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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 2008

Open to Public Inspection

A Fo	r the :	2008 ca I	lendar yea	r, or tax year beginning 07-01-2	2008 and ending 06-30-200	19	D Employer ide	ntification number	
		pplicable	Please	C Name of organization BOYS & GIRLS CLUBS OF THE					
Add	Iress ch	ange	use IRS label or	CASA GRANDE VALLEY Doing Business As			86-0864429 E Telephone nu		
Nar	ne cha	nge	print or type. See	Doing Business As			E refeptione nu		
☐ Inıt	ıal retu	rn	Specific Instruc-	Number and street (or P O box if r	mail is not delivered to street addre	ess) Room/suite	G Gross receipts	s \$ 692 014	
Г Теп	mınatıo	n	tions.	PO BOX 10291			a dross recapt	5	
┌ Am	ended	return		City or town, state or country, and	ZIP + 4		1		
┌ _{App}	lication	pending		CASA GRANDE, AZ 852300291					
			F Nan	ne and address of Principal Offi	cer	H(a) Is the	s a group return	for	
			MATTI	LEHMBERG		affilia		⊤Yes ▼ No	
				X 10291 GRANDE,AZ 85230				. – –	
Tax	x-exem	npt status		(3) ◀ (insert no)	or Γ 527	1 ' '	l affiliates include	·	
- 1 W.	ah ait	e:► NA	. , ,		<u> </u>	_	p Exemption Nur	See instructions) nber ►	
. W	eb sit	e: F NA				11(0)	,		
К Туре	e of org	janization	Corporat	on	-	L Year of Fo	rmation M S	State of legal domicile	
Da	T								
Pa	7t I		-	e organization's mission or mos	t significant activities				
<i>a</i> 1	*			JTH ACTIVITIES TO THE BO		SA GRANDE V	ALIFY		
ĕ									
E .									
Governance	2	Checkt							
ទី	3	Number	of voting r	nembers of the governing body		3 _	19		
න් ග	4	Number	of indepen	dent voting members of the gov	erning body (Part VI, line 1	b)	. 4 _	19	
Activities &	5	Total nu	umber of en	nployees (Part V , line 2a) .		5 _	62		
長	6	Total nu	umber of vo	lunteers (estimate if necessary		6 _			
ă	7a	Total gr	oss unrela	ted business revenue from Part		7a _	0		
	b	Net unr	elated busi	ness taxable income from Form	990-T, line 34		7b		
					Pric	or Year	Current Year		
_	8	Contri	butions and	d grants (Part VIII, line 1h) .			334,010	382,336	
声	9	Progra	ım service	revenue (Part VIII, line 2g) .		253,402	217,174		
Raven	10	Invest	ment incor	ne (Part VIII, column (A), lınes	3, 4, and 7d)		4,269	1,332	
ш.	·			art VIII, column (A), lines 5, 6			118,722	91,172	
	12	Total r 12)	revenue—a	dd lines 8 through 11 (must eqi	ual Part VIII, column (A), lın	ie	710,403	692,014	
	13		and simila	ar amounts paid (Part IX, colum	n (A), lines 1-3)		,	, 0	
	14			r for members (Part IX, column			7,000	0	
	15			ompensation, employee benefits		5-	,		
Expenses		10)	,	, , ,		388,278	410,643		
₹	16a	Profes	sional fund	raising fees (Part IX, column (A			0		
ਡੌ	ь	(Total fo	undraising exp	penses, Part IX, column (D), line 25 $\frac{0}{}$)				
	17	Other	expenses (Part IX, column (A), lines 11a-	-11d, 11f-24f)		353,215	268,719	
	18	Totale	expenses—	add lines 13–17 (must equal P	art IX, line 25, column (A))		748,493	679,362	
- 00	19	Reven	ue less exp	enses Subtract line 18 from li	ne 12		-38,090	12,652	
ල් ජි මූල						Beginni	ng of Year	End of Year	
to de	20	Total	assets (Par	t X, line 16)			429,483	433,247	
Net Assets or Fund Balances	21	Totall	ıabılıtıes (F	Part X, line 26)			10,112	1,224	
훒뜶	22	Netas	sets or fun	d balances Subtract line 21 fro	om line 20		419,371	432,023	
Par	t II	Sign	ature Blo	ock			<u> </u>		
				rjury, I declare that I have examined					
Dles	S.A.	1.		correct, and complete Declaration of p	neparer (other than officer) is base	ı		н наѕану кпоміедде	
Please Sign		**** Signa	*** ature of office	er		2010 Date	-05-14		
Here		MAT	TIFHMREDG	EXECUTIVE DIRECTOR					
			or print nam						
		Preparer	'c h		Date	Check If	Preparer's PTIN (See Gen Inst)	
Paid		signature	TT14 C4	ARNOWSKI CPA	2010-05-14	self- empolyed •	· ' ` ` ` '		
Prepa	arer's	Firm's no	ame (or yours	ANDERSEN & SARNOWSKI PC		emporyeu *	1		
Use (ıf self-en	nployed),	•			EIN Þ		
	•	address,	and ZIP + 4	550 EAST COTTONWOOD LANE ST	IE C		Phone no ▶ (52	 20) 836-8771	
				CASA GRANDE, AZ 85222			`		
May t	he IR	S discus	s this retu	rn with the preparer shown abov	re? (See instructions)			▼ Yes No	

