

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-0047

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

Open to Public Inspection

Form 990 (2012)

A	or the 2	012 calendar year, or tax year beginning $$	JUN 30, 20	013			
В	heck if pplicable	C Name of organization BOYS & GIRLS CLUB OF SANTA CRUZ	D Employer id	entifica	tion number		
	Address	COUNTY, INC.					
	change Name change	Doing Business As			71818		
F	Initial return Termin- ated	Number and street (or P 0 box if mail is not delivered to street address)  Room/s  7 Number and street (or P 0 box if mail is not delivered to street address)		umber 20-2	87-3733		
	Amended return Applica-	City, town, or post office, state, and ZIP code	G Gross receipts \$		491,865.		
	tion tion	NOGALES, AZ 85621	H(a) Is this a gr				
	ponog	F Name and address of principal officer: VICKI BARDEN SAME AS C ABOVE	for affiliate <b>H(b)</b> Are all affilia		Yes X No		
					st. (see instructions)		
		► N/A	H(c) Group exe		•		
-					State of legal domicile AZ		
		Summary	our or roundation = = -		State of Togal Comment		
	1 Br	refly describe the organization's mission or most significant activities: TO PROVI	DE BEHAVIO	RIAL	GUIDANCE		
Activities & Governance	A	ND TO PROMOTE THE HEALTH, SOCIAL, EDUCATION	AL, VOCATION	JAKC	, AND		
r.		neck this box   if the organization discontinued its operations or disposed of r					
Š		umber of voting members of the governing body (Part VI, line 1a)		3	20		
ğ		umber of independent voting members of the governing body (Part VI, line 1b)		4	20		
တ္	1	otal number of individuals employed in calendar year 2012 (Part V, line 2a)		5	16		
ij		otal number of volunteers (estimate if necessary)		6	30		
:≦		otal unrelated business revenue from Part VIII, column (C), line 12		7a	52.		
⋖		et unrelated business taxable income from Form 990-T, line 34		7b	0.		
			Prior Year	1	Current Year		
a)	8 C	ontributions and grants (Part VIII, line 1h)	259,1	37.	317,090.		
Revenue		ogram service revenue (Part VIII line 2g)		0.	0.		
ě		unational income (Dark VIII adjument (A) Imag 2 II and 7d)		0.	52.		
œ	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2013	13,0	49.	73,362.		
	12 To	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2013.	272,1		390,504.		
				50.	5,500.		
	14 Be	enefits paid to or for members (Part IX, column (A), lines 1-3)	0.	0.			
s	15 Sa	alaries, other compensation, employee benefits (Part_IX, column (A), lines 5-10)	274,9	33.	257,302.		
Expenses		ofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ē		otal fundraising expenses (Part IX, column (D), line 25)					
ω	1	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	122,0	84.	121,687.		
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	397,2		384,489.		
	19 R	evenue less expenses. Subtract line 18 from line 12	<125,0	81.>	6,015.		
Net Assets or Fund Balances			Beginning of Current		End of Year		
ets	20 To	otal assets (Part X, line 16)	1,059,7		1,052,687.		
ASS	21 To	otal liabilities (Part X, line 26)	23,2	16.	10,155.		
E E	22 N	et assets or fund balances. Subtract line 21 from line 20	1,036,5	18.	1,042,532.		
		Signature Block					
Und	er penalti	es of perjury, I declare that I have examined this return, including accompanying schedules and st	atements, and to the be	t of my l	knowledge and belief, it is		
true	correct,	and complete Declaration of preparer (other tha <del>n officer) is based on all information of which pre</del>	arer has any knowledge	•			
Sig	n J	Signature of officer UUUU /	Date	101	21/12		
He		VICKI BARDEN, EXECUTIVE DIRECTOR		UIS	21/13		
İ		Type or print name and title					
	F	rint/Type preparer's name Preparer's signative	1 1 4	eck X	<del>-</del> ;		
Paid		IMOTHY J. BUNCH, CPA	/ 10/24/13 s	lf-employed	P00038946		
		Irm's name TIMOTHY J. BUNCH, CPA	Firm's E				
		Irm's address P.O. BOX 4441		_			
	[	RIO RICO, AZ 85648	Phone n	<sub>0</sub> 52	0-223-7038		
Ma	v the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No		

LHA For Paperwork Reduction Act Notice, see the separate instructions.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 13,641 · including grants of \$

4e Total program service expenses ▶

335,274.

