

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

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning 07/01, 2007, and ending 06/30/2008

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: BOYS AND GIRLS CLUB OF THE EAST VALLEY. D Employer identification number: 86-0550646. E Telephone number: (480) 820-3688. F Accounting method: Cash, Accrual.

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 No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? Yes No. H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

G Website: WWW.CLUBZONA.ORG

J Organization type (check only one) [X] 501(c)(3) 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.

I Group Exemption Number. 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 7,686,037.

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

Table with columns for Revenue, Expenses, and Net Assets. 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; 6 a Gross rents; b Less rental expenses; c Net rental income or (loss); 7 Other investment income; 8 a Gross amount from sales of assets other than inventory; b Less cost or other basis and sales expenses; c Gain or (loss); d Net gain or (loss); 9 Special events and activities; a Gross revenue; b Less direct expenses other than fundraising expenses; c Net income or (loss); 10 a Gross sales of inventory, less returns and allowances; b Less cost of goods sold; c Gross profit or (loss); 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.

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Part I 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 <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) (cash \$ 27,900 noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	27,900.	27,900.	STMT 9	
23	Specific assistance to individuals (attach schedule)	10,396.	10,396.	STMT 14	
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc listed in Part V-A	326,803.	11,373.	181,830.	133,600.
25b	Compensation of former officers, directors, key employees, etc listed in Part V-B				
25c	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)				
26	Salaries and wages of employees not included on lines 25a, b, and c	3,695,639.	3,373,022.	119,197.	203,420.
27	Pension plan contributions not included on lines 25a, b, and c	155,389.	152,158.		3,231.
28	Employee benefits not included on lines 25a - 27	459,155.	417,060.	16,934.	25,161.
29	Payroll taxes	326,888.	278,713.	22,415.	25,760.
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	210,358.	119,836.	83,975.	6,547.
34	Telephone	62,328.	40,144.	14,928.	7,256.
35	Postage and shipping	15,220.	3,647.	5,582.	5,991.
36	Occupancy	707,362.	654,838.	34,121.	18,403.
37	Equipment rental and maintenance	55,484.	52,345.	1,652.	1,487.
38	Printing and publications	46,220.	20,431.	6,977.	18,812.
39	Travel				
40	Conferences, conventions, and meetings	119,730.	75,222.	7,524.	36,984.
41	Interest	96,612.	73,012.	7,958.	15,642.
42	Depreciation, depletion, etc (attach schedule)	407,041.	357,734.	26,516.	22,791.
43	Other expenses not covered above (itemize)				
43a	PROGRAM SERVICE EXPENSES	335,535.	335,535.		
43b	PROFESSIONAL FEES	82,155.	61,607.	8,776.	11,772.
43c	VEHICLE COSTS	87,586.	73,701.	2,827.	11,058.
43d	MEMBERSHIP DUES	13,813.	8,768.	1,370.	3,675.
43e	MISCELLANEOUS EXPENSES	35,692.	24,018.	169.	11,505.
43f	SPECIAL EVENT EXPENSE	52,057.			52,057.
43g	IN KIND MATERIALS	18,998.	18,998.		
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	7,348,361.	6,190,458.	542,751.	615,152.

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 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	460,245.	45	274,496.
	46 Savings and temporary cash investments	172,420.	46	178,176.
	47a Accounts receivable	47a 126,699.		
	b Less allowance for doubtful accounts	47b	85,621.	47c 126,699.
	48a Pledges receivable	48a 681,448.		
	b Less allowance for doubtful accounts	48b NONE	681,943.	48c 681,448.
	49 Grants receivable		119,831.	49 178,866.
	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		69,972.	53 49,062.
	54a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	971,455.	54a 938,491.
	b Investments - other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> 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 10,887,535.			
b Less accumulated depreciation (attach schedule)	57b 4,219,085.	6,642,525.	57c 6,668,450.	
58 Other assets, including program-related investments (describe <input type="checkbox"/> STMT 17)		13,352.	58 13,190.	
59 Total assets (must equal line 74) Add lines 45 through 58		9,242,364.	59 9,133,878.	
Liabilities	60 Accounts payable and accrued expenses		60 560,948.	511,856.
	61 Grants payable		61	
	62 Deferred revenue		206,504.	62 377,327.
	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 18	563,185.	64b 577,431.
	65 Other liabilities (describe <input type="checkbox"/> STMT 20)		NONE	65 96,229.
66 Total liabilities. Add lines 60 through 65		1,330,637.	66 1,562,843.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted		-149,854.	67 -367,801.
	68 Temporarily restricted		1,308,249.	68 1,247,034.
	69 Permanently restricted		6,753,332.	69 6,691,802.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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)		7,911,727.	73 7,571,035.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		9,242,364.	74 9,133,878.	