Form 990 (2008) Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's mission TO PROVIDE YOUTH ACTIVITIES TO THE BOYS	AND GIRLS IN THE CASA G	RANDE VALLEY		
2	Did the organization undertake any s the prior Form 990 or 990-EZ? .		vices during the year w	hich were not listed on	┌ Yes ┌ No
	If "Yes," describe these new services	on Schedule O			
3			changes in how it condu	ucts any program	┌ Yes ┌ No
	If "Yes," describe these changes on	Schedule O			
4	Describe the exempt purpose achiev Section 501(c)(3) and (4) organizati others, the total expenses, and rever	ons and 4947(a)(1) tr	usts are required to rep		
4a	(Code) (Expenses PROVIDING YOUTH ACTIVITIES FOR BOYS A		including grants of \$) (Revenue \$)
4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4c	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d	Other program services (Describe (Expenses \$	ın Schedule O) ıncludıng grants of	\$) (Revenue \$)
4e	Total program service expenses \$	452,538	Must equal Part IX, Lı	ne 25, column (B).	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I.	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $$10,000$ from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νo
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νo
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Νo
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2° If "Yes," complete Schedule I, Parts I and III	22		Νo
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	rt V Statements Regarding Other IRS Filings and Tax Complianc	e				
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S. Information Returns. Enter -0- if not applicable					
		1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	L Did the organization comply with backup withholding rules for reportable payments to		dore and reportable			
·	gaming (gambling) winnings to prize winners?			1 c		Νo
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements filed for the calendar year ending with or within the year covered by this	7-	6.2			
L	return	2a	62			
ь	If at least one is reported in 2a, did the organization file all required federal employm Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during		ľ			
	return?			3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Scho	edule	\circ	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a si					
	over, a financial account in a foreign country (such as a bank account, securities account)?	count	, or other financial	4a		Νο
ь	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re	port o	f Foreign Bank and			
	Financial Accounts.	•				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	ng the	tax year?	5a		Νο
ь	Did any taxable party notify the organization that it was or is a party to a prohibited	tax sh	nelter transaction?	5b		Νo
С	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exemple	t Entit	y Regarding Prohibited			
	Tax Shelter Transaction?			5с		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement th	nat su	ch contributions or gifts	6b		
7	were not tax deductible?			OD.		
	Did the organization provide goods or services in exchange for any quid pro quo conf	tributi	on of \$75 or	7a		Νο
_	more?					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided by the service of the service	rovide	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal proper		-	_		
	file Form 8282?	1		7c		N o
a	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay	prem	iums on a personal			
	benefit contract?			7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a perso	onal b	enefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8	8899	as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization fi	ile a F	orm 1098-C as	7h		Νο
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd ca	tion 509(a)(3)	/ '''		140
•	supporting organizations. Did the supporting organization, or a fund maintained by a s					
	excess business holdings at any time during the			8		Νo
9	year?					
a	Did the organization make any taxable distributions under section 4966?			9a		No
ь	Did the organization make a distribution to a donor, donor advisor, or related person		ľ	9b		No
10	Section 501(c)(7) organizations. Enter	•				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilities	100				
11	Section 501(c)(12) organizations Enter					
	Gross income from members or shareholders					
а	o. 333 medite from members of stigrenologis	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them)..........[11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the					
	year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management
--

							Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	, desc	ribe th	e cırcum	nstances,			
1a	Enter the number of voting members of the governing body	1a			19			
b	Enter the number of voting members that are independent	1b			19			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?			•	•	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							Νo
5	Did the organization become aware during the year of a material diversion of the organization		5		Νo			
6	Does the organization have members or stockholders?	6		No				
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
b	Are any decisions of the governing body subject to approval by members, stockhold	s?	7b	Yes				
8	Did the organization contemporaneously document the meetings held or written activear by the following	ons ui	ndertal	cen duri	ng the			
а	the governing body?					8a	Yes	
b	each committee with authority to act on behalf of the governing body?					8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?					9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the a affiliates, and branches to ensure their operations are consistent with those of the o					9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it must describe in Schedule O the process, if any, the organization uses to review the			_		10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section Athe organization's mailing address? If "Yes," provide the names and addresses in Sc	•				11		Νο

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		Νο
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νo
13	Does the organization have a written whistleblower policy?	13		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νo
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a		Νo
b	Other officers or key employees of the organization?	15b		Νo
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed AZ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website. Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

ANDERSEN SARNOWSKI PC 550 E COTTONWOOD LANE CASA GRANDE, AZ 85222 (520) 836-8771

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

,		Posit	(C) chec	k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Cfficer Institutional Trustee		Key employee	Highest compensated employee Key employee		(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
KAI GERKEY , TREASURER	2			Х				0	0	0
BEA LUECK, PRESIDENT	2			Х				0	0	0
MICHAEL JACKSON, SECRETARY	2			Χ				0	0	0
CRAIG MCFARLAND , PRESIDENT EL	2			Χ				0	0	0
DAVE ELLIS , V P	2			Χ				0	0	0
RUEBEN GARCIA, V P	2			Χ				0	0	0
COREY MEANS , V P	2			Χ				0	0	0

Part VII Continued

	(B)	1	tion hat a	у)			(D)	(E) Reportable	(F) Estimated
(A) Name and Title	A verage hours per week	Individual Trustæ or Director	Institutional Trustee	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W- 2/1099MISC)	compensation from related organizations (W- 2/1099- MISC)	amount of other compensation from the organization and related organizations
						\vdash			
			-						
	1			<u> </u>		\vdash			
						\vdash			
1b Total			•			>			

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►

			Yes	NO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		Νo
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation				
7. Total number of independent contractors (including those in 1) who received more than \$1.00,000 in compansation						

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
	1a	Federated campaigns 1a			Reveilue		312, 313, 01 314
戦性	ь	Membership dues	_				
gra	С	Fundraising events					
મું ⊤સ્કુ		1c —					
<u>_</u>		Related organizations1d Government grants (contributions) 1e	253,014				
tions r sin	e f	All other contributions, gifts, grants, and	129,322				
age Section		sımılar amounts not ıncluded above 1f	_				
Ħ P	g	Noncash contributions included in lines 1a-1f \$					
Q 48	h	Total (Add lines 1a-1f)		382,336			
		Bus	ıness Code				
III.	2a	AFTER SCHOOL PROGRAM FEES		107,864			107,864
Other Revenue Contributions, gifts, grants amounts and other similar amounts amounts and other similar amounts and other s	b	SOCCER FEES		36,930			36,930
	С	SUMMER CAMP		32,387			32,387
	d	SOCCER SPONSERSHIP		22,471			22,471
کٽ ت	e	MEMBERSHIP DUES		6,149			6,149
ogram ⊕ram	f	All other program service revenue		11,373			11,373
	g	Total. Add lines 2a-2f					
	3	► \$ 217,174 Investment income (including dividends	unterest				
		other similar amounts)	· •	1,332			1,332
		Income from investment of tax-exempt bond pro	▶				
	4	income nom investment of tax-exempt bond pic	bceeus .				
	5	Royalties					
	c-	(i) Real (ii)) Personal				
		Less rental					
		expenses Rental income					
	C	or (loss)					
	d	Net rental income or (loss)	· · · <u>·</u>				
	_	<u> </u>	ıı) O ther				
	7a	Gross amount from sales of					
		assets other than inventory					
	ь	Less cost or other basis and					
		sales expenses Gain or (loss)					
		Net gain or (loss)					
	8a	Gross income from fundraising	•				
		events (not including					
<u> </u>		\$ of contributions reported on line					
듄		1c) See Part IV, line 18 Attach Schedule G if total exceeds					
ě		\$15,000 a					
<u>.</u>	ь	Less direct expensesb					
ŧ	С	Net income or (loss) from fundraising ev	/ents ▶				
-	9a	Gross income from gaming					
		activities See part IV, line 19 Complete Schedule G if total					
		exceeds \$15,000					
	.	Less direct expensesb					
		Net income or (loss) from gaming activity	ties				
		· · ·	▶				
-	10a	Gross sales of inventory, less returns and allowances .					
		a					
	ь	Less cost of goods sold b					
	С	Net income or (loss) from sales of inven					
	11-		iness Code	79,501			79,501
	11a	FUNDRAISING CHUR CONCESSIONS		5,109			5,109
	b	CLUB CONCESSIONS		2,905			2,905
	C	MISCELLANEOUS PROGRAM FEES		2,503			2,503
	d	All other revenue		3,657			3,657
	e	Total. Add lines 11a-11d					
	12	Tatal Daviers Add by 41 2 2 2 1	\$ 91,172	692,014			309,678
	**	Total Revenue. Add lines 1h, 2g, 3, 4, 5 8c,		0,72,014			309,078
	1	9c, 10c, and 11e	►				

