

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2008

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning , 2008, and ending , 20

B Check if applicable:

☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.

C Name of organization

BOYS & GIRLS CLUBS OF THE SAN GORGONIO

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

PO BOX 655

City or town, state or country, and ZIP + 4

BEAUMONT, CA 92223

D Employer identification number

20-3812932

E Telephone number

F Group Exemption

Number . . . ►

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

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ►

I Website: ►

J Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ☐ if the organization is not a section 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ►\$ 424,964

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

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	418,029
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	2,314
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) . . .	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	a Gross revenue (not including \$ of contributions reported on line 1)	6a	
	6b	b Less: direct expenses other than fundraising expenses	6b	
E x p e n s e s	6c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	7a Gross sales of inventory, less returns and allowances	7a	
	7b	b Less: cost of goods sold	7b	
	7c	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	8 Other revenue (describe ► STM141)	8	4,621
A s s e t s	9	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	424,964
	10	10 Grants and similar amounts paid (attach schedule)	10	
	11	11 Benefits paid to or for members	11	
	12	12 Salaries, other compensation, and employee benefits	12	270,432
	13	13 Professional fees and other payments to independent contractors	13	
	14	14 Occupancy, rent, utilities, and maintenance	14	
	15	15 Printing, publications, postage, and shipping	15	
	16	16 Other expenses (describe ► STM130)	16	128,584
	17	17 Total expenses. Add lines 10 through 16	17	399,016
	18	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	25,948
	19	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	259,532
	20	20 Other changes in net assets or fund balances (attach explanation)	20	
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	285,480

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	174,313	135,006
23 Land and buildings		
24 Other assets (describe ► STM131)	88,950	150,527
25 Total assets	263,263	285,533
26 Total liabilities (describe ► STM132)	3,731	53
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	259,532	285,480

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)What is the organization's primary exempt purpose? **RECREATION FOR CHILDREN**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)**28 ESTABLISHED RECREATIONAL AREAS IN LOCAL PUBLIC SCHOOLS**(Grants \$) If this amount includes foreign grants, check here ☐ **28a** 0**29 OBTAINED A CLUBHOUSE TO PROVIDE SERVICES**(Grants \$) If this amount includes foreign grants, check here ☐ **29a** 0**30**(Grants \$) If this amount includes foreign grants, check here ☐ **30a****31 Other program services (attach schedule)**(Grants \$) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses (add lines 28a through 31a)** **32** 0**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated. (See the instructions for Part IV.)

(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	(e) Expense account and other allowances
JIM SMITH PO BOX 655 BEAUMONT CA, 92223	PRESIDENT 10	0	0	0
GAIL PAPARIAN PO BOX 655 BEAUMONT CA, 92223	VICE PRESIDENT 10	0	0	0
WENDELL BAINTE 4709 ELSIE LEE CIR BANNING CA, 92220	TREASURER 10	0	0	0
TERRI TREMBLY PO BOX 655 BEAUMONT CA, 92223	SECRETARY 10	0	0	0
AMY HERR PO BOX 655 BEAUMONT CA, 92223	CEO 40	STMA05 32,962	0	0
ROY JOHNSON PO BOX 655 BEAUMONT CA, 92223	OPERATIONS MANA 40	STMA06 18,333	0	0
LEN PURVIS PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
LYNN HAMMER PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
MICKEY VALDIVIA PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
RUSS BOGH PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
LINDA HANLEY PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
DOUG MONTE PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
BRIAN STEHLI PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
CHARLIE JENKINS PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
CHRIS GRANT PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0
BOB BOTTS PO BOX 655 BEAUMONT CA, 92223	DIRECTOR 10	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b	Section 501(c)(3) and (4) organizations. 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," complete Schedule L, Part I		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed. CA		
42 a	The books are in care of AMY HERR Telephone no. 951-692-6382 Located at 1101 E GEORGE ST BANNING, CA ZIP + 4 92220		
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: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(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
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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 AMY HERR, CEO		Date	
	Type or print name and title.			
Paid Preparer's Use Only	Preparer's signature JERRY B MORGAN	Date 12-02-2009	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying No. (See inst.)
	Firm's name (or yours if self-employed), address, and ZIP + 4 TAX COTTAGE 783 W RAMSEY ST STE A BANNING, CA 92220	EIN	Phone no. 951-922-0445	
	May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			127,685	458,229	415,342	1,001,256
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			173		7,046	7,219
3 Gross receipts from activities that are not an unrelated trade or business under section 513					262	262
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1-5			127,858	458,229	422,650	1,008,737
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						1,008,737