Form **990** (2012)

#### Part IV Checklist of Required Schedules

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors9	2	X	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		Х
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_	-	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	-	
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		İ	.,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
L	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	105		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		Ţ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	10	İ	Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	1. 100 to mio codi dio digamentali attaon a copy of its addition infancial statements to this fature:		990 (	20121

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		_X_
b	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	_	
đ	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			١,,
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
Ь	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	20	X	
	Note. All Form 990 filers are required to complete Schedule O	_38_		(2012)
		rom	JJU	(2012)

Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V					$\overline{}$			
	Office it schedule o contains a response to any question in this Part V				Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	l o		103				
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			*			
	(gambling) winnings to prize winners?			1c					
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 return	2a	16						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b_					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		-	_		v			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a		X			
b	If "Yes," enter the name of the foreign country:	<b>A</b>	-4-						
E.	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.								
5a									
c	<ul> <li>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</li> <li>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</li> </ul>								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he ora	anization solicit	5c					
-	any contributions that were not tax deductible as charitable contributions?			6a		Х			
ь	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions o	or gifts						
	were not tax deductible?			6b					
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices	provided to the payor?	7a		X			
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b_					
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	as rec	luired			.,			
	to file Form 8282?	1	I	7c		X			
d	• • • • • • • • • • • • • • • • • • • •	7d	10	7e					
_	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont If the organization received a contribution of qualified intellectual property, did the organization file F		RQQ as required?	7f 7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at			8					
9	Sponsoring organizations maintaining donor advised funds.	-							
а	Did the organization make any taxable distributions under section 4966?			9a					
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9Ь					
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь							
11	Section 501(c)(12) organizations. Enter:	مدا	I	:					
a	Gross income from members or shareholders	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			7	12a	1	ĺ			
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	İ						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
ь	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
c	Enter the amount of reserves on hand	13c							
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	ie O		14b	000	(00:0)			
				Form	990	(2012)			

COUNTY, INC.

86-0671818

Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI					X			
Sec	tion A. Governing Body and Management								
					Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	0					
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O								
ь	Enter the number of voting members included in line 1a, above, who are independent	1b	2	0					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ıp with	any other						
	officer, director, trustee, or key employee?			2	Х				
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3_		X_			
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х			
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		_5_		X_			
6	Did the organization have members or stockholders?			6		X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoint	one or						
	more members of the governing body?			7a		X			
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?			7b		X			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by tl	ie following						
а	The governing body?			8a	Х	<u> </u>			
ь	Each committee with authority to act on behalf of the governing body?			8b	X	ļ			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		X			
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)						
					Yes				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X			
ь	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a									
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," c	escribe	1.0	X				
	In Schedule O how this was done			12c	^	Х			
13	Did the organization have a written whistleblower policy?			13		X			
14	Did the organization have a written document retention and destruction policy?			14		<u> </u>			
15	Did the process for determining compensation of the following persons include a review and approve	-	raepenaent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•		150		х			
a	The organization's CEO, Executive Director, or top management official			15a 15b		X			
D	Other officers or key employees of the organization			130		1			
16~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment :	with a						
IVa	• • • • • • • • • • • • • • • • • • • •	a none	yitti a	16a		X			
h	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ate ite	narticination	100	<b> </b>	<del>                                     </del>			
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization								
	exempt status with respect to such arrangements?	AITIEGUI	,,,,	16b		1			
Sec	tion C. Disclosure			1.00	L				
<u> 17</u>	List the states with which a copy of this Form 990 is required to be filed ►AZ		****						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s onl	/) avaılal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.	. ,		•					
	Own website Another's website X Upon request Other (explain	n ın Sc	hedule O)						
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and									
	statements available to the public during the tax year.	-							
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organ	zation:	<b>-</b>				
	TIMOTHY J. BUNCH, CPA - 520-223-7038								
	93 HIGHLAND CIRCLE, RIO RICO, AZ 85648								
23200				r	- 000	/00101			

1818\_\_\_2

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employees."
- 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, and 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.