Part IX Statement of Functional Expenses

	Il other organizations must complete column (A) but are not re		plete columns (B)	(B), (C), and (D). (D)
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S $$ See Part IV $$ line 21 $$				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	371,179	240,676		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,207		1,207	
10	Payroll taxes	38,257	38,257		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	5,280		5,280	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
.2	Advertising and promotion				
.3	Office expenses				
4	Information technology				
.5	Royalties				
.6	Occupancy	47,242	47,242		
.7	Travel				
.8	Payments of travel or entertainment expenses for any Federal, state or local public officials				
.9	Conferences, conventions and meetings	5,880		5,880	
0	Interest	245		245	
1	Payments to affiliates	7,088	7,088		
22	Depreciation, depletion, and amortization	9,421		9,421	
23	Insurance				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	PRO GRAM SUPPLIES	27,609	27,609		
b	INSURANCE LIABILITY	23,178	23,178		
c	SOCCER UNIFORM EXPENSE	21,377	21,377		
d	IT	17,062		17,062	
e	FUNRAISING EXPENSES	12,255		12,255	
f	A II other expenses	92,082	47,111	44,971	
25	Total functional expenses. Add lines 1 through 24f	679,362	452,538	226,824	
26	Joint Costs. Check If following SOP 98-2 Complete this				
	line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X	Balance	Sheet

					(A)		(E	-
		Cook was substituted by sure			Beginning of year 15.125	$\overline{}$	Endo	f year 25.777
	1	Cash—non-interest-bearing			,			
	2	Savings and temporary cash investments			131,759			134,292
	3	Pledges and grants receivable, net				3		
	4	Accounts receivable, net				4		
	5	Receivables from current and former officers, directors, trustees, other related parties <i>Complete Part II of Schedule L</i>				5		
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So				6		
	7	Notes and loans receivable, net				7		
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges	Prepaid expenses and deferred charges					
Sei	10a							
Assets		Land, buildings, and equipment cost basis	10a	384,631				
	b	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10b	113,186	280,866	10c		271,445
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11 <i>Complete Part Schedule D</i>	VII o	f		12		
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	t VIII			13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule						
		D		15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)			429,483	16		433,247
	17	Accounts payable and accrued expenses .		17				
	18	Grants payable			18			
	19	Deferred revenue		19				
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability Complete Part IV of Schedule D		21				
Liabilities	22	Payable to current and former officers, directors, trustees, key						
iak		employees, highest compensated employees, and disqualified				ا مم ا		
-		persons Complete Part II of Schedule L		•		22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		
	25	Other liabilities Complete Part X of Schedule D			10,112	25		1,224
	26	Total liabilities. Add lines 17 through 25	10,112	26		1,224		
ses		Organizations that follow SFAS 117, check here ► ✓ and complethrough 29, and lines 33 and 34.	te line	es 27				
Balance	27	Unrestricted net assets			419,371	27		432,023
Ba	28	Temporarily restricted net assets				28		
K	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	compl	ete				
or.	30	Capital stock or trust principal, or current funds				30		
sets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Ass	32	Retained earnings, endowment, accumulated income, or other fund		32				
	33	Total net assets or fund balances	15		419,371	33		432,023
Net	34	Total liabilities and net assets/fund balances			429,483			433,247
	J-	i otal nabilities and het assets/juliu balalites			429,403	J4		-50,247
Pa	rt XI	Financial Statements and Reporting						
							Yes	No
1	Ассо	unting method used to prepare the Form 990 🔽 cash 🗀 a	crual	other				
2a		the organization's financial statements compiled or reviewed by ar			ınt?	2a		Νο
b		the organization's financial statements audited by an independent				2b		No

