Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2006
Open to Public Inspection

A For the 2006 calendar year, or tax year beginning 07/01 , **2006, and ending** 06/30/2007

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: BOYS AND GIRLS CLUB OF THE EAST VALLEY

Number and street (or P O box if mail is not delivered to street address): 1405 EAST GUADALUPE ROAD #4 — Room/suite

City or town, state or country, and ZIP + 4: TEMPE, AZ 85283

D Employer identification number 86-0550646

E Telephone number (480)820-3688

F Accounting method [ ] Cash [X] Accrual [ ] Other (specify) ▶

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

H and I are not applicable to section 527 organizations

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

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? [ ] Yes [ ] No (If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶

G Website: ▶ WWW.CLUBZONA.ORG

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,535,231.

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

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Revenue

1	Contributions, gifts, grants, and similar amounts received				
a	Contributions to donor advised funds	1a			
b	Direct public support (not included on line 1a)	1b	1,796,437.		
c	Indirect public support (not included on line 1a)	1c	726,055.		
d	Government contributions (grants) (not included on line 1a)	1d	1,753,701.		
e	Total (add lines 1a through 1d) (cash $ 4,259,181. noncash $ 17,012.)			1e	4,276,193.
2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,497,457.
3	Membership dues and assessments			3	
4	Interest on savings and temporary cash investments			4	
5	Dividends and interest from securities			5	43,749.
6 a	Gross rents	6a	56,623.		
b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a			6c	56,623.
7	Other investment income (describe ▶)			7	

		(A) Securities		(B) Other		
8 a	Gross amount from sales of assets other than inventory	171,619.	8a	8,555.		
b	Less cost or other basis and sales expenses	125,566.	8b	8,555.		
c	Gain or (loss) (attach schedule)	46,053.	8c			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)				8d	46,053.

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9	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ [X]				
a	Gross revenue (not including $ 1,154,375. of STMT 3 contributions reported on line 1b) STMT 4	9a	415,148.		
b	Less direct expenses other than fundraising expenses	9b	279,334.		
c	Net income or (loss) from special events Subtract line 9b from line 9a			9c	135,814.
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
11	Other revenue (from Part VII, line 103)			11	65,887.
12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	7,121,776.

Expenses

13	Program services (from line 44, column (B))	13	5,838,753.
14	Management and general (from line 44, column (C))	14	479,931.
15	Fundraising (from line 44, column (D))	15	862,181.
16	Payments to affiliates (attach schedule) STMT 5	16	20,857.
17	**Total expenses** Add lines 16 and 44, column (A)	17	7,201,722.

Net Assets

18	Excess or (deficit) for the year Subtract line 17 from line 12	18	-79,946.
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,975,154.
20	Other changes in net assets or fund balances (attach explanation) STMT 6	20	16,519.
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21	7,911,727.

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

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 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
22a Grants paid from donor advised funds (attach schedule) (cash $ ______ noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 21,700. noncash $ ______) If this amount includes foreign grants, check here ▶ ☐	22b	21,700.	21,700.	STMT 7	
23 Specific assistance to individuals (attach schedule)	23	15,812.	15,812.	STMT 8	
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	25a	277,490.	61,824.	168,564.	STMT 9 47,102.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	3,438,653.	3,077,493.	125,374.	235,786.
27 Pension plan contributions not included on lines 25a, b, and c	27	197,771.	166,128.	11,866.	19,777.
28 Employee benefits not included on lines 25a - 27	28	438,475.	368,319.	26,309.	43,847.
29 Payroll taxes	29	283,752.	238,352.	17,025.	28,375.
30 Professional fundraising fees	30				
31 Accounting fees	31				
32 Legal fees	32				
33 Supplies	33	177,038.	135,433.	30,790.	10,815.
34 Telephone	34	52,637.	38,691.	6,973.	6,973.
35 Postage and shipping	35	11,881.	2,513.	5,101.	4,267.
36 Occupancy	36	610,733.	569,429.	25,372.	15,932.
37 Equipment rental and maintenance	37	68,461.	48,952.	13,318.	6,191.
38 Printing and publications	38	29,209.	12,918.	6,126.	10,165.
39 Travel	39				
40 Conferences, conventions, and meetings	40	119,104.	77,008.	9,263.	32,833.
41 Interest	41	48,982.	41,635.	7,347.	
42 Depreciation, depletion, etc (attach schedule)	42	381,733.	352,020.	10,550.	19,163.
43 Other expenses not covered above (itemize)					
a STMT 10	43a	1,007,434.	610,526.	15,953.	380,955.
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	7,180,865.	5,838,753.	479,931.	862,181.