<b>(A)</b> Name and Title	(B) Average hours per week	kod	not c , unle cer ar	Pos heck ss pe	more	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FERNANDO BARRAZA	1.00	Ī.,							•	
DIRECTOR	1 00	X			_			0.	0.	0.
(2) TIM BUNCH	1.00	J		v				0	0.	^
TREASURER	1.00	X	<u> </u>	Х			H	0.	0.	0.
(3) CHRIS CIRULI VICE PRESIDENT	1.00	X		х				0.	0.	0.
(4) CHUCK CIRULI, JR.	1.00	1	┼—	^	├─	├	$\vdash$	0.	0.	
DIRECTOR	1.00	X						0.	0.	0.
(5) CHUCK CIRULI, III	1.00	1	<u> </u>			<del>                                     </del>	-		-	•
VICE PRESIDENT	1.00	X		x				0.	0.	0.
(6) RICHARD CORNELIUS	1.00	<del> </del> -				<del> </del>				
PRESIDENT		X		x				0.	0.	0.
(7) ROSIE CORNELIUS	1.00									
DIRECTOR		X						0.	0.	0.
(8) CHUCK THOMAS	1.00									
DIRECTOR		X						0.	0.	0.
(9) CHRISTIAN REYNA	1.00	j								
DIRECTOR		X						0.	0.	0.
(10) MATT MANDEL	1.00							_	_	_
DIRECTOR		X	ļ			ļ <u>.</u>		0.	0.	0.
(11) CARLOS ENCINAS	1.00	١				i			^	
DIRECTOR	1 00	X						0.	0.	0.
(12) RACHEL ESPINOZA	1.00	.,		.,				•	•	^
SECRETARY	1.00	X	-	X		_		0.	0.	0.
(13) ROBERTO KLOSEK	1.00	X						0.	0.	0.
DIRECTOR	1.00	^						0.	0.	<u> </u>
(14) RICHARD RUBIN	1.00	X						0.	0.	0.
DIRECTOR (15) DANIELLE SANCHEZ-LEY	1.00	^						0.	<u> </u>	
VICE PRESIDENT		X		X				0.	0.	0.
(16) SANDARA SMITH	1.00	1		41			H			
DIRECTOR		x						0.	0.	0.
	1.00	<del>-</del>	$\vdash$				Н		<u> </u>	
(17) BRIAN ITULE	1 .00									

232007 12-10-12

Form 990 (2012)

COUNTY, INC.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	an	d Hi	ghe	st C	Compensated Employee	es (continued)			
(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an						(D) Reportable compensation	<b>(E)</b> Reportable compensation	1	(F) stimate nount o	
	week (list any hours for related organizations below line)	the or director			irecto	Highest compensated amployee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fi org	other pensation the anization d relate anization	tion e on ed
(18) EDMUNDO GAMILLO DIRECTOR	1.00	х						0.	0	•		0.
(19) STEWART LOEW DIRECTOR	1.00	х						0.	0			0.
										<u> </u>		
										-		
												•
1 b Sub-total c Total from continuation sheets to Part V	I Section A	<u>L.</u>	L	L	<u> </u>	<u> </u>		0.	0			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but r		nose	liste	ed a	bov	e) wl	no r	0.	0,000 of reportable	•		0.
compensation from the organization											Yes	0 <b>No</b>
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	such individual									3		Х
<ul> <li>4 For any individual listed on line 1a, is the si and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or</li> </ul>	0,000? If "Yes,	" cc	mpl	ete :	Sch	edul	e J i	for such individual	-	4		X
rendered to the organization? If "Yes," con Section B. Independent Contractors	•						Cial	teo organization or indivi		5		Х
Complete this table for your five highest countries the organization. Report compensation for		-								sation	from	
(A) Name and business			INC					(B) Description of s		(Compe	C) nsation	n
						<u>.                                    </u>						
Total number of independent contractors (     \$100,000 of compensation from the organi		ot !	mıte	d to		se li 0	stec	d above) who received m	nore than			
	<del>_</del>									Form	990 (2	2012)

COUNTY, 86-0671818 Form 990 (2012) INC. Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 1b **b** Membership dues 126,650. c Fundraising events 1c d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 190,440. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 317,090. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 52. 52. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (I) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ 126,650. of contributions reported on line 1c). See a 174,723. Part IV, line 18 ь 101,361 b Less direct expenses 73,362. 73,362. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a

Form 990 (2012)

73,362.

52.