If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the

audit, review, or compilation of its financial statements and selection of an independent accountant? As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

f b If "Yes," did the organization undergo the required audit or audits?

2c

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efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134043100

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		S CLUBS OF TH E VALLEY	E					86	- -0864429	9		
Pai	τI	Reason	for Public Cl	harity Status (to be co	mpleted	by all or	ganızatıo					
The o	rganız	zation is not	a private found	ation because it is (Please	check on	ly one org	anızatıon))		-		
1	Γ	A church, c	onvention of ch	iurches, or association of ch	nurches de	scribed in	Section 1	l70(b)(1)	(A)(i).			
2	Γ	A school de	escribed in Sect	i on 170(b)(1)(A)(ii). (Atta	ch Schedu	ıle E)						
3	Γ	A hospital	or a cooperative	e hospital service organizati	on descri	bed in Sec	tion 170(l)(1)(A)(i	ii). (Attac	h Schedu	le H)	
4	Γ		research organı name, cıty, and	zation operated in conjuncti state	on with a	hospital d	escribed ii	n Section	170(b)(1)	(A)(iii). E	nter the	
5	Γ	An organiza	atıon operated f	or the benefit of a college or	universit	y owned o	r operated	by a gove	ernmental	unit desc	rıbed ın	
		Section 170	D(b)(1)(A)(iv).	(Complete Part II)								
6	Γ	A federal, s	tate, or local go	overnment or governmental	unıt desci	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	<u>~</u>	An organiza	ation that norma	ally receives a substantial p	art of its	support fro	om a gove	rnmental u	ınıt or fron	n the gene	ral publi	с
		described i	n Section 170(b	o)(1)(A)(vi) (Complete Par	tII)							
8	Γ	A communi	ity trust describ	ed in Section 170(b)(1)(A)	(vi) (Com	nplete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% c	fits supp	ort from co	ntribution	ns, membe	rship fees	, and gro	ss
		receipts fro	m activities rel	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	'3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	ess sectio	on 511 tax	k) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complete	e Part III)			
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ction 509	(a)(4). (Se	ee instruc	tions)	
11	Γ			and operated exclusively fo								
			t describes the	orted organizations describe type of supporting organi <u>za</u>	tion and c	omplete li	nes 11e t	hrough 11		_		
	_		• •				nally Integ		d		III - Ot	
е	1	•	foundation man	rtify that the organization is agers and other than one or			•			•		
f			nization receive	d a written determination fro	m the IRS	S that it is	a Type I,	Type II o	r Type III	supportir	ng organi	zation,
g		Since Augu	ıst 17, 2006, h	as the organization accepte	d any gıft	or contrib	utıon from	any of the	!			·
		following pe										
			•	r indirectly controls, either a		_	tn persons	aescribe	a in (ii)		Yes	No
			· -	ng body of the the supported	_	tion				11g		—
			•	erson described in (i) above		hauan				11g(┼
		` '		ty of a person described in (11g(III)	<u> </u>
h		Provide the	tollowing inform	nation about the organizatio	ns the org	janization	supports					
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of
		orted		(described on lines 1 - 9	_	ation in		nization	_	ation in	supp	ort?
,) rgan	ıızatıon		above or IRC section (See Instructions))		listed in verning		(i) of your col (i) o port? in the		ganized US?		
				(555 21151146115115)		ment?	3401		"" ""	5 5 .		
					Yes	No	Yes	No	Yes	No	1	

Total

Support Schedule for Organizations Described in IRC 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.)