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 the instructions)*

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

What is the organization's primary exempt purpose? ▶SEE STATEMENT 11 All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)	**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 13,500 SERVED. (Grants and allocations $ 21,700.) If this amount includes foreign grants, check here ▶ ☐	4,703,532.
b CHARTER SCHOOL-PROVIDES FORMAL INSTRUCTION FOR YOUTH. APPROXIMATELY 220 SERVED. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	1,135,221.
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) . . . . ▶	5,838,753.

Form **990** (2006)

Part IV Balance Sheets *(See 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			307,299.	45	460,245.
46 Savings and temporary cash investments			325,914.	46	172,420.
47a Accounts receivable	47a	85,621.			
b Less allowance for doubtful accounts	47b		112,040.	47c	85,621.
48a Pledges receivable	48a	681,943.			
b Less allowance for doubtful accounts	48b	NONE	881,020.	48c	681,943.
49 Grants receivable			35,571.	49	119,831.
50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)				50a	
b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				50b	
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			50,483.	53	69,972.
54a Investments - publicly-traded securities ▶ [ ] Cost [X] FMV			886,530.	54a	971,455.
b Investments - other securities (attach schedule) ▶ [ ] Cost [ ] FMV				54b	
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	10,514,712.			
b Less accumulated depreciation (attach schedule)	57b	3,872,187.	6,620,232.	57c	6,642,525.
58 Other assets, including program-related investments (describe ▶ STMT 12)			12,900.	58	13,352.
59 **Total assets** (must equal line 74) Add lines 45 through 58			9,256,989.	59	9,242,364.
Liabilities					
60 Accounts payable and accrued expenses			485,857.	60	560,948.
61 Grants payable				61	
62 Deferred revenue			201,352.	62	206,504.
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) STMT 13			594,626.	64b	563,185.
65 Other liabilities (describe ▶)				65	
66 **Total liabilities.** Add lines 60 through 65			1,281,835.	66	1,330,637.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ [X] and complete lines 67 through 69 and lines 73 and 74					
67 Unrestricted			1,134,644.	67	-149,854.
68 Temporarily restricted			203,606.	68	1,308,249.
69 Permanently restricted			6,636,904.	69	6,753,332.
Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 70 through 74					
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 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72 (Column (A) **must** equal line 19 and column (B) **must** equal line 21)			7,975,154.	73	7,911,727.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			9,256,989.	74	9,242,364.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	7,952,526.
b	Amounts included on line **a** but not on Part I, line 12				
1	Net unrealized gains on investments	b1	16,519.		
2	Donated services and use of facilities	b2	917,350.		
3	Recoveries of prior year grants	b3			
4	Other (specify)	b4			
	Add lines **b1** through **b4**			b	933,869.
c	Subtract line **b** from line **a**			c	7,018,657.
d	Amounts included on Part I, line 12, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify) SEE STATEMENT 15	d2	103,119.		
	Add lines **d1** and **d2**			d	103,119.
e	**Total revenue** (Part I, line 12) Add lines **c** and **d** ▶			e	7,121,776.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements			a	8,119,072.
b	Amounts included on line **a** but not on Part I, line 17				
1	Donated services and use of facilities	b1	915,350.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify) SEE STATEMENT 16	b4	2,000.		
	Add lines **b1** through **b4**			b	917,350.
c	Subtract line **b** from line **a**			c	7,201,722.
d	Amounts included on Part I, line 17, but not on line **a**:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify)	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17) Add lines **c** and **d** ▶			e	7,201,722.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) *(See the instructions)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 17		233,547.	35,667.	8,276.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 40			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization". ▶	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	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?	80a		X
b	If "Yes," enter the name of the organization ▶ ______ and check whether it is ☐ exempt **or** ☐ nonexempt			
81a	Enter direct and indirect political expenditures (See line 81 instructions). **81a** NONE			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82a 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?		82a	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)	82b 917,350.			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?		83b	X	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85 *501(c)(4), (5), or (6) organizations* **a** Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
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				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	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?		85h	N/A	
86 *501(c)(7) orgs* Enter **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) orgs* Enter **a** Gross income from members or shareholders	87a 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)	87b N/A			
88b 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		88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89a *501(c)(3) organizations* Enter Amount of tax imposed on the organization during the year under section 4911 ▶ NONE, section 4912 ▶ NONE, section 4955 ▶ 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		89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	NONE			
d Enter Amount of tax on line 89c, above, reimbursed by the organization ▶	NONE			
e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f *All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X

