

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2004 calendar year, or tax year beginning 07/01, 2004, and ending 06/30/2005

Section C: Name of organization BOYS AND GIRLS CLUB OF THE EAST VALLEY. Address: 1405 EAST GUADALUPE ROAD #4, TEMPE, AZ 85283. D Employer identification number: 86-0550646. E Telephone number: (480) 820-3688.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: WWW.CLUBZONA.ORG. J Organization type: 501(c)(3). L Gross receipts: 6,716,314. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

SCANNED APR 05 2006

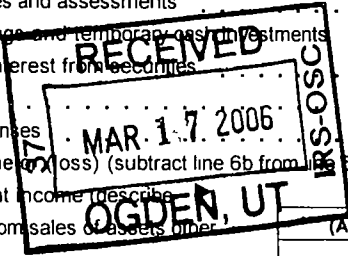


Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 10a Gross sales of inventory, less returns and allowances; 10b Less cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

Handwritten mark '2M'

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 22,100, noncash \$ )	22 22,100.	22 22,100.	STMT 5	
23 Specific assistance to individuals (attach schedule)	23 13,658.	23 13,658.	STMT 6	
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 216,650.	25 67,027.	142,175.	7,448.
26 Other salaries and wages	26 3,789,951.	26 3,299,051.	158,673.	332,227.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 113,334.	33 77,975.	27,119.	8,240.
34 Telephone	34 69,740.	34 53,514.	8,575.	7,651.
35 Postage and shipping	35 6,775.	35 1,839.	2,684.	2,252.
36 Occupancy	36 652,460.	36 604,062.	30,259.	18,139.
37 Equipment rental and maintenance	37 70,395.	37 53,783.	6,250.	10,362.
38 Printing and publications	38 31,284.	38 13,407.	9,507.	8,370.
39 Travel	39			
40 Conferences, conventions, and meetings	40 98,376.	40 59,548.	7,008.	31,820.
41 Interest	41 56,336.	41 3,269.	12,203.	40,864.
42 Depreciation, depletion, etc (attach schedule)	42 517,674.	42 487,219.	14,776.	15,679.
43 Other expenses not covered above (itemize) STMT 7	43a 576,299.	43a 455,715.	21,285.	99,299.
b	43b			
c	43c			
d	43d			
e	43e			
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 6,235,032.	44 5,212,167.	440,514.	582,351.

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,  
 (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See page 25 of the instructions)**

What is the organization's primary exempt purpose? STMT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)
a YOUTH PROGRAMS-SOCIALIZATION, RECREATION, DRUG AND ALCOHOL ABUSE PREVENTION. APPROXIMATELY 14,449 SERVED.  (Grants and allocations \$ 22,100.)	4,206,572.
b CHARTER SCHOOL-PROVIDES FORMAL INSTRUCTION FOR YOUTH. APPROXIMATELY 177 SERVED.  (Grants and allocations \$ )	1,005,595.
c  (Grants and allocations \$ )	
d  (Grants and allocations \$ )	
e Other program services (attach schedule) (Grants and allocations \$ )	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	5,212,167.