390,504.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions

86-0671818 Page 10

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	se to any question in this	s Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in	5 500	5 500		
	the United States. See Part IV, line 22	5,500.	5,500.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. 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				
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	218,747.	183,891.	34,856.	
8	Pension plan accruals and contributions (include	······································		•	
	section 401(k) and 403(b) employer contributions)	1,134.	1,014.	120.	
9	Other employee benefits	1,134. 14,385.	12,861.	1,524.	<del>-</del>
10	Payroll taxes	23,036.	20,595.	2,441.	
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	4,888.	4,155.	733.	—
đ	Lobbying .		,		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O )				
12	Advertising and promotion	1 104	000	221	
13	Office expenses	1,104.	883.	221.	· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties	17,749.	16,862.	887.	
16	Occupancy	11,143.	10,002.	- 007.	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials  Conferences, conventions, and meetings	150.	135.	15.	
19 20	Interest	1504	100.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	24,339.	23,122.	1,217.	
23	Insurance	16,180.	13,753.	2,427.	
24	Other expenses Itemize expenses not covered			•	
-	above (List miscellaneous expenses in line 24e If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	OPERATING SUPPLIES	42,050.	39,122.	2,928.	
b	EQUIPMENT RENTAL	5,526.	4,973.	553.	
c	DUES AND SUBSCRIPTIONS	4,059.	3,450.	609.	
d	TELEPHONE	3,239.	2,915.	324.	
e	All other expenses	2,403.	2,043.	360.	<del></del>
25	Total functional expenses. Add lines 1 through 24e	384,489.	335,274.	49,215.	0
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation	ł			
	Check here If following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2012

Part X	Balance Sheet		
·	Check if Schedule O contains a response to any question in this Part X	(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	137,436. 1	109,377
2	Savings and temporary cash investments	9,249. 2	
3	Pledges and grants receivable, net	3	
4	Accounts receivable, net	4	
5	Loans and other receivables from current and former officers, directors,		
	trustees, key employees, and highest compensated employees. Complete		
	Part II of Schedule L	5	
6	Loans and other receivables from other disqualified persons (as defined under		
	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		
	employees' beneficiary organizations (see instr). Complete Part II of Sch L	6	
7 8	Notes and loans receivable, net	7	
}   8	Inventories for sale or use	8	
9	Prepaid expenses and deferred charges	2,878. 9	2,442
10a	i i i i i i i i i i i i i i i i i i i		
Ь	basis. Complete Part VI of Schedule D Less: accumulated depreciation  10a 1,218,611.  10b 332,778.	910,172. 100	885,833
11	Investments - publicly traded securities	11	
12	Investments - other securities. See Part IV, line 11	12	
13	Investments - program-related. See Part IV, line 11	13	55,036
14	Intangible assets	<1.>14	<1
15	Other assets. See Part IV, line 11	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,059,734. 16	1,052,687
17	Accounts payable and accrued expenses	15,014. 17	1,052,687
18	Grants payable	18	
19	Deferred revenue	8,202. 19	0
20	Tax-exempt bond liabilities	20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D	21	
22	Loans and other payables to current and former officers, directors, trustees,		
21 22	key employees, highest compensated employees, and disqualified persons.		
J	Complete Part II of Schedule L	22	
23	Secured mortgages and notes payable to unrelated third parties	23	
24	Unsecured notes and loans payable to unrelated third parties	24	
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X of		
	Schedule D	25	
26	Total liabilities. Add lines 17 through 25	23,216. 26	10,155
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
ខ្ល	complete lines 27 through 29, and lines 33 and 34.		
27 28 29 30 31 32	Unrestricted net assets	900,879. 27	904,976
28	Temporarily restricted net assets	20,639. 28	22,556
29	Permanently restricted net assets	115,000. 29	115,000
5	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐		
5	and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds	30	
ĝ   31	Paid-in or capital surplus, or land, building, or equipment fund	31	
32	Retained earnings, endowment, accumulated income, or other funds	32	
33	Total net assets or fund balances	1,036,518. 33	1,042,532
34	Total liabilities and net assets/fund balances	1,059,734. 34	1,052,687

Form **990** (2012)

Form	990 (2012) COUNTY, INC.	86-06	71818	Pag	ge 12
Pa	t XI Reconciliation of Net Assets		<u> </u>		
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
		1 1	•		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			04.
2	Total expenses (must equal Part IX, column (A), line 25)	2			89.
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>15.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,036		
5	Net unrealized gains (losses) on investments	5			<u>&lt;1.</u> :
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		_	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,042	2,5	32.
Pa	rt XIII Financial Statements and Reporting		_		
	Check if Schedule O contains a response to any question in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separar	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audıt			
	Act and OMB Circular A-133?	~	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		

232012

Form **990** (2012)

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

Department of the Treasury Internal Revenue Service

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization

BOYS & GIRLS CLUB OF SANTA CRUZ COUNTY, INC.