90a List the states with which a copy of this return is filed ▶ AZ,

b Number of employees employed in the pay period that includes March 12, 2006 (See instructions) **90b** 191

91a The books are in care of ▶ THE ORGANIZATION Telephone no ▶ 480-820-3688

Located at ▶ 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ ZIP + 4 ▶ 85283

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If "Yes," enter the name of the foreign country ▶			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts			

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶	91c		X

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 NONE

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

Note: *Enter gross amounts unless otherwise indicated*	Unrelated business income		Excluded by section 512, 513, or 514		(E)
93 Program service revenue	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function income
a PROGRAM FEES					981,008.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,516,449.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	43,749.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	56,623.	
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	46,053.	
101 Net income or (loss) from special events			01	135,814.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b MISCELLANEOUS			01	24,948.	
c CONCESSIONS			03	26,399.	
d T-SHIRT SALES			01	14,540.	
e					
104 Subtotal (add columns (B), (D), and (E))				348,126.	2,497,457.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 2,845,583.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See 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 24

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See 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
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See 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)*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).*

	Yes	No
106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

	Yes	No
108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

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

Ramon Elias — 5-13-08

Signature of officer — Date

RAMON ELIAS PRESIDENT/CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date 5/12/2008	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen Inst X)	
Firm's name (or yours if self-employed), address, and ZIP + 4	CBIZ ATA SERVICES, LLC		EIN	34-1884125
	3101 N. CENTRAL AVE., STE 300		Phone no	602-264-6835
	PHOENIX, AZ 85012			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information - (See separate instructions.)

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

OMB No 1545-0047

2006

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 2 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
SEE STATEMENT 25				
Total number of other employees paid over $50,000 . . ▶	1			

Part II-A 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		

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions)

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

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

JSA
6E1210 2 000

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	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 ▶ $ NONE (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		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			
2	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)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit? STMT.26	2b	X	
c	Furnishing of goods, services, or facilities? STMT.27	2c	X	
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) STMT.28	3a	X	
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number or donor advised funds owned at the end of the tax year ▶			
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶			NONE
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶			NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions)

I certify that 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 [X] 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 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 otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

[ ] Type I [ ] Type II [ ] Type III - Functionally Integrated [ ] Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 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*

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28)	3,643,301.	3,798,598.	3,261,790.	5,258,902.	15,962,591.
16 Membership fees received	NONE	NONE	NONE	NONE	NONE
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	3,173,854.	2,511,506.	2,816,517.	1,963,729.	10,465,606.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	38,723.	27,043.	23,897.	48,248.	137,911.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge	848,400.	851,188.	867,900.	926,400.	3,493,888.
22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets	STMT 29 33,869.	50,564.	42,414.	39,412.	166,259.
23 Total of lines 15 through 22	7,738,147.	7,238,899.	7,012,518.	8,236,691.	30,226,255.
24 Line 23 minus line 17	4,564,293.	4,727,393.	4,196,001.	6,272,962.	19,760,649.
25 Enter 1% of line 23	77,381.	72,389.	70,125.	82,367.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶ **26a** 395,213.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b** 103,448.

c Total support for section 509(a)(1) test Enter line 24, column (e) ▶ **26c** 19,760,649.