**Part IV Balance Sheets** (See page 25 of the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	60,946.	45	87,412.	
	46 Savings and temporary cash investments	240,691.	46	483,989.	
	47a Accounts receivable	47a 86,300.			
	b Less allowance for doubtful accounts	47b	NONE 47c	86,300.	
	48a Pledges receivable	48a 1,022,565.			
	b Less allowance for doubtful accounts	48b 47,000.	1,057,293.	48c	975,565.
	49 Grants receivable		88,596.	49	65,663.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less allowance for doubtful accounts	51b		51c	
	52 Inventories for sale or use			52	
	53 Prepaid expenses and deferred charges		27,158.	53	67,724.
	54 Investments - securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		806,839.	54	861,818.
	55a Investments - land, buildings, and equipment basis	55a 25,000.			
	b Less accumulated depreciation (attach schedule)	55b	25,000.	55c	25,000.
56 Investments - other (attach schedule)			56		
57a Land, buildings, and equipment basis	57a 9,990,279.				
b Less accumulated depreciation (attach schedule)	57b 3,034,153.	7,419,665.	57c	6,956,126.	
58 Other assets (describe <input type="checkbox"/> STMT 10)		18,588.	58	18,588.	
<b>59 Total assets</b> (add lines 45 through 58) (must equal line 74)		9,744,776.	59	9,628,185.	
Liabilities	60 Accounts payable and accrued expenses		413,918.	60	475,356.
	61 Grants payable			61	
	62 Deferred revenue		178,233.	62	210,369.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)			63	
	64a Tax-exempt bond liabilities (attach schedule)			64a	
	b Mortgages and other notes payable (attach schedule) <input type="checkbox"/> STMT 11		1,121,339.	64b	756,984.
	65 Other liabilities (describe <input type="checkbox"/> )			65	
<b>66 Total liabilities</b> (add lines 60 through 65)		1,713,490.	66	1,442,709.	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	67 Unrestricted		449,008.	67	940,926.
	68 Temporarily restricted		474,547.	68	360,813.
	69 Permanently restricted		7,107,731.	69	6,883,737.
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>				
	70 Capital stock, trust principal, or current funds			70	
	71 Paid-in or capital surplus, or land, building, and equipment fund			71	
	72 Retained earnings, endowment, accumulated income, or other funds			72	
	73 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		8,031,286.	73	8,185,476.
	<b>74 Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		9,744,776.	74	9,628,185.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.



Part VI Other Information (See page 28 of the instructions)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78 b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80 a	X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures See line 81 instructions	81 a	NONE
b	Did the organization file Form 1120-POL for this year?	81 b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82 a	X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82 b	851,188
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83 a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83 b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84 a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84 b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85 a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85 b	N/A
c	Dues, assessments, and similar amounts from members	85 c	N/A
d	Section 162(e) lobbying and political expenditures	85 d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85 h	N/A
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86 a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86 b	N/A
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87 a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87 b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> NONE, section 4912 <input type="checkbox"/> NONE, section 4955 <input type="checkbox"/> NONE		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89 b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> NONE		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/> NONE		
90 a	List the states with which a copy of this return is filed <input type="checkbox"/> ARIZONA		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions)	90 b	160
91	The books are in care of <input type="checkbox"/> THE ORGANIZATION Telephone no <input type="checkbox"/> 480-820-3688 Located at <input type="checkbox"/> 1405 EAST GUADALUPE ROAD #4, TEMPE, AZ ZIP + 4 <input type="checkbox"/> 85283		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 92 <input type="checkbox"/> NONE		

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM FEES					1,094,181.
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					1,062,838.
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	27,043.	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .	531120	26,400.			
b not debt-financed property . . . . .			16	167,633.	
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			01	-3,157.	
101 Net income or (loss) from special events . . . . .			01	216,223.	
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b MISCELLANEOUS			01	21,664.	
c CONCESSIONS			03	16,652.	
d T-SHIRT SALES			01	12,248.	
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		26,400.		458,306.	2,157,019.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					2,641,725.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	STMT 18

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Please Sign Here**

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

Signature of officer: Ramon Elias Date: 3-13-06

Type or print name and title: RAMON ELIAS PRESIDENT/CEO

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 3/12/2006 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: CBIZ ATA OF PHOENIX, LLC  
3101 N. CENTRAL AVE., STE 300  
PHOENIX, AZ 85012

EIN: 34-1884125 Phone no: 602-264-6835

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),  
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2004**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information - (See separate instructions.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**BOYS AND GIRLS CLUB OF THE EAST VALLEY**

Employer identification number

**86-0550646**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JOSIE GONZALES SAME AS ABOVE	DIR. OF ADMIN. 40	50,340.	12,167.	NONE
CINDY ZAK-SLETTE SAME AS ABOVE	DEVEL. MANAGER 40	52,169.	12,019.	NONE
DENNIS MARCELLO SAME AS ABOVE	ORG. DEVEL. 40	77,445.	14,044.	3,900.
Total number of other employees paid over \$50,000 ▶	NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	NONE	

