines	14 through 17, line	es 19 and 20	in column (g	g), and line 21.			
	nter here and on the appropriate lines					r	22	104152.
23 F	or assets shown above and placed in	service during the	current year	, enter the				
g	ortion of the basis attributable to sec	tion 263A costs			23			

Form 4562	(2020)
Part V	Liste

Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

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

	Section A -	Depreciation	on and Other I	nformat	ion (Caut	ion: S	ee the i	nstruc	tions for li	mits for	passeng	er auto	nobiles.)		
24	Do you have evidence to s	support the bu	siness/investme	nt use clai	med?	Ye	es	No	24 b If "Y	es," is tl	ne evide	nce writ	ten?	Yes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag	t OUSLUI			Basis for depreciation Red		(f) Recovery period			od/ Depreciation		Elec sectio co	n 179
25	25 Special depreciation allowance for qualified listed property placed in service during the tax year and														
	used more than 50% in	a qualified b	usiness use								. 25				
26	Property used more tha	n 50% in a q	ualified busine	ss use:		,							-		
		1 1	%	5											
		1 1	%			1									
		1 1	%												
<u>27</u>	Property used 50% or le	ess in a quali				_			ı						
		1 1	9/			+				S/L -					
		1 1	%	+		+				S/L -					
_	<u> </u>	(1)	9/							S/L -					
	Add amounts in column							A					1 00		
<u>29</u>	Add amounts in column	(I), line 26. E			page 1					<u></u>			. 29		
	mplete this section for ve your employees, first ans		, , ,	n C to se	ee if you n	neet a	n excep		complet	ng this	section f	or those	vehicles		
30	Total business/investment	miles driven d	uring the	(a) Vehi		(b Veh		V	(c) 'ehicle		d) nicle	1	e) nicle	(f Vehi	
30	year (don't include commu			VOIII	510	VOII	1010	L v	CITICIC	V 01	11010	V C1	11010	VOII	010
31	Total commuting miles														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No `	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?					7									
35	Was the vehicle used p	rimarily by a	more												
	than 5% owner or relate	ed person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
			- Questions for	-	-					-					
	swer these questions to	-		ception	to comple	ting S	Section I	B for v	ehicles us	ed by e	mployee	s who a	ren't		
	re than 5% owners or rel	•												1,,	
37	Do you maintain a writte		=		-				_	_		r		Yes	No
20	employees?														_
38	Do you maintain a writte employees? See the ins		-	-				-							
30	Do you treat all use of v														_
	Do you provide more that														
-10	the use of the vehicles,														
41	Do you meet the require														
•	Note: If your answer to														
P	art VI Amortization	01,00,00,1	0, 01 11 10 10	s, uo t	complete	00011	011 10 101	1110 01	310100 10	110100.					
	(a) Description of	f costs	Date a	(b) mortization degins	An	(c) nortizab amount	le		(d) Code section		(e) Amortiza period or per		An fo	(f) nortization r this year	
42	Amortization of costs th	at begins du	ring your 2020	tax year	:			_		,		,			
				: :											
				: :											
	Amortization of costs th											43			
44	Total. Add amounts in o	column (f). Se	e the instructi	ons for w	here to re	port						44			