d Add Amounts from column (e) for lines 18 137,911. 19 ____ 22 166,259. 26b 103,448. ▶ **26d** 407,618.

e Public support (line 26c minus line 26d total) ▶ **26e** 19,353,031.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 97.9372 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person" **Do not file this list with your return.** Enter the sum of such amounts for each year

NOT APPLICABLE

(2005) ________ (2004) ________ (2003) ________ (2002) ________

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year

(2005) ________ (2004) ________ (2003) ________ (2002) ________

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____ ▶ **27c**

d Add Line 27a total ____ and line 27b total ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ▶ **27f**

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ **27g** %

h ***Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))*** ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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 9 of the instructions) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	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?	29		
30	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?	30		
31	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?	31		
	If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
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	34b		
35	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	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 10 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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table - **If the amount on line 40 is -** / **The lobbying nontaxable amount is -** 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	41		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

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 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities** NOT APPLICABLE
(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i 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

Part VII **Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 13 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

6E7000 1 000

RENT AND ROYALTY INCOME

Taxpayer's Name	Identifying Number
BOYS AND GIRLS CLUB OF THE EAST VALLEY	86-0550646

DESCRIPTION OF PROPERTY

SPACE RENTALS

[ ] Yes [ ] No Did you actively participate in the operation of the activity during the tax year?

RENTAL INCOME	56,623.	
OTHER INCOME		
TOTAL GROSS INCOME		56,623.
OTHER EXPENSES:		
DEPRECIATION (SHOWN BELOW)		
LESS: Beneficiary's Portion		
AMORTIZATION		
LESS: Beneficiary's Portion		
DEPLETION		
LESS: Beneficiary's Portion		
TOTAL EXPENSES		
TOTAL RENT OR ROYALTY INCOME (LOSS)		56,623.
Less Amount to		
Rent or Royalty		
Depreciation		
Depletion		
Investment Interest Expense		
Other Expenses		
Net Income (Loss) to Others		
Net Rent or Royalty Income (Loss)		56,623.
Deductible Rental Loss (if Applicable)		

SCHEDULE FOR DEPRECIATION CLAIMED

(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des	(e) Bus %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) Method	(i) Life or rate	(j) Depreciation for this year
Totals									

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
SPACE RENTALS	56,623.			56,623.
TOTALS	56,623.			56,623.

STATEMENT 2

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
AUCTION/DINNER	276,920.
BON VIVANT	192,442.
GOLF TOURNAMENTS	100,495.
OTHER SPECIAL EVENTS	584,518.
TOTAL	1,154,375.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION/DINNER	242,956.	161,658.	81,298.
BON VIVANT	97,789.	39,551.	58,238.
GOLF TOURNAMENTS	3,473.	47,637.	-44,164.
OTHER SPECIAL EVENTS	70,930.	30,488.	40,442.
TOTALS	415,148.	279,334.	135,814.

FORM 990, PART I - PAYMENTS TO AFFILIATES

DESCRIPTION	AMOUNT
BOYS AND GIRLS CLUBS OF AMERICA 1230 W. PEACHTREE ST., NW ATLANTA, GA 30309	20,857.
TOTAL	20,857.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	16,519.
TOTAL	16,519.

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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
SEE ATTACHED LIST	NONE INDIVIDUAL	SCHOLARSHIP	21,700.
		TOTAL CONTRIBUTIONS PAID	21,700.

Boys and Girls Club of the East Valley
EIN: 86-0550646

Form 990, Part II, Line 22b

Daniel Baum 211 E. Hermosa Drive Tempe, AZ. 85282	$1,600
Bethany Elias 1111 E. Kent Place Chandler, AZ. 85225	$1,600
Allison Hart 913 S. Navajo Court Chandler, AZ. 85224	$1,600
Chris Macias 2623 E. Billings Street Mesa, AZ. 85213	$1,600
Christine Rodriguez 1710 S. Gilbert Road #1016 Mesa, AZ. 85204	$800
David Dung Vu 4605 S. Priest Drive #100 Tempe, AZ. 85282	$1,600
Cody Weagant 1515 E. Baker St. Suite 4 Laramie, WY 82072	$1,600
Lisa Wiltshire P.O. Box 1212 Sacaton, AZ. 85247	$1,600
Lily Chang 1787 W. Carla Vista Drive Chandler, AZ. 85224	$800