<b>Part III Statements About Activities (See page 2 of the instructions)</b>		Yes	No
<b>1</b>	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) . . . . .		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
<b>2</b>	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .		X
<b>b</b>	Lending of money or other extension of credit? . . . . .		X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .		X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V . . . . .	X	
<b>e</b>	Transfer of any part of its income or assets? . . . . .		X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments ) . . . . . STMT 19	X	
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	X	
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)**

- The organization is not a private foundation because it is (Please check only **ONE** applicable box )
- 5**  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
  - 6**  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
  - 7**  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
  - 8**  A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
  - 9**  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►** \_\_\_\_\_
  - 10**  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A )
  - 11a**  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 11b**  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
  - 12**  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc . functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
  - 13**  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

**14**  An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions )

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Table with columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 7 of the instructions) NOT APPLICABLE  
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .  If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	<b>32d</b>	
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .  If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----	<b>33h</b>	
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" to either 34a or b, please explain using an attached statement	<b>34b</b>	
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions)  
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group      Check **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b>		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred )			
<b>36</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b>	Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b>	Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b>	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b>	Lobbying nontaxable amount Enter the amount from the following table - <b>If the amount on line 40 is -      The lobbying nontaxable amount is -</b> Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . . Over \$500,000 but not over \$1,000,000 . . . . . \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 . . . . . \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 . . . . . \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 . . . . . \$1,000,000	<b>41</b>	
<b>42</b>	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b>	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b>	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
 See the instructions for lines 45 through 50 on page 11 of the instructions )

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonexempting Public Charities** **NOT APPLICABLE**  
 (For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of	Yes	No	Amount
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities



FORM 990, PART I - EXCLUDED CONTRIBUTIONS  
=====

DESCRIPTION -----	AMOUNT -----
AUCTION/DINNER	127,050.
BON VIVANT	104,540.
GOLF TOURNAMENTS	123,417.
OTHER SPECIAL EVENTS	466,559.
	-----
TOTAL	821,566.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION/DINNER	200,466.	91,666.	108,800.
BON VIVANT	59,180.	39,629.	19,551.
GOLF TOURNAMENTS	58,590.	55,709.	2,881.
OTHER SPECIAL EVENTS	90,415.	5,424.	84,991.
TOTALS	408,651.	192,428.	216,223.

FORM 990, PART I - PAYMENTS TO AFFILIATES

=====

DESCRIPTION

AMOUNT

-----

-----

BOYS AND GIRLS CLUBS OF AMERICA  
1230 W. PEACHTREE ST., NW  
ATLANTA, GA 30309

8,873.

-----

TOTAL

8,873.

=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

UNREALIZED GAIN ON INVESTMENTS

62,433.

TOTAL

-----  
62,433.  
=====

FORM 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND  
FOUNDATION STATUS OF RECIPIENT

RECIPIENT NAME AND ADDRESS

PURPOSE OF GRANT OR CONTRIBUTION

AMOUNT

GRANTS PAID

SEE ATTACHED LIST

22,100.

TOTAL CONTRIBUTIONS PAID

22,100.

BOYS & GIRLS CLUBS OF THE EAST VALLEY  
SCHOLARSHIP RECIPIENTS- Fall/Winter 2004-05

Submitted: January 13, 2005

CHARLES SCHWAB PAYOUTS

New Applicants

1. Magdalena Medina (Gilbert)  
515 South Daley  
Mesa, AZ. 85204  
A.S.U. (\$800)

Renewals

1. Elizabeth Baum (Tempe)  
211 East Hermosa Drive  
Tempe, AZ. 85282  
A.S.U. (\$800)
2. Melissa Buchanan (Mesa)  
1144 E. Edison #1  
Tucson, AZ. 85719  
U.A. (\$800)
3. Karin Cook (Mesa)  
1625 N. Date #11  
Mesa, AZ. 85201  
A.S.U. (\$800)
4. Donald Smith (Tempe)  
P.O. Box 26113  
Tempe, AZ. 85285-26113  
A.S.U. (\$800)
5. Christopher Macias (Mesa)  
2623 E. Billings Street  
Mesa, AZ. 85213  
A.S.U. (\$800)
6. Daniel Figueroa (Mesa/Gilbert)  
1235 W. Baseline Road #164  
Tempe, AZ. 85283  
A.S.U. (\$800)