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

- 75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 32
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?
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?
d Does the organization have a written conflict of interest policy?

Table with 2 columns: Yes, No. Rows 75a, 75b, 75c, 75d.

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)

Table with 5 columns: (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.

Part VI Other Information (See the instructions)

- 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change
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
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement
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?
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)
b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Yes, No. Rows 76, 77, 78a, 78b, 79, 80a, 80b, 81a, 81b.

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?	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	1,152,961.		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		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		
85a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A
85b	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		N/A
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
86a	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) orgs Enter a Gross income from members or shareholders		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
88a	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		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		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		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?		X
f	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?		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?		X
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, 2007 (See instructions)	188	
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	
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)? If "Yes," enter the name of the foreign country	Yes	No
91b			X
	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)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶ _____
 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) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a PROGRAM FEES					998,581.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					1,666,164.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	38,636.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	70,482.	
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	53,204.	
101 Net income or (loss) from special events			01	177,171.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b MISCELLANEOUS			01	1,077.	
c CONCESSIONS			03	18,591.	
d T-SHIRT SALES			01	12,574.	
e _____					
104 Subtotal (add columns (B), (D), and (E))				371,735.	2,664,745.
105 Total (add line 104, columns (B), (D), and (E))					3,036,480.

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 30

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).

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

Yes	No

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

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

Yes	No

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

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?

Yes	No

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: 2/27/09
 Type or print name and title: RAMON ELIAS PRESIDENT/CEO

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 2/26/2009 Check if self-employed:

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

Preparer's SSN or PTIN (See Gen Inst X): 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 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

2007

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

BOYS AND GIRLS CLUB OF THE EAST VALLEY

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
SEE STATEMENT 31				
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

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

Yes No

Table with 3 columns: Question, Yes, No. Rows include: 1. Lobbying activities (NONE), 2. Substantial contributors, 3a-3d. Grants and other activities, 4a-4g. Donor advised funds.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 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 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 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 8 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?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 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) 2006, (b) 2005, (c) 2004, (d) 2003, (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, amounts received from payments on securities loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 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.

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? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) ----- ----- -----	31	
32	Does the organization maintain the following	32a	
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 11 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)

Table with 4 columns: Line number, Description, (a) Affiliated group totals, (b) To be completed for all electing organizations. Rows include lines 36-44 for various lobbying expenditure categories and nontaxable amounts.

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

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2007, (b) 2006, (c) 2005, (d) 2004, (e) Total. Rows include lines 45-50 for lobbying nontaxable amount, ceiling amount, total lobbying expenditures, and grassroots nontaxable amount.

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.)

Table with 3 columns: Description, Yes, No, Amount. Rows include items a-i describing lobbying activities like volunteers, paid staff, media advertisements, mailings, publications, grants, direct contact, and rallies.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 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?

Table with 3 columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of (i) Cash, (ii) Other assets; b Other transactions (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

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.

Table with 4 columns: (a) Line no, (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains '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

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====LAND, BUILDINGS, & EQUIPMENT
FORM 990, PART IV, LINE 57

----- DESCRIPTION -----	COST -----
BUILDINGS	\$ 7,012,053
MACHINERY & EQUIPMENT	1,446,805
LEASEHOLD IMPROVEMENTS	1,808,936
VEHICLES	482,702
EQUIPMENT HELD UNDER CAPITAL LEASES	137,039
-----	-----
TOTAL COST OR DONATED VALUE	10,887,535
ACCUMULATED DEPRECIATION & AMORTIZAION	(4,219,085)
-----	-----
NET PROPERTY & EQUIPMENT	\$ 6,668,450
-----	-----
CURRENT DEPRECIATION & AMORTIZATION	\$ 407,041

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

INVESTMENTS-LAND, BUILDINGS, & EQUIPMENT
FORM 990, PART IV, LINE 55

DONATED LAND CARRIED AT COST \$ 25,000

RENT AND ROYALTY SUMMARY

=====

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET INCOME
-----	-----	-----	-----	-----
SPACE RENTALS	70,482.	-----	-----	70,482.
TOTALS	70,482.	=====	=====	70,482.
	=====			=====

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

DESCRIPTION -----	AMOUNT -----
AUCTION/DINNER	301,350.
BON VIVANT	128,500.
GOLF TOURNAMENTS	74,295.
OTHER SPECIAL EVENTS	503,008.
TOTAL	----- 1,007,153. =====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
AUCTION/DINNER	264,048.	144,550.	119,498.
BON VIVANT	78,821.	39,817.	39,004.
GOLF TOURNAMENTS	81,715.	79,283.	2,432.
OTHER SPECIAL EVENTS	56,801.	40,564.	16,237.
TOTALS	481,385.	304,214.	177,171.