Boys and Girls Club of the East Valley
EIN: 86-0550646

Form 990, Part II, Line 22b

Ernesto Farfan 700 E. Commonwealth Place Chandler, AZ. 85225	$1,600
Heather Crossley 40388 N. Domiano Street Queen Creek, AZ. 85242	$500
Jessica Flores 7562 E. Nido Avenue Mesa, AZ. 85209	$1,000
Jennifer Ashley Repp 2301 E. University #386 Mesa, AZ. 85213	$800
Haidy Henes 6122 E. Cicero Street Mesa, AZ. 85205	$800
Fabiola Ketter 518 S. Saddle Street Gilbert, AZ. 85233	$800
Donald Smith 650 E. La Jolla Tempe, AZ 85282	$800
Jermaine Calvin P.O. Box G St. Bonaventure, NY 14778	$800

Boys and Girls Club of the East Valley
EIN: 86-0550646

Form 990, Part II, Line 22b

Terence Pegram 3405 W. Glass Lane Phoenix, AZ. 85041	$500
LaToya Hoy 119 S. Golden Key Drive Gilbert, AZ. 85233	$500
Joseph Yungkans 31556 N. Sunflower Way Queen Creek, AZ. 85243	$800

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS

DESCRIPTION	PROGRAM SERVICES
ADOPTION SERVICES	7,000.
MEDICAL/THERAPEUTIC SERVICES	500.
EDUCATION SERVICES	1,732.
HORSEBACK RIDING	6,580.
TOTALS	15,812.

FORM 990, PART II, LINE 25A - CURRENT OFFICER COMPENSATION SCHEDULE

CURRENT OFFICER NAME	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
RAMON ELIAS			
COMPENSATION:		136,000.	34,000.
CONTRIBUTIONS TO BENEFIT PLANS:		20,350.	5,088.
EXPENSE ACCOUNT:		4,581.	1,145.
TIMOTHY BROWN			
COMPENSATION:	51,473.	6,355.	5,719.
CONTRIBUTIONS TO BENEFIT PLANS:	8,285.	1,023.	921.
EXPENSE ACCOUNT:	229.	255.	2,066.
TOTALS	59,987.	168,564.	48,939.

STATEMENT 9

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
PROGRAM SERVICE EXPENSES	435,324.	433,621.	1,693.	10.
BAD DEBT	245,440.			245,440.
PROFESSIONAL FEES	92,731.	75,189.	6,972.	10,570.
VEHICLE COSTS	92,144.	76,218.	4,200.	11,726.
MEMBERSHIP DUES	17,063.	12,138.	3,065.	1,860.
MISCELLANEOUS EXPENSES	14,653.	13,360.		1,293.
SPECIAL EVENT EXPENSE	93,067.		23.	93,044.
IN KIND MATERIALS	17,012.			17,012.
TOTALS	1,007,434.	610,526.	15,953.	380,955.

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 BOYS AND GIRLS CLUBS OF THE COMMUNITIES COMPOSING OF THAT AREA KNOWN AS THE EAST VALLEY WHICH EXISTS IN MARICOPA AND PINAL COUNTIES, AND THE STATE OF ARIZONA.

FORM 990, PART IV - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE
DONATED TIMESHARE	12,900.
EMPLOYEE RECEIVABLE	452.
TOTALS	13,352.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: IRWIN BANK
ORIGINAL AMOUNT: 1,000,000.
INTEREST RATE: 7.740000
DATE OF NOTE: 11/22/2002
MATURITY DATE: 02/20/2012
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF $10,655 INCLUDING INTEREST
PURPOSE OF LOAN: CONSTRUCTION OF NEW CLUB FACILITY

BEGINNING BALANCE DUE	592,263.
ENDING BALANCE DUE	512,038.