7. Allison Hart (Chandler)  
913 S. Navajo Court  
Chandler, AZ. 85224  
A.S.U. (\$800)
8. Daniel Baum (Tempe)  
211 East Hermosa Drive  
Tempe, AZ. 85282  
A.S.U. (\$800)
9. Danyelle Glenn (Tempe)  
P.O. Box 26113  
Tempe, AZ. 85285-26113  
A.S.U. (\$800)
10. Christine Rodriguez (Mesa)  
900 W. Grove Parkway #2045  
Tempe, AZ. 85283  
Univ. of Phx. (\$500)
11. Efrain Canizales (Mesa)  
9757 W. Butte Street  
Mesa, AZ. 85207  
MCC (\$500)

Total Number of New Applicants: 1  
Total Number of Renewals: 11  
**GRAND TOTAL= 12**

Respectfully Submitted,

C. Michelle Duenas  
Staff Liaison to Program Committee

Check Amount	To Payee Name(s)	To Payee Address
\$800.00	IVAN GARCIA	707 S POMEROY MESA AZ 85210 UNITED STATES
\$500.00	HAIDY HENES	130 N HAMILTON ST CHANDLER AZ 85225 UNITED STATES
\$500.00	BILL ATKINSON	1329 W 6TH DR MESA AZ 85202 UNITED STATES
\$800.00	ALLISON HART	913 S NAVAJO CT CHANDLER AZ 85224 UNITED STATES
\$800.00	ELIZABETH BAUM	211 E HERMOSA DR TEMPE AZ 85282 UNITED STATES
\$800.00	DANYELLE GLENN	PO BOX 26113 TEMPE AZ 85285 UNITED STATES
\$800.00	MELISSA BUCHANAN	2152 E MALLORY MESA AZ 85213 UNITED STATES
\$500.00	MARIE DIMAIO	19202 S HIGLEY RD GILBERT AZ 85297 UNITED STATES

Check Amount	To Payee Name(s)	To Payee Address
\$500.00	LISA WILTSHIRE	PO BOX 1212 SACATON AZ 85247 UNITED STATES
\$800.00	DAVID VU	715 W 5TH ST TEMPE AZ 85281 UNITED STATES
\$800.00	JENNIFER ASHLEY REPP	4516 W TYSON ST CHANDLER AZ 85226 UNITED STATES
\$800.00	CHRISTINE RODRIGUEZ	900 W GROVE PKWY #2045 TEMPE AZ 85283 UNITED STATES
\$1300.00	CHRISTOPHER MACIAS	2623 E BILLINGS ST MESA AZ 85213 UNITED STATES
\$800.00	RAASHEDAH JOHNSON	921 S VAL VISTA DR #121 MESA AZ 85204 UNITED STATES
\$800.00	KARIN COOK	7211 E TRENT AVE MESA AZ 85212 UNITED STATES
\$800.00	DANIEL BAUM	211 E HERMOSA DR TEMPE AZ 85282 UNITED STATES
\$1000.00	ASU FOUNDATION	P.O. BOX 2260 TEMPE, AZ 85280-2260 UNITED STATES

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

=====

DESCRIPTION	PROGRAM SERVICES
-----	-----
ADOPTION SERVICES	5,213.
MEDICAL/THERAPEUTIC SERVICES	8,445.
TOTALS	----- 13,658. =====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROGRAM SERVICE EXPENSES	297,752.	297,538.		214.
PROFESSIONAL FEES	86,744.	59,849.	6,653.	20,242.
VEHICLE COSTS	78,797.	61,609.	7,776.	9,412.
MEMBERSHIP DUES	20,370.	15,648.	1,168.	3,554.
MISCELLANEOUS EXPENSES	1,147.	367.	780.	
BANK CHARGES	28,971.	20,704.	4,908.	3,359.
SPECIAL EVENT EXPENSE	62,518.			62,518.
TOTALS	576,299.	455,715.	21,285.	99,299.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
=====