_	(Complete only if you chec	ked the box o	ii iiile 5, 7, or	o or Part 1.)				
	ublic Support							
	endar 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")	290,887	457,522	478,170	529,035		539,799	2,295,413
2	Tax revenues levied for the organization's benefit and either paid to or expended on							
	ıts behalf							
3	The value of services or facilities furnished by a governmental unit to the							
4	organization without charge Total. Add line 1-3	290,887	457,522	478,170	529,035		539,799	2,295,413
5	The portion of total contribution by each	230,007	137,322	170,170	323,033		333,133	2,255,115
3	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							2 205 412
	4							2,295,413
T	otal Support							
Cal	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	290,887	226	478,170	529,035		539,799	2,295,413
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	23	226	2,004	4,269		1,332	7,854
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)							2,303,267
12	Gross receipts from related activities, etc	(See instruction	s)			12		
13 ————————————————————————————————————	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		rst, second, thire	d, fourth, or fifth	tax year as a 5	01(c)(▶┌
14	Public Support Percentage for 2008 (line 6		ed by line 11 co	olumn (f))		14		99.659 %
15	Public Support Percentage for 2007 Sched		•	.,,		15		99.849 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did box and stop here. The organization qualifies	a publicly supp d not check the	orted organızatı box on line 13 o	on r 16a, and line 1				► ✓ IS
	10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2008. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2007. I more, and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and if the organization meets the "facts and circumstances Test - 2008. I more and circumstances Test - 2008. I more and circumstances Test - 2	If the organization Its and circumst Its ances" test The If the organization Its and circumst	on did not check ances" test, cho e organization qi on did not check ances" test, cho	a box on line 1: eck this box and ualifies as a pub a box on line 1: eck this box and	stop here. Exp licly supported 3, 16a, 16b, or stop here. Exp	laın ın organı 17a ar laın ın	Part IV ho zation nd line 15 Part IV ho	% or by the F
18	Private Foundation. If the organization did		-	•			-	- ,

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
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						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	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						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
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)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumm (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% 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 **33 1/3% 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)						
	Facts and Circumstances Test						

Schedule A (Form 990 or 990-EZ) 2008

Additional Data

Software ID: Software Version:

EIN: 86-0864429

Name: BOYS & GIRLS CLUBS OF THE

CASA GRANDE VALLEY

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a AFTER SCHOOL PROGRAM FEES		107,864			107,864
b SOCCER FEES		36,930			36,930
c SUMMER CAMP		32,387			32,387
d SOCCER SPONSERSHIP		22,471			22,471
e MEMBERSHIP DUES		6,149			6,149

OMB No 1545-0047

Open to Public

SCHEDULE D (Form 990)

Department of the Treasury Inte

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

amai	Revenue Service		Ilispecti	OII
BOY:	ne of the organization 6 & GIRLS CLUBS OF THE A GRANDE VALLEY		Employer identification number	•
	t I Organizations Maintaining Donor A		86-0864429 unds or Accounts. Complete	e if the
	organization answered "Yes" to Form 99	(a) Donor advised funds	(b) Funds and other account	ts.
	Total number at end of year	(a) Bollot davised tallas	(b) I alias alia seller account	
	Aggregate Contributions to (during year)			
	Aggregate Grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	_	or advised Yes	√ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		·	⊽ No
20	Impermissible private benefit?t III Conservation Easements. Complete	if the organization answered "Ves" to	<u> </u>	140
	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreate Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of an Preservation of ce	historically importantly land area rtified historic structure of a conservation easement	
	on the last day of the tax year		Held at the End of t	he Year
а	Total number of conservation easements		2a	iic rear
b	Total acreage restricted by conservation easement	· s	2b	
c	Number of conservation easements on a certified hi		2c	
d	Number of conservation easements included in (c) a	. ,	2d	
	Number of conservation easements modified, transfe	•		
	the taxable year	errea, released, extinguished, or terminate	d by the organization during	
	·			
	Number of states where property subject to conserva			
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?	= : : : : : : : : : : : : : : : : : : :	Yes	√ No
	Staff or volunteer hours devoted to monitoring, inspec	ecting and enforcing easements during the	year ►	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the ye	ear ► \$	
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of sec		√ No
	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financial	•	
a r	Organizations Maintaining Collection Complete if the organization answered '		or Other Similar Assets.	
а	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or research	ch in furtherance of public service,	
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ii	•	
	(i) Revenues included in Form 990, Part VIII, line 1		► \$	
	(ii) Assets included in Form 990, Part X		▶ \$	
	If the organization received or held works of art, hist following amounts required to be reported under SFA		- 1	
а	Revenues included in Form 990, Part VIII, line 1		► \$	
Ь	Assets included in Form 990, Part X		▶ \$	
			•	