**Employer identification number** 86-0671818

Part I	Reason	for Public Char	ity Status (All organiza	ations mu	st complet	e this part	.) See inst	ructions.				
he organ	zation is not a	private foundation	because it is: (For lines 1	through 1	11, check	only one b	_ юх.)					
1 🔲	A church, cor	nvention of churche	s, or association of churc	ches desc	nbed in <b>se</b>	ction 170	(b)(1)(A)(i)					
2 🔲	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Scl	hedule E.)								
з 🔲			tal service organization of		n section	170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(ii	i). Enter	the hospital's name,		
	city, and state	-	•		•				•	•		
5 🔲	•		benefit of a college or un	niversity ov	vned or op	perated by	a governr	nental uni	t describ	ped in		
	=	(b)(1)(A)(iv). (Comple	-	•	·	•	•					
6 🔲			ent or governmental unit	described	d in sectio	n 170(b)(1	I)(A)(v).					
7 X			eives a substantial part of					r from the	general	public described in		
						90.0			<b>3</b>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
8 🔲	section 170(b)(1)(A)(vi). (Complete Part II.)  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗔	-		eives: (1) more than 33 1		•	rom contri	butions m	embershii	n fees, a	and gross receipts from		
	-	-	nctions - subject to certa		• •					•		
		•	axable income (less sect	-	•					=		
		509(a)(2). (Complete	•		,,	0111000000		, the orga		and out out out 1070.		
10 🖂			perated exclusively to tes	st for publi	ic safety S	See sectio	n 509(a)(4	1).				
			perated exclusively for th						v out the	e nurposes of one or		
		<del>-</del>	ations described in section		-			-	_	•		
			organization and comple				.,		-,(-,: -::			
	a Type I			pe III - Fu			d		e III - No	n-functionally integrated		
e 🗀		•	at the organization is not		-	-				, ,		
			han one or more publicly									
f			tten determination from t						(-/(-/			
•		rganization, check th				po 1, 1, po	., ., .,					
9		•	organization accepted an	v aift or co	ontribution	from any	of the follo	owing pers	sons?			
9			lirectly controls, either ale							Yes No		
			upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		() (	,	11g(i)		
	_		n described in (i) above?							11g(ii)		
			person described in (i) o	or (ii) above	a?					11g(iii)		
h	• •	•	about the supported org	• •						1 - 20		
••				J	(-).							
	of supported anization	(ii) EIN		(iv) is the of in col (i) lis		organizat		(vi) Is organizatio (i) organiz U S	on in col	(vii) Amount of monetary support		
			(see instructions))	<u> </u>					T			
		<u> </u>	, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No			
										<u> </u>		
								-				
									ļ			
otal												

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2012 COUNTY, INC.

| Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete anticipation of	d the heart on her . T	7 at 0 at Dad 1 :		a foiled to avalify:	ander Dert III If 4h a	orgonizotica
•	(Complete only if you checked fails to qualify under the tests				i ialied to qualify t	moer Fart III. II the	organization
	<u></u>	s listed below, plea	se complete rait i				<del></del>
	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	206 622	416 042	262 002	250 127	217 000	1642005
	include any "unusual grants.")	286,632.	416,043.	363,903.	259,137.	317,090.	1642805.
2	Tax revenues levied for the organ-						
	ization'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	206 622	416 042	262 002	250 127	317,090.	1642805.
	Total. Add lines 1 through 3	286,632.	416,043.	363,903.	259,137.	317,090.	1042003.
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)			·····			1642805.
	Public support. Subtract line 5 from line 4	E.,					1042003.
	ction B. Total Support	4-3.0000	#1 0000	(-) 0010	(A) 0011	(-) 2012	(O Total
	endar year (or fiscal year beginning in)	(a) 2008 286,632.	(b) 2009 416,043.	(c) 2010 363, 903.	(d) 2011 259,137.	(e) 2012 317,090.	(f) Total 1642805.
	Amounts from line 4	200,032.	410,045.	303,703.	235,137.	317,030.	1042003.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	58.	13.	8.			79.
^	and income from similar sources	30.		0.			7.5.
9	Net income from unrelated business	]					
	activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain		-				
10	or loss from the sale of capital						
	assets (Explain in Part IV.)		·				
11	Total support. Add lines 7 through 10	·					1642884.
	Gross receipts from related activities,	etc /see instruction	nne)	i		12	252,499.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	ax vear as a sectio		
	organization, check this box and <b>sto</b>	ū	3 1113t, 3000110, triii	a, 1001111, 01 111111 te	or your as a scone	., 55 ((5)(5)	▶□
Se	ction C. Computation of Publ		rcentage	. "			
	Public support percentage for 2012 (			olumn (fl)		14	100.00 %
	Public support percentage from 2011	• • •	<del>-</del>		1	15	99.98 %
	33 1/3% support test - 2012. If the			n line 13, and line	14 is 33 1/3% or n	L	
	stop here. The organization qualifies					,	$\triangleright X$
ŀ	33 1/3% support test - 2011. If the		-		line 15 is 33 1/3%	or more, check th	
	and stop here. The organization qual						▶□
17:	10% -facts-and-circumstances tes	•			13, 16a, or 16b. a	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						▶□
ŧ	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
_	more, and if the organization meets the						
	organization meets the "facts-and-cire						▶□

#### 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

qualify under the tests listed be	elow, please com	plete Part II.)		<del></del>	<del>.</del>	
Section A. Public Support		T		T		
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
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						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				1		
iness under section 513						
4 Tax revenues levied for the organ-						
ization'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 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6			<u> </u>			•
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 June 30, 1975						
c 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 organization'	s first, second, thir	d. fourth, or fifth to	ax vear as a section	on 501(c)(3) organiz	ration.
check this box and stop here		,, \$100	,	,	(-/(-/ 5-100	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2012 (li			column (ft)		15	%
16 Public support percentage from 2011	• • •	•	Solutilit (1))		16	
Section D. Computation of Inves		•			10	
	•		40 - 1 (0)		14-1"	
17 Investment income percentage for 20	•		ne 13, column (f))		17	%
18 Investment income percentage from 2					18	%
19a 33 1/3% support tests - 2012. If the						I / is not
more than 33 1/3%, check this box ar	•	•				. ▶□
<b>b 33 1/3% support tests - 2011.</b> If the						` _
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see in	structions	

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF SANTA CRUZ COUNTY, INC.

Employer identification number 86-0671818

Par	rt I Organizations Maintaining Donor Advis	sed Funds or Other Similar Funds	s or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, ا						
	0.34	(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	n writing that the assets held in donor advis	sed funds				
•	are the organization's property, subject to the organization		Yes No				
6	Did the organization inform all grantees, donors, and donor		used only				
_	for charitable purposes and not for the benefit of the donor						
	impermissible private benefit?		Yes No				
Par	rt II Conservation Easements. Complete if the c	organization answered "Yes" to Form 990, F					
1	Purpose(s) of conservation easements held by the organization						
	Preservation of land for public use (e.g., recreation of		storically important land area				
	Protection of natural habitat		tified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qua	alified conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.						
	•		Held at the End of the Tax Year				
а	Total number of conservation easements		2a				
b	Total acreage restricted by conservation easements		2b				
c	Number of conservation easements on a certified historic s	structure included in (a)	2c				
d	Number of conservation easements included in (c) acquire	d after 8/17/06, and not on a historic struct	ure				
	listed in the National Register		2d				
3	Number of conservation easements modified, transferred,	released, extinguished, or terminated by the	e organization during the tax				
	year ▶						
4	Number of states where property subject to conservation e	easement is located					
5	Does the organization have a written policy regarding the p	periodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements	s it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting	g, and enforcing conservation easements of	during the year 🕨				
7	Amount of expenses incurred in monitoring, inspecting, an	d enforcing conservation easements during	the year ▶ \$				
8	Does each conservation easement reported on line 2(d) ab	ove satisfy the requirements of section 170	0(h)(4)(B)(ı)				
	and section 170(h)(4)(B)(ii)?		Yes No				
9	In Part XIII, describe how the organization reports conserva	ation easements in its revenue and expense	e statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organiz	zation's financial statements that describes	the organization's accounting for				
	conservation easements.						
Par	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.						
	Complete if the organization answered "Yes" to For	m 990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116 (	ASC 958), not to report in its revenue state	ment and balance sheet works of art,				
	historical treasures, or other similar assets held for public e	exhibition, education, or research in furthera	ance of public service, provide, in Part XIII,				
	the text of the footnote to its financial statements that des						
b	,						
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of pu	blic service, provide the following amounts				
	relating to these items:						
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
	(ii) Assets included in Form 990, Part X		<b>▶</b> \$				
2	If the organization received or held works of art, historical t	reasures, or other similar assets for financia	al gain, provide				
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:					
а	Revenues included in Form 990, Part VIII, line 1		► \$ ► \$				
b	Assets included in Form 990, Part X		<b>&gt;</b> \$				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