THE PURPOSE OF THE CORPORATION SHALL BE TO PROVIDE BEHAVIOR GUIDANCE AND TO PROMOTE THE HEALTH, SOCIAL, EDUCATION, VOCATIONAL AND CHARACTER DEVELOPMENT OF BOYS AND GIRLS. THE CORPORATION INITIALLY INTENDS ITS BUSINESS TO OPERATE THE GIRLS AND BOYS CLUBS OF THE COMMUNITIES COMPOSING OF THAT AREA KNOWN AS THE EAST VALLEY WHICH EXISTS IN MARICOPA AND PINAL COUNTIES, AND STATE OF ARIZONA.

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
COMMON STOCK	442,080.
US GOVERNMENT OBLIG.	100,704.
CORPORATE BONDS	211,032.
MONEY MARKET	91,835.
MUTUAL FUNDS	16,167.
	-----
TOTALS	861,818.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	5,688.
DONATED TIMESHARE	12,900.
TOTALS	----- 18,588. =====

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: WELLS FARGO LINE OF CREDIT  
 ORIGINAL AMOUNT: 650,000.  
 INTEREST RATE: 4.750000  
 DATE OF NOTE: 05/12/2001  
 MATURITY DATE: 05/15/2006  
 REPAYMENT TERMS: MONTHLY PAYMENTS OF \$3,175 INCLUDING INTEREST  
 SECURITY PROVIDED: ALL EQUIPMENT & CAPITAL CAMPAIGN PLEDGES  
 PURPOSE OF LOAN: CONSTRUCTION LOAN

BEGINNING BALANCE DUE ..... 69,360.  
 ENDING BALANCE DUE ..... NONE  
 -----

LENDER: BANK OF AMERICA LINE OF CREDIT  
 ORIGINAL AMOUNT: 100,000.  
 INTEREST RATE: 6.250000  
 DATE OF NOTE: 06/01/1992  
 SECURITY PROVIDED: ALL EQUIPMENT  
 PURPOSE OF LOAN: OPERATIONS

BEGINNING BALANCE DUE ..... 100,000.  
 ENDING BALANCE DUE ..... NONE  
 -----

LENDER: IRWIN BANK  
 ORIGINAL AMOUNT: 1,000,000.  
 INTEREST RATE: 6.750000  
 DATE OF NOTE: 11/22/2002  
 MATURITY DATE: 02/01/2009  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$18,204 INCLUDING INTEREST  
 PURPOSE OF LOAN: CONSTRUCTION OF NEW CLUB FACILITY

BEGINNING BALANCE DUE ..... 931,194.  
 ENDING BALANCE DUE ..... 745,533.  
 -----

LENDER: STEELCASE FINANCIAL SERVICE  
 ORIGINAL AMOUNT: 26,292.  
 INTEREST RATE: 5.000000  
 MATURITY DATE: 06/30/2007  
 REPAYMENT TERMS: MONTHLY INSTALLMENTS OF \$788 INCLUDING INTEREST  
 SECURITY PROVIDED: CAPITAL LEASE  
 PURPOSE OF LOAN: ACQUIRE PROPERTY AND EQUIPMENT

BEGINNING BALANCE DUE .....	20,785.
ENDING BALANCE DUE .....	11,451.

-----

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	1,121,339.
---	------------

=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	756,984.
--	----------

=====

FORM 990, PART IV-A - OTHER REVENUE ON RETURN BUT NOT ON BOOKS

DESCRIPTION	AMOUNT
-----	-----
INVESTMENT INCOME	25,410.
NET REALIZED/UNREALIZED GAINS	59,276.
	-----
TOTAL	84,686.
	=====