	Organizations Maintaining Co	•			•			ontinued)
3	Using the organization's accession and other items (check all that apply)	er records, check any of th	ne fol	lowing that are	a significant us	se of its collection	1	
а	Public exhibition	d	Γ	Loan or exch	ange programs			
b	Scholarly research	e	Г	Other				
c	Preservation for future generations							
4	Provide a description of the organization's c Part XIV	ollections and explain how	w the	y further the or	ganızatıon's ex	empt purpose ın		
5	During the year, did the organization solicit	or receive donations of ar	t, hıs	torical treasur	es or other sım			_
	assets to be sold to raise funds rather than	<u> </u>					Yes	✓ No
Par	Trust, Escrow and Custodial Part IV, line 9, or reported an a				nization answe	ered "Yes" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custo included on Form 990, Part X?			-	r other assets r	not	Yes	√ No
b	If "Yes," explain why in Part XIV and compl	ete the following table			-			
						A mou	ınt	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on F	orm 990, Part X, line 21?				Г	Yes	✓ No
	If "Yes," explain the arrangement in Part XI							
Pai	Tt V Endowment Funds. Complete)Prior				Neour V	ears Back
1a	Beginning of year balance	(a)cullent real (b)	JEHOL	real (c) wo	Tears back (u)	Tillee Teals back (e	Ji Oui T	ears back
 b	Contributions							
c	Investment earnings or losses							
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	ar end balance held as						
а	Board designated or quasi-endowment 🕨							
b	Permanent endowment 🕨							
c	Term endowment ▶							
3a	Are there endowment funds not in the posse	ssion of the organization	thata	are held and ac	lmınıstered for	the		
	organization by					2-(:)	Yes	No
	(i) unrelated organizations		•			3a(i) 3a(ii)	<u> </u>	No No
b	(ii) related organizations					3a(11)	<u> </u> 	l No
4	Describe in Part XIV the intended uses of the					35	<u> </u>	1110
	t VI Investments—Land, Building				rt X. line 10.			
		, , , , , , , , , , , , , , , , , , ,		a) Cost or other	(b)Cost or other			
	Description of investment			sis (investment)	basis (other)	(c) Depreciation	(d) B	ook value
1a	Land							
Ь	Buildings							
c	Leasehold improvements							
	Equipment							
	Other				384,631	113,186		271,445
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i>), line	10(c).)		·		271,445
	• • • • •	· · ·				Schedule D (F	Form 9	90) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	2	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line		
(a) Description of investment type	(b) Book value		d of valuation year market value
Part IX Other Assets. See Form 990, Part X, col (B) line 13) F	 ne 15		
(a) Descri			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line			
Part X Other Liabilities. See Form 990, Part (a) Description of Liability	X, line 25. (b) A mount		
Federal Income Taxes	(b) Amount		
ACCRUED STATE UNEMPLOYMENT	795		
ACCRUED STATE WITHHOLDING	429		
DUE SUNSTATE BANK - BUILIDING REMODE	729		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1,224		