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6			127,858	458,229	422,650	1,008,737
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					2,314	2,314
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b					2,314	2,314
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						1,011,051
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18		%

- 19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐
- 20 **Private Foundation:** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

2008

California Exempt Organization Annual Information Return

199

Calendar year 2008 or fiscal year beginning month _____ day _____ year _____, and ending month _____ day _____ year _____

A First Return Filed? ☐ Yes
☒ No

B Type of organization
Exempt under Section 23701 ☐ (insert letter)
IRC Section 4947(a)(1) trust ☐

CORP #

2808338

Corporation/Organization Name

BOYS AND GIRLS CLUBS OF THE SAN GOR

FEIN

20-3812932

Address

PO BOX 655

City State Zip Code

BEAUMONT, CA 92223

C Amended Return? ☐ Yes ☒ NoD Are you a subordinate/affiliate in a group exemption? ☐ Yes ☒ No(a) Is this a group filing for affiliates? See General Inst L ☐ Yes ☒ No

(b) If "Yes," enter the number of affiliates

(c) Are all affiliates included? ☐ Yes ☒ No

(If "No," attach a list. See instructions.)

(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

(e) Federal Group Exemption Number

(f) Is a roster of subordinates attached? ☐ Yes ☒ NoE Final return? ☐ Dissolved ☐ Surrendered (Withdrawn)☐ Merged/Reorganized (attach explanation)

If a box is checked, enter date

F Check the box if the organization filed: (1) ☐ 990T (2) ☐ 990PF (3) ☐ 990H

G If organization is exempt under R&TC Section 23701d and is exclusively religious, educational, or charitable, and is supported primarily (50% or more) by public contributions, check box. See General Instruction F. No filing fee is required ☐

H Accounting method used (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other

I If exempt under R&TC Section 23701d, has the organization during the year: (1) participated in any political campaign or (2) attempted to influence legislation or any ballot measure, or (3) made an election under R&TC Section 23704.5 (relating to lobbying by public charities)? If "Yes," complete and attach from FTB 3509, Political or Legislative Activities by Section 23701d Organizations ☐ Yes ☒ No

J Did the organization have any changes in its activities, governing instrument, articles of incorporation, or bylaws that have not been reported to the Franchise Tax Board? If "Yes," complete an explanation & attach copies of revised documents ☐ Yes ☒ No

K Is the organization exempt under R&TC Section 23701g? ☐ Yes ☒ No
If "Yes," enter amount of gross receipts from nonmember sources \$

L Is the organization under audit by the IRS or has the IRS audited in a prior year? ☐ Yes ☒ No

M Is the organization a Limited Liability Corporation? ☐ Yes ☒ No

N Did the organization file Form 100 or Form 109 to report taxable income? ☐ Yes ☒ No

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	00
	2	Gross dues and assessments from members and affiliates	00
	3	Gross contributions, gifts, grants, and similar amounts received	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3 This line must be completed. If the result is less than \$25,000, see General Instruction C	00
	5	Cost of goods sold	00
	6	Cost or other basis, and sales expenses of assets sold	00
	7	Total costs. Add line 5 and line 6	00
	8	Total gross income. Subtract line 7 from line 4	00
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	00
Filing Fee	11	Filing fee \$10 or \$25. See General Instruction F	25 00
	12	Total payments	00
	13	Penalties and interest. See General Instruction J	00
	14	Use tax. See General Instruction K	00
	15	Balance due. Add line 11, line 13, and line 14. Then subtract line 12 from the result	25 00

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer	Title	Date	Telephone
	Preparer's Signature	Date	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN/PTIN
Paid Preparer's Use Only	Firm's name (or yours, if self-employed) and address	FEIN		
	TAX COTTAGE 783 W RAMSEY ST STE A BANNING CA, CA 92220	33-0867126 Telephone 951-922-0445		
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$25,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information. See Specific Line Instructions.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	● 1		00		
	2	Interest	● 2		00		
	3	Dividends	● 3		00		
	4	Gross rents	● 4		00		
	5	Gross royalties	● 5		00		
	6	Gross amount received from sale of assets (See Instructions)	● 6		00		
	7	Other income. Attach schedule	● 7		00		
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1				8	
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	● 9		00		
	10	Disbursements to or for members	● 10		00		
	11	Compensation of officers, directors, and trustees. Attach schedule	● 11		00		
	12	Other salaries and wages	● 12		00		
	13	Interest	● 13		00		
	14	Taxes	● 14		00		
	15	Rents	● 15		00		
	16	Depreciation and depletion (See instructions)	● 16		00		
	17	Other. Attach schedule	● 17		00		
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9				18	