BOYS AND GIRLS CLUB OF THE EAST VALLEY

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RAMON ELIAS 1405 EAST GUADALUPE ROAD, #4 TEMPE, AZ 85283	PRESIDENT/CEO 40	133,900.	23,005.	5,726.
TIMOTHY BROWN SAME AS ABOVE	EXECUTIVE DIRECTOR 40	82,750.	15,172.	3,900.
SANDY BLACK SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
DAN CALLAHAN SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
CRAIG CAMERON SAME AS ABOVE	VP PROPERTIES & FAC. 2	NONE	NONE	NONE
JOHN CORK SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
FREDDIE DOBBINS, JR. SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
JAY FRIEDMAN SAME AS ABOVE	PAST CHAIR./VP TECH. 2	NONE	NONE	NONE
GLYNN GILCREASE SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
JIM HAYDEN SAME AS ABOVE	VICE CHAIRMAN 2.5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
PEGGY HOAG SAME AS ABOVE	VP PROGRAMS 2	NONE	NONE	NONE
LANA HOCK SAME AS ABOVE	CHAIRMAN 2.5	NONE	NONE	NONE
DREW MEREDITH SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
RAUL MONREAL, JR. SAME AS ABOVE	BOARD DEVELOPMENT 1.5	NONE	NONE	NONE
MIKE NEILL SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
GREG PATTERSON SAME AS ABOVE	VP MARKETING 1.5	NONE	NONE	NONE
LEIGH ANNE CICCARELLI SAME AS ABOVE	VP PERSONNEL 2	NONE	NONE	NONE
HOWARD CONROY SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
CINDY CREED SAME AS ABOVE	VP RESOURCE DEVELOP. 2	NONE	NONE	NONE
JEANNE FORBIS SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
RICH FRAZIER	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
SAME AS ABOVE				
LISA GEORGE SAME AS ABOVE	SECRETARY 2	NONE	NONE	NONE
LANCE KELLER SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
BOB PABLO SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
CAROL ROYSE SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
MYRNA SONORA SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
ROBIN THOMPSON SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
LEONARD C. TORRES SAME AS ABOVE	VP BUSINESS & FIN. 2	NONE	NONE	NONE
DAWN BERMAN-SCHACKNER SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
LISA ELLIS SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
REBECCA KENYON SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
KIM MCCORMICK SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
ROBERT SAUCERMAN SAME AS ABOVE	DIRECTOR 1.5	NONE	NONE	NONE
KEVIN JARDINE SAME AS ABOVE	DIRECTOR 1	NONE	NONE	NONE
LANCE MARBLE SAME AS ABOVE	DIRECTOR 1.5	NONE	NONE	NONE
GRAND TOTALS		216,650.	38,177.	9,626.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
--------------------	---

93A	YOUTH PROGRAMS PROVIDE THE OPPORTUNITY TO GUIDE YOUTH PARTICIPANTS' BEHAVIOR THROUGH SUPERVISED ACTIVITIES AND FORMAL AND INFORMAL MENTOR RELATIONSHIPS DEVELOPED IN OUR CLUBS. OUR PROGRAMS ALSO PROMOTE THE HEALTH, SOCIAL, EDUCATIONAL, VOCATIONAL AND CHARACTER OF ATTENDING YOUTHS THROUGH THE CAREFUL SELECTION OF PLANNED ACTIVITIES OFFERED.
93G	THE CHARTER SCHOOL PROVIDES AN ENVIRONMENT WHICH PROMOTES THE HEALTH, SOCIAL, EDUCATIONAL, VOCATIONAL AND CHARACTER DEVELOPMENT OF THE BOYS AND GIRLS WHO ATTEND.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

EDUCATIONAL AWARDS ARE GIVEN TO CLUB MEMBERS BASED ON ACADEMIC PERFORMANCE, CLUB AND COMMUNITY PERFORMANCE. THE PROGRAM COMMITTEE IS RESPONSIBLE FOR SELECTING THE CLUB MEMBER TO BE AWARDED.

BOYS AND GIRLS CLUB OF THE EAST VALLEY

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2003	2002	2001	2000	TOTAL
OTHER REVENUE	10,143.	2,237.	10,982.	1,142.	24,504.
T-SHIRT SALES	12,469.	12,895.	41,330.	23,879.	90,573.
CONCESSIONS	19,802.	24,280.	12,993.	19,274.	76,349.
TOTALS	42,414.	39,412.	65,305.	44,295.	191,426.