FORM 990, PART I - PAYMENTS TO AFFILIATES

DESCRIPTION

AMOUNT

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

22,137.

TOTAL

22,137.

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES
=====

DESCRIPTION

AMOUNT

UNREALIZED LOSS ON INVESTMENTS

43,606.

TOTAL

43,606.
=====

FORM 990, PART II - OTHER 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

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
ALLISON HART 913 S NAVAJO CT CHANDLER, AZ 85224	NONE INDIVIDUAL	SCHOLARSHIP	1,600.
ELADIO L RUBIO PO BOX 1211 CHANDLER, AZ 85244	NONE INDIVIDUAL	SCHOLARSHIP	800.
BETHANY ELIAS 1111 E KENT PLACE CHANDLER, AZ 85225	NONE INDIVIDUAL	SCHOLARSHIP	1,600.
DONALD SMITH 650 E LAJOLLA TEMPE, AZ 85282	NONE INDIVIDUAL	SCHOLARSHIP	1,600.
ALBERT GONZALAS 5539 E CALLE IGLESIA TEMPE, AZ 85283	NONE INDIVIDUAL	SCHOLARSHIP	1,600.
HAIDY HENES 6122 E CICERO ST MESA, AZ 85205	NONE INDIVIDUAL	SCHOLARSHIP	1,600.

FORM 990, PART II - OTHER 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
CODY WEAGANT 10952 E VECINO ST CHANDLER, AZ 85248	SCHOLARSHIP	1,600.
DANIEL BAUM 211 E HERMOSA DR TEMPE, AZ 85282	SCHOLARSHIP	1,600.
LISA WILTSHIRE PO BOX 1212 SACATON, AZ 85247	SCHOLARSHIP	1,600.
MAGDALINA MEDINA 515 S DALEY MESA, AZ 85204	SCHOLARSHIP	800.
CHRISTINE RODRIGUEZ 1710 S GILBERT RD #1016 MESA, AZ 85204	SCHOLARSHIP	800.
ZACHARY WILLIAMS 6910 S 38TH LN PHOENIX, AZ 85041	SCHOLARSHIP	500.
JOSHUA GALINDO 7149 E TRENT AVE MESA, AZ 85212	SCHOLARSHIP	1,000.

FORM 990, PART II - OTHER 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
SAMANTHA JOHNSON PO BOX 793 LAVEEN, AZ 85339	SCHOLARSHIP	1,300.
JERYLL HAWKINS 1341 W MALDONADO PHOENIX, AZ 85041	SCHOLARSHIP	500.
MERCEDES FUENTES 714 E COMMONWEALTH PL CHANDLER, AZ 85225	SCHOLARSHIP	1,000.
BRITTANY BOOTH 1340 E CLIFTON AVE GILBERT, AZ 85296	SCHOLARSHIP	500.
JERMAINE CALVIN 1431 E PAYTON WAY FLAGSTAFF, AZ 86001	SCHOLARSHIP	1,600.
ANNA LYNN BROWN 757 NORTH DATE PALM DRIVE GILBERT, AZ 85234	SCHOLARSHIP	1,000.
ANTIONETTE CAVELY 2055 EAST HAMPTON AVE #157 MESA, AZ 85204	SCHOLARSHIP	500.

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
KAELA SMITH PO BOX 10654 BAPCHULE, AZ 85221	NONE INDIVIDUAL	SCHOLARSHIP	500.
EMMANUAL SILVAS 8055 SOUTH CALLE MARAVILLA GUADALUPE, AZ 85283	NONE INDIVIDUAL	SCHOLARSHIP	500.
MICHELLE LYNN BATES 1612 N MCALLISTER AVE TEMPE, AZ 85281	NONE INDIVIDUAL	SCHOLARSHIP	800.
TERENCE PEGRAM 3405 W GLASS LANE PHOENIX, AZ 85041	NONE INDIVIDUAL	SCHOLARSHIP	500.
VISHAV PAL SINGH 4245 E ASPEN AVE MESA, AZ 85206	NONE INDIVIDUAL	SCHOLARSHIP	500.
RAMIRO LEOS 443 W DETROIT ST CHANDLER, AZ 85225	NONE INDIVIDUAL	SCHOLARSHIP	500.
ANTHONY CANELO 695 ST NICHOLAS MANHATTAN, NY 10030	NONE INDIVIDUAL	SCHOLARSHIP	500.