Schedule L Balance Sheets**Beginning of taxable year****End of taxable year**

Assets	(a)	(b)	(c)	(d)
1 Cash				●
2 Net accounts receivable				●
3 Net notes receivable. Attach schedule				●
4 Inventories				●
5 Federal and state government obligations				●
6 Investments in other bonds. Attach schedule				●
7 Investments in stock. Attach schedule				●
8 Mortgage loans (number of loans _____)				●
9 Other investments. Attach schedule				●
10 a Depreciable assets				
b Less accumulated depreciation	()		()	
11 Land				●
12 Other assets. Attach schedule				●
13 Total assets				●
Liabilities and net worth				
14 Accounts payable				●
15 Contributions, gifts, or grants payable				●
16 Bonds and notes payable. Attach schedule				●
17 Mortgages payable				●
18 Other liabilities. Attach schedule				
19 Capital stock or principle fund				●
20 Paid-in or capital surplus. Attach reconciliation				●
21 Retained earnings or income fund				●
22 Total liabilities and net worth				

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$25,000

1 Net income per books	●	7 Income recorded on books this year not included in this return. Attach schedule	●
2 Federal income tax	●	8 Deductions in this return not charged against book income this year. Attach schedule	●
3 Excess of capital losses over capital gains	●	9 Total. Add line 7 and line 8	
4 Income not recorded on books this year. Attach schedule	●	10 Net income per return. Subtract line 9 from line 6	
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●		
6 Total. Add line 1 through line 5			

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART I, LINE 16
OTHER EXPENSES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
LEGAL	150
ACCOUNTING	336
BANK FEES	667
OFFICE EXPENSE	7,217
TRAVEL	1,558
INSURANCE	11,255
ADVERTISING	1,359
UNIFORMS	616
SUMMER PROGRAM SUPPLIES	2,292
SUMMER PROGRAM FIELD TRIPS	1,886
SUMMER PROGRAM FOOD	1,504
AWARDS AND GRATUITIES	2,271
SPECIAL EVENTS	8,575
SCHOLARSHIP MEMBERS	460
SUPPLIES	52,606
TRAVEL MILEAGE	1,023
EQUIPMENT	2,317
EQUIPMENT MAINTENANCE	70
PAYROLL SERVICE FEES	1,184
BACKGROUND CHECK DRUG SCREENING	2,605
MEETING EXPENSE	2,058
BUILDING REPAIR	924
LEASE AND RENT	140
MAINTENANCE AND CLEANING SUPPLIES	522
DUES AND SUBSCRIPTIONS	3,671
RENTALS	439
D AND O LIABILITY INSURANCE	868
GENERAL LIABILITY INSURANCE	2,152
VEHICLE INSURANCE	2,741
TELEPHONE	5,399
TRAINING AND CONFERENCES	9,719
TOTAL	<u>128,584</u>

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

AMY HERR

EXPLANATION

SALARIED POSITION

ROY JOHNSON

EXPLANATION

SALARY

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

FORM 990EZ, PART II, LINE 24 OTHER ASSETS SCHEDULE 3

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	88,625	27,837
UNDEPOSITED FUNDS	325	27,796
VEHICLES		13,875
FURNITURE AND EQUIPMENT		1,818
EQUITY		79,201
 TOTAL	 <u>88,950</u>	 <u>150,527</u>

FORM 990EZ, PART II, LINE 26 OTHER LIABILITIES SCHEDULE 3

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	3,570	
CREDIT CARD LIABILITIES	161	53
 TOTAL	 <u>3,731</u>	 <u>53</u>

FORM 990EZ, PART I, LINE 8 OTHER REVENUES SCHEDULE 2

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SUMMER CAMP FEES	4,359
VENDING MACHINE	262
 TOTAL	 <u>4,621</u>