**BOYS & GIRLS CLUBS OF THE EAST VALLEY**

**Form 990, Part IV, Line 57**

**Land, buildings, and equipment**  
FYE 6/30/2005

EIN: 86-0550646

**Form 990, Part IV, Line 57**

<u>Description</u>	<u>Cost</u>
Buildings	6,947,144
Machinery & Equipment	1,673,132
Leasehold Improvements	1,014,825
Vehicles	353,928
Construction in Process	1250
<b>TOTAL</b>	<b>9,990,279</b>
Accum. Depr. - Buildings	866,916
Accum Depr. - Machinery & Equipment	1,290,471
Accum. Depr - Leasehold Improvements	688,935
Accum Depr. - Vehicles	187,831
<b>TOTAL</b>	<b><u>3,034,153</u></b>
<b>NET BOOK VALUE</b>	<b><u><u>6,956,126</u></u></b>
<b>Depreciation Expense</b>	<b>517,674</b>

**BOYS & GIRLS CLUBS OF THE EAST VALLEY**  
Investments-land, buildings, and equipment  
6/30/2005

**86-0550646**

**Form 990, Part IV, Line 55**

Donated land carried at cost

\$ 25,000

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

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)**

**Form 990-T corporations** requesting an automatic 6-month extension - check this box and complete Part I only.

*All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041*

**Electronic Filing (e-file).** Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile)

File by the due date for filing your return. See instructions	Name of Exempt Organization <b>BOYS AND GIRLS CLUB OF THE EAST VALLEY</b>	Employer identification number <b>86-0550646</b>
	Number, street, and room or suite no. If a P O box, see instructions <b>1405 EAST GUADALUPE ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>TEMPE, AZ 85283</b>	
	4	

**Check type of return to be filed** (file a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)               | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **THE ORGANIZATION**

Telephone No ▶ **480 820-3688** FAX No ▶ \_\_\_\_\_

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

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **02/15**, **2006**, to file the exempt organization return for the organization named above. The extension is for the organization's return for  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **07/01**, **2004**, and ending **06/30**, **2005**

2 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ \_\_\_\_\_

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ \_\_\_\_\_

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**

ing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box. . . . .  **X**  
y complete **Part II** if you have already been granted an automatic 3-month extension on a previously filed Form 8868  
are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.**

Name of Exempt Organization <b>BOYS AND GIRLS CLUB OF THE EAST VALLEY</b>	Employer identification number <b>86-0550646</b>
Number, street, and room or suite no. If a P O box, see instructions <b>1405 EAST GUADALUPE ROAD #4</b>	For IRS use only
City, town or post office, state, and ZIP code For a foreign address, see instructions <b>TEMPE, AZ 85283</b>	

**Check type of return to be filed** (File a separate application for each return)

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T(sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (trust other than above)    | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 1041-A                            | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 4720                              |                                    |

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

- The books are in the care of  **THE ORGANIZATION**  
Telephone No  **480 820-3688** FAX No
- If the organization does **not** have an office or place of business in the United States, check this box. . . . .
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole** group, check this box  If it is for **part** of the group, check this box  and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until 05/15/2006
- 5 For calendar year \_\_\_\_\_, or other tax year beginning 07/01/2004 and ending 06/30/2005
- 6 If this tax year is for less than 12 months, check reason  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.**

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

**Signature and Verification**

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

Signature  \_\_\_\_\_ Title  \_\_\_\_\_ Date  2/6/2006

**Notice to Applicant - To Be Completed by the IRS**

- We **have** approved this application Please attach this form to the organization's return
- We **have not** approved this application However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return Please attach this form to the organization's return
- We **have not** approved this application After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file We are not granting a 10-day grace period
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested
- Other \_\_\_\_\_

Director \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Name <b>CBIZ ATA OF PHOENIX, LLC</b>
Number and street (include suite, room, or apt. no.) or a P.O. box number <b>3101 N. CENTRAL AVE., STE 300</b>
City or town, province or state, and country (including postal or ZIP code) <b>PHOENIX, AZ 85012</b>