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

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

AND

RECIPIENT NAME AND ADDRESS PURPOSE OF GRANT OR CONTRIBUTION AMOUNT

ARIZONA STATE UNIVERSITY FOUNDATION
P.O. BOX 2260
TEMPE, AZ 85281

NONE
PUBLIC CHARITY

AMERICAN HUMANICS PROGRAM SCHOLARSHIPS

1,000.

TOTAL CONTRIBUTIONS PAID

27,900.

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

DESCRIPTION -----	PROGRAM SERVICES -----
ADOPTION SERVICES	7,668.
FAMILY MEMORIAL SERVICES	2,380.
EDUCATION SERVICES	348.
TOTALS	----- 10,396. =====

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 III - PROGRAM SERVICE ACCOMPLISHMENTS
=====PROGRAM SERVICE ACCOMPLISHMENT A

THE BOYS & GIRLS CLUBS OF THE EAST VALLEY (WWW.CLUBZONA.ORG) SERVES MORE THAN 30,000 CHILDREN AND TEENS ANNUALLY, AND CONTINUES TO GROW TO MEET THE NEEDS OF TODAY'S YOUTH, PROVIDING A POSITIVE PLACE FOR ALL KIDS AND TEENS. SERVING MEMBERS IN APACHE JUNCTION, CHANDLER, GILBERT, GUADALUPE, MESA, TEMPE, QUEEN CREEK, AND THE GILA RIVER INDIAN COMMUNITY, PROGRAMS ARE OFFERED AFTER SCHOOL AND DURING THE SUMMER AND PROVIDE YOUTH AND TEENS, AGES 6 - 18, WITH FUN AND EDUCATIONAL ACTIVITIES, SUPERVISED BY PROFESSIONAL STAFF. THE BOYS & GIRLS CLUBS OF THE EAST VALLEY'S ANNUAL MEMBERSHIP FEE IS ONLY \$20 DOLLARS A YEAR AND FINANCIAL ASSISTANCE IS AVAILABLE. NO CHILD IS EVER TURNED AWAY IF THEY ARE UNABLE TO PAY THE FEE.

PROGRAM SERVICE ACCOMPLISHMENT B

MESA ARTS ACADEMY IS A FREE CHARTER SCHOOL THAT INTEGRATES THE ARTS INTO A RIGOROUS ACADEMIC CURRICULUM. A HIGH QUALITY ALTERNATIVE FOR KINDERGARTEN THROUGH EIGHTH GRADE STUDENTS, MESA ARTS ACADEMY OFFERS STUDIES IN READING, MATH, SOCIAL STUDIES, SCIENCE, DRAMA, DANCE, MUSIC AND THE VISUAL ARTS. WITH MORE THAN 215 STUDENTS, MESA ARTS ACADEMY PROVIDES HIGH-QUALITY EDUCATIONAL AND ARTS-BASED PROGRAMS FOR PRIMARY AND INTERMEDIATE GRADE LEVELS.

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DONATED TIMESHARE	12,900.
EMPLOYEE RECEIVABLE	290.
TOTALS	----- 13,190. =====

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 512,038.
 ENDING BALANCE DUE 418,715.

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 12,591.
 ENDING BALANCE DUE 8,283.

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 38,556.
 ENDING BALANCE DUE 19,967.

LENDER: TOSHIBA AMERICA
 INTEREST RATE: 8.500000
 DATE OF NOTE: 12/31/2003
 MATURITY DATE: 12/31/2013
 REPAYMENT TERMS: PAYMENTS OF \$64,419 INC. INTEREST & MAINTENANCE
 PURPOSE OF LOAN: OFFICE EQUIPMENT

BEGINNING BALANCE DUE	NONE
ENDING BALANCE DUE	130,466.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	563,185.
	=====

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	577,431.
	=====

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION

ENDING
BOOK VALUE

FUNDS HELD FOR OTHERS

96,229.

TOTALS

96,229.

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

DESCRIPTION

AMOUNT

CASUALTY LOSS INCLUDED IN EXPS

43,958.

TOTAL

43,958.

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

DESCRIPTION -----	AMOUNT -----
INVESTMENT INCOME	38,636.
NET REALIZED/UNREALIZED GAINS	-41,605.
TOTAL	----- -2,969. =====

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

=====

DESCRIPTION -----	AMOUNT -----
CASUALTY LOSS INCLUDED IN EXPS	43,958.