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	2,363.
ENDING BALANCE DUE	NONE

LENDER: GMAC
ORIGINAL AMOUNT: 21,313.
INTEREST RATE: 8.240000
DATE OF NOTE: 05/28/2004
MATURITY DATE: 06/12/2009
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF $727 INCLUDING INTEREST
SECURITY PROVIDED: COLLATERALIZED BY VEHICLE
PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	12,591.

LENDER: DAIMLER CHRYSLER
ORIGINAL AMOUNT: 43,648.
INTEREST RATE: 7.990000
DATE OF NOTE: 12/28/2006
MATURITY DATE: 11/28/2011
REPAYMENT TERMS: MONTHLY INSTALLMENTS OF $885 INCLUDING INTEREST
SECURITY PROVIDED: COLLATERALIZED BY VEHICLE
PURPOSE OF LOAN: VEHICLE LOAN

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	38,556.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	594,626.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	563,185.

BOYS AND GIRLS CLUB OF THE EAST VALLEY 86-0550646

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

DESCRIPTION	AMOUNT
INVESTMENT INCOME	40,547.
NET REALIZED/UNREALIZED GAINS	62,572.
TOTAL	103,119.

STATEMENT 15

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
CAPITALIZED NON CASH SERVICES	2,000.
TOTAL	2,000.

FORM 990, PART V-A - CURRENT 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	170,000.	25,438.	5,726.
TIMOTHY BROWN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	EXECUTIVE DIRECTOR	63,547.	10,229.	2,550.
SANDY BLACK 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
DAN CALLAHAN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
CRAIG CAMERON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 2.00	NONE	NONE	NONE
JOHN CORK 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
FREDDIE DOBBINS, JR.	VP HUMAN RESOURCES 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283				
JAY FRIEDMAN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 2.00	NONE	NONE	NONE
GLYNN GILCREASE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
JIM HAYDEN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	CHAIRMAN OF THE BOARD 2.50	NONE	NONE	NONE
PEGGY HOAG 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 2.00	NONE	NONE	NONE
LANA HOCK 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	PAST CHAIRMAN 2.00	NONE	NONE	NONE
DREW MEREDITH 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MIKE NEILL 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
GREG PATTERSON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.50	NONE	NONE	NONE
LEIGH ANNE CICCARELLI 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 2.00	NONE	NONE	NONE
CINDY CREED 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VICE CHAIRMAN 2.00	NONE	NONE	NONE
JEANNE FORBIS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP PROGRAMS 1.00	NONE	NONE	NONE
RICH FRAZIER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
LISA GEORGE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP RESOURCE DEVEL. 2.00	NONE	NONE	NONE
LANCE KELLER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
CAROL ROYSE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
ROBIN THOMPSON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP TECHNOLOGY 1.00	NONE	NONE	NONE
LEONARD C. TORRES 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP BUSINESS/FINANCE 2.00	NONE	NONE	NONE
DAWN BERMAN-SCHACKNER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP BOARD DEVELOPMENT 1.00	NONE	NONE	NONE
LISA ELLIS	VP MARKETING 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283				
ROBERT SAUCERMAN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP PROPERTY & FAC. 1.50	NONE	NONE	NONE
LANCE MARBLE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.50	NONE	NONE	NONE
DAN SJOSTROM 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	SECRETARY 1.00	NONE	NONE	NONE
SCOTT BLEVINS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
ERIC STILLER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL LAMACCHIA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CHARLIE VESTER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
ANDY SWINGLE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
GENE KEIL 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
ALAN BUNNELL 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
KJERSTEN GRUBKA DOCKERY 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
YOLADA ESTRADA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DAVIS JENSEN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
MICHAEL MASON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
RON MERITT 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
JAVIER ZULUAGA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
	GRAND TOTALS	233,547.	35,667.	8,276.