Par	t XI Reconciliation of C	<u>hange in Net Assets from Forr</u>	<u>n 990 to Financial St</u> ater	<u>nents</u>
1	Total revenue (Form 990, Part			1
2	Total expenses (Form 990, Par	t IX, column (A), line 25)		2
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3
4	Net unrealized gains (losses) o	n investments		4
5	Donated services and use of fa	cilities		5
6	Investment expenses			6
7	Prior period adjustments			7
8	Other (Describe in Part XIV)			8
9	Total adjustments (net) Add lir	nes 4 - 8		9
10	Excess or (deficit) for the year	per financial statements Combine lines	s 3 and 9	10
Part		evenue per Audited Financial		e per Return
1	Total revenue, gains, and othe	r support per audited financial stateme	nts	. 1
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12		
а	Net unrealized gains on invest	tments	. 2a	
b	Donated services and use of fa	acılıtıes	. 2b	
c	Recoveries of prior year grants	s	. 2c	
d	Other (Describe in Part XIV)		. 2d	
e	Add lines 2a through 2d .			. 2e
3	Subtract line ${f 2e}$ from line ${f 1}$.			. 3
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1		
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a	
b	Other (Describe in Part XIV)		4b	
C	Add lines 4a and 4b			. 4c
5		d 4c. (This should equal Form 990, Par		
		xpenses per Audited Financia		
1		r audited financial statements		. 1
2		it not on Form 990, Part IX, line 25	1 - 1	
а		acılıtıes		<u> </u>
b			2b	<u> </u>
с		, Part IX, line 25	2c	<u> </u>
d	Other (Describe in Part XIV)		. 2d	- $ $
e ~	Add lines 2a through 2d			. 2e
3	Subtract line 2e from line 1 .			. 3
4		0, Part IX, line 25, but not on line 1:	امدا	
a		uded on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b	
с 5		nd 4c. (This should equal Form 990, Pa	et I line 19 \	. 5
	t XIV Supplemental Inf		It 1, IIII e 18)	· •
Com	plete this part to provide the des	scriptions required for Part II, lines 3, 5, 9, Part XII, lines 3, 5, 9, Part XII, lines 2d and 4b, and Part XI		, Part XIV, lines 1b and 2b,
	Ident if ier	Return Reference	Expla	nation

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
BOYS & GIRLS CLUBS OF THE
CASA GRANDE VALLEY

Employer identification number
86-0864429

ldentifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	APPRVED BY OTHER MEMBERS

ldentifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	WRITTEN POLICY

ldentifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	YES

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

Cat No 51056K

Schedule O (Form 990) 2008

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OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service Attachment See separate instructions. ► Attach to your tax return. Sequence No 67 Identifying number Name(s) shown on return Business or activity to which this form relates BOYS & GIRLS CLUBS OF THE CASA GRANDE VALLEY INDIRECT DEPRECIATION 86-0864429 Election To Expense Certain Property Under Section 179 Part I **Note:** If you have any listed property, complete Part V before you complete Part I. 250,000 **1** Maximum amount See the instructions for a higher limit for certain businesses 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (c) Elected cost (a) Description of property only) 7 Listed property Enter the amount from line 29 8 **8** Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 9,421 MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (a)Depreciation year placed in (business/investment (e) Convention (f) Method property period deduction service use only—see instructions) 19a 3-year property **b** 5-year property **c** 7-ye<u>ar pr</u>operty d 10-year property e 15-year property f 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs ММ S/L property 27 5 yrs MMS/L i Nonresidential real 39 yrs ΜМ S/L property ΜМ S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year S/L S/L **c** 40-year **Summary** (See instructions) Part IV 21 Listed property Enter amount from line 28 21

23

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here

and on the appropriate lines of your return Partnerships and S corporations—see instr

23 For assets shown above and placed in service during the current year, enter the

9,421

22

Form 4562 (2008) Page 2 Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and Part V property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (c) (i) (e) (b) Business/ (d) (h) (a) (g) Basis for depreciation Flected Type of property (list Date placed in investment Cost or other Recovery Method/ Depreciation/ section 179 (business/investment Convention deduction vehicles first) service basis use period cost use only) percentage 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 26 Property used more than 50% in a qualified business use % % 27 Property used 50% or less in a qualified business use S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B—Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) 30 Total business/investment miles driven during the Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 1 Vehicle 5 Vehicle 6 year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? **36** Is another vehicle available for personal use? Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions) 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No **38** Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . . . 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? _ 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) . . . Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI **Amortization** (b) (e)

(d) (f) (c) (a) Date A mortization A mortizable Code A mortization for Description of costs amortization period or amount section this year beains percentage 42 A mortization of costs that begins during your 2008 tax year (see instructions) 43 A mortization of costs that began before your 2008 tax year 43 44 Total. Add amounts in column (f) See the instructions for where to report 44