TOTAL	43,958.
	=====

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK 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 40.00	179,563.	27,782.	5,726.
DENNIS MARCELLO 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP OF DEVELOPMENT 40.00	91,580.	17,702.	4,450.
CLINT ARROWSMITH 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
SCOTT BEVINS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
JOHN CORK 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
FREDDIE DOBBINS, JR. 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP PROGRAMS 1.00	NONE	NONE	NONE
JAY FRIEDMAN	DIRECTOR 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283				
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	IMMEDIATE PAST CHAIR 2.00	NONE	NONE	NONE
PEGGY HOAG 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP BOARD DEVELOPMENT 1.00	NONE	NONE	NONE
LANA HOCK 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
DREW MEREDITH 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
MIKE NEILL 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP RESOURCE 2.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GREG PATTERSON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
LEIGH ANNE CICCARELLI 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP HUMAN RESOURCE 1.00	NONE	NONE	NONE
CINDY CREED 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	CHAIRMAN 2.50	NONE	NONE	NONE
JEANNE FORBIS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP TECHNOLOGY 1.00	NONE	NONE	NONE
RICH FRAZIER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
LISA GEORGE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VICE CHAIRMAN 2.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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
LEONARD C. TORRES 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
LISA ELLIS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
ROBERT SAUCERMAN 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
CLAUDIO SILVA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP PROPERTY & FAC. 1.50	NONE	NONE	NONE
SHAWN DUNCAN	VP PROGRAMS 1.00	NONE	NONE	NONE

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

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283				
GREG KREKELER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
TINA WALTON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
NEAL YUKOLIS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
CHARLIE VESTER 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP BUSINESS/FINANCE 2.00	NONE	NONE	NONE
KJERSTEN GRUBKA DOCKERY 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	SECRETARY 1.00	NONE	NONE	NONE
DAVID JENSEN 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 AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
MICHAEL MASON 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRECTOR 1.00	NONE	NONE	NONE
JAVIER ZULUAGA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	VP MARKETING 1.00	NONE	NONE	NONE
GRAND TOTALS		271,143.	45,484.	10,176.

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 I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK 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	60,885.	14,334.	3,250.
CINDY ZAK-SLETTE 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIRCTOR OF OPS 40.00	67,534.	15,242.	2,000.
SUSAN DOUGLAS 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	SCHOOL ADMIN 40.00	70,300.	13,713.	NONE
SWATI WEBB 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	DIR. OF FINANCE 40.00	70,231.	15,505.	NONE
CHILO FIGUEROA 1405 EAST GUADALUPE ROAD #4 TEMPE, AZ 85283	AREA DIRECTOR 40.00	58,885.	14,331.	5,200.
TOTAL COMPENSATION		327,835.	73,125.	10,450.

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.

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

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.

Name of Exempt Organization: BOYS AND GIRLS CLUB OF THE EAST VALLEY
Employer identification number: 86-0550646
Number, street, and room or suite no: 1405 EAST GUADALUPE ROAD #4
City, town or post office, state, and ZIP code: TEMPE, AZ 85283

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

Form 990 (checked), Form 990-PF, Form 990-T, 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)
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 05/15/2009
5 For calendar year, or other tax year beginning 07/01/2007 and ending 06/30/2008
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 NEEDED IN ORDER TO GATHER THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN.

Table with 3 rows: 8a (tentative tax), 8b (refundable credits), 8c (Balance Due). All amounts are \$0.

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: [Handwritten Signature] Title: CBIZ MHM, LLC Date: 2/14/2009
3101 N. CENTRAL AVE., STE 300
PHOENIX, AZ 85012

Application for Extension of Time To File an Exempt Organization Return

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).

A corporation 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 a corporation 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 Form 990-T

Form header section with fields: Name of Exempt Organization (BOYS AND GIRLS CLUB OF THE EAST VALLEY), Employer identification number (86-0550646), Number, street, and room or suite no (1405 EAST GUADALUPE ROAD #4), City, town or post office, state, and ZIP code (TEMPE, AZ 85283)

Check type of return to be filed (file a separate application for each return) section with checkboxes for Form 990, Form 990-BL, Form 990-EZ, Form 990-PF, Form 990-T (corporation), 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

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 corporation required to file Form 990-T) extension of time until 02/16, 2009, 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, 2007, and ending 06/30, 2008

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

Table with 3 rows: 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 \$; 3b 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 \$; 3c 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