`		GIRLS CLUB	OF SANTA	CRUZ	96.04	71010	
	dule D (Form 990) 2012 COUNTY,					571818	
	t III Organizations Maintaining C						
3.	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that are a	significant use of its	collection it	ems
	(check all that apply):						
а	Public exhibition	d		nange programs			
ь	Scholarly research	е	U Other				
С	Preservation for future generations				_		
4	Provide a description of the organization's co					ırt XIII.	
5	During the year, did the organization solicit of				ar assets	<b>–</b>	
	to be sold to raise funds rather than to be m					Yes	No
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa	-	ete if the organizatio	n answered "Yes" to	o Form 990, Part IV,	line 9, or	
	<del></del>		land for contribution		t included		
ıa	is the organization an agent, trustee, custod	ian or other intermed	nary for contribution	s or other assets no	or included	Yes	No
_	on Form 990, Part X?	and animalasa sha sal	llavona Aablas			res	140
D	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:			Amount	
_	Decrease training				40	Amount	
_	Beginning balance				1c		
d	Additions during the year						
e	Distributions during the year				1e   1f		
f O-	Ending balance	arm 000 Dart V line	040			Yes	□ No
	Did the organization include an amount on F			aroulded in Dort VII		1es	;,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Par	If "Yes," explain the arrangement in Part XIII.  † V Endowment Funds. Complete						
1 61	Endownient Lands. Complete	(a) Current year	(b) Prior year	(c) Two years back		(e) Four ye	are hack
10	Paginning of year balance	50,939.	50,443.	(C) TWO YEARS DACK	(a) Tillee years back	. (e) rour ye	ais Dack
1a	Beginning of year balance Contributions	30,333.	30,443.	50,000.		+	
b	Net investment earnings, gains, and losses	4,097.	496.	652	•	+	
C	Grants or scholarships	4,037.	450,	032.		+	
d	Other expenditures for facilities					+	
•	and programs						
	Administrative expenses			209.		+	
٠	End of year balance	55,036.	50,939.	50,443,		+	
g	Provide the estimated percentage of the cur	<del></del>	-		<u>-</u>		
2 a	Board designated or quasi-endowment	rent year end balanc	% (interrig, columnity)	ij) lielu as.			
	Permanent endowment	<del></del> %					
	Temporarily restricted endowment	% %					
·	The percentages in lines 2a, 2b, and 2c shot						
32	Are there endowment funds not in the posse	-	ation that are held a	nd administered for	the organization		
		sasion of the organiza	ation that are new a	na administered for	the organization	Y	es No
	by: (i) unrelated organizations					3a(i) 2	
	(ii) related organizations					3a(ii)	X
<b>h</b>	If "Yes" to 3a(ii), are the related organization:	e lieted as required o	n Schodula P2			3b	<del> </del> -
4	Describe in Part XIII the intended uses of the					00	
	t VI Land, Buildings, and Equipm				<del></del>		
	Description of property	(a) Cost or o	<del></del>	or other (c)	Accumulated	(d) Book v	alue
		basis (investr			epreciation		
1a	Land			1,200.		251,	,200.
	Buildings		<del> </del>	5,401.	322,646.		,755.

Schedule D (Form 990) 2012

131,878.

885,833.

10,132.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)

d Equipment e Other

142,010.