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 ACTIVIES 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 I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
MICHELLE DUENAS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	AREA DIRECTOR 40.00	60,000.	14,111.	3,250.
CINDY ZAK-SLETTE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DEVEL. MANAGER 40.00	62,400.	14,536.	NONE
DENNIS MARCELLO 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	V.P. OF DEVELOPMENT 40.00	90,125.	17,274.	3,900.
SWATI WEBB 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIR. OF FINANCE 40.00	67,000.	15,011.	NONE
CHILO FIGUEROA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	AREA DIRECTOR 40.00	58,000.	14,083.	5,200.
	TOTAL COMPENSATION	337,525.	75,015.	12,350.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2B

BOARD MEMBERS ARE OFFICERS AT THE BANKS THAT PROVIDE THE ORGANIZATION'S LINE OF CREDIT.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C
==

BOARD MEMBERS PROVIDE PRO BONO LEGAL SERVICES TO THE ORGANIZATION.

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.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2005	2004	2003	2002	TOTAL
OTHER REVENUE	3,327.	21,664.	10,143.	2,237.	37,371.
T-SHIRT SALES	14,413.	12,248.	12,469.	12,895.	52,025.
CONCESSIONS	16,129.	16,652.	19,802.	24,280.	76,863.
TOTALS	33,869.	50,564.	42,414.	39,412.	166,259.

Schedule D Detail of Long-term Capital Gains and Losses

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
CAPITAL GAINS (LOSSES) FROM SECURITIES					
PUBLICLY TRADED SECURITIES	VAR	VAR	171,619.	125,566.	46,053.
TOTAL CAPITAL GAINS (LOSSES) FROM SECURITIES			171,619.	125,566.	46,053.
Totals			171,619.	125,566.	46,053.

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BOYS AND GIRLS CLUB OF THE EAST VALLEY 86-0550646

Supplement to Form 4797 Part II Detail

Description	Date Acquired	Date Sold	Gross Sales Price	Depreciation Allowed or Allowable	Cost or Other Basis	Gain or (Loss) for entire year
SALE OF ASSETS	VAR	VAR	8,555.	799.	9,354.	
Totals						

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BOYS & GIRLS CLUBS OF THE EAST VALLEY

Form 990, Part IV, Line 57
Land, Buildings, and Equipment **EIN: 86-0550646**
FYE 6/30/2007

Form 990, Part IV, Line 57

Description	Cost
Buildings	7,043,162
Machinery & Equipment	1,794,864
Leasehold Improvements	1,257,798
Vehicles	418,888
Construction in Process	0
TOTAL	**10,514,712**
Accum. Depr. - Buildings	(1,234,252)
Accum. Depr. - Machinery & Equipment	(1,516,305)
Accum. Depr. - Leasehold Improvements	(824,021)
Accum. Depr. - Vehicles	(297,609)
TOTAL	**(3,872,187)**
NET BOOK VALUE	**6,642,525**
Depreciation Expense	**381,733**

BOYS & GIRLS CLUBS OF THE EAST VALLEY **86-0550646**
Investments-land, Buildings, and Equipment
6/30/2007

Form 990, Part IV, Line 55

Donated land carried at cost	$ 25,000

• If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** and check this box . . . . ▶ X

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

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

Part II Additional (not automatic) 3-Month Extension of Time. You must file original and one copy.

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

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

- [X] Form 990
- [ ] Form 990-BL
- [ ] Form 990-EZ
- [ ] Form 990-PF
- [ ] Form 990-T (sec 401(a) or 408(a) trust)
- [ ] Form 990-T (trust other than above)
- [ ] Form 1041-A
- [ ] Form 4720
- [ ] Form 5227
- [ ] Form 6069
- [ ] Form 8870

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 05/15,20 08

5 For calendar year ______, or other tax year beginning 07/01,20 06 and ending 06/30,20 07

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	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
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	8c	$

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 ▶ [signature] Title ▶ Date ▶ 1/30/2008

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 ______

______ By ______ ______

Director 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

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

Form **8868**
(Rev April 2007)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . ▶ [X]
- 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . ▶ [ ]

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

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated From 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

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

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] 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 section 501(c) corporation required to file Form 990-T) extension of time until 02/15, 2008, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ [ ] calendar year ______ or
▶ [X] tax year beginning 07/01, 2006, and ending 06/30, 2007

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	3a	$
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	3b	$
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	3c	$

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. Form **8868** (Rev 4-2007)

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