Schedule D (Form 990) 2012 COUNTY, INC.			86	<u>-0671818</u>	Page 3
Part VII Investments - Other Securities. See				<del> </del>	<del></del>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	d-of-year market va	alue
(1) Financial derivatives	<u> </u>			<del></del>	
(2) Closely-held equity interests		<del>  -</del>			
(3) Other	-				
(A)	<del></del>			<del></del>	
(B)					
(C)	<del> </del>			<del></del>	
(D)					
(E)	<del></del>	<del>-  </del>		<del></del>	<del></del>
(F)					
(G)					
(H)					
(I) Total (Col /h) must sound form 000 Port V and (P) line 10 \			····		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12 ) ▶ Part VIII Investments - Program Related. See	- Causa 000 Bart V Iva			1-/1-11111111	<del></del>
(a) Description of investment type	<b>(b)</b> Book value	(c) Method of	valuation: Cost or end	d-of-vear market va	alue
(1) BROKER MANAGED FUNDS	55,03		EAR MARKET		
(2)	33703	O. DIAD OF I	LIM IMMINDI	VILLOL	
(3)					
(4)					
(5)					<del></del>
(6)					
(7)			······		
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	55,03	6.	······································	***************************************	
Part IX Other Assets. See Form 990, Part X, line 1					
(a) D	escription			(b) Book val	ue
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line					
Part X Other Liabilities. See Form 990, Part X, III	ne 25.	(h) De alexantes	T		
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes		<del></del>	-		
(2)			-		
(3)			-		
<u>(4)</u>		·	4		
(5)		·- ·- ·- ·- ·- ·- ·- ·- ·-	-		
(6)			4		
(7)		<del> </del>	1		
(8)			1		
(9)			1		
(10)			1		
(11)	25.1		+		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25/	anna material and a second	L statements the state	anto the are-se-	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text					ion's
liability for uncertain tax positions under FIN 48 (ASC 74	iuj. Oneck nere if the	text of the foothote has	been provided in Pa	ıtr VIII	

232053 12-10-12 Schedule D (Form 990) 2012

Sche	dule D (Form 990) 2012 COUNTY, INC.		86-0	671818	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Statem				
1	Total revenue, gains, and other support per audited financial statements		1	539,	865.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b 48,000.			
c	Recoveries of prior year grants	2c	]		
d	Other (Describe in Part XIII.)	2d 101,361.	]		
e	Add lines 2a through 2d		2e	149,	$\frac{361.}{504.}$
3	Subtract line 2e from line 1		3	390,	504.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]		
b	Other (Describe in Part XIII.)	4b	]		
С	Add lines 4a and 4b		4c		0.
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5		504.
Pa	* XII Reconciliation of Expenses per Audited Financial State	ments With Expenses per	Retu		
1	Total expenses and losses per audited financial statements		1	533,	850.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a 48,000.	↓		
b	Prior year adjustments	2b	]		
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d 101,361.			
e	Add lines 2a through 2d		2e	149,	361.
3	Subtract line 2e from line 1		3	384,	489.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	]		
b	Other (Describe in Part XIII.)	4b	]		
c	Add lines 4a and 4b		4c		0.
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	<u> </u>	5	384,	<u>489.</u>
Pa	1 XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Par	t III, lines 1a and 4; Part IV, lines 1	b and 2	b; Part V, line	l; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part RT V, LINE 4: SCHOLISTIC SCHOLARSHIPS	to provide any additional informat	ion.		
			_		
PAI	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
SPI	CIAL EVENT REVENUES NETTED AGAINST SPECI	AL EVENTS			
EXI	PENSES EQUAL TO			101,	361.
				<del>.</del>	
PAI	RT XII, LINE 2D - OTHER ADJUSTMENTS:				
SPI	ECIAL EVENTS EXPENSES NETTED AGAINST SPEC	IAL EVENTS			

Schedule D (Form 990) 2012

Schedule D (Form 990) 2012 COUNTY, IN	C. 86-0671818 Page 5
Schedule D (Form 990) 2012 COUNTY, IN Part XIII Supplemental Information (continued)	
	101 261
REVENUES EQUAL TO	101,361.
<del></del>	
-	
	1.11-04444-4114-1
<u> </u>	
	We will have a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second
222055	Schedule D (Form 990) 2012

232055 12-10-12

#### SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

2012

Open To Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF SANTA CRUZ

Employer identification number

COUNTY,	INC.				<u>  86-0671</u>	818
Part I Fundraising Activities. required to complete this part	Complete if the organization answ	ered "Y	es" to	Form 990, Part IV, II	ne 17. Form 990-EZ	filers are not
key employees listed in Form 990, P	e Solicita f Solicita g Specia  or oral agreement with any individua art VII) or entity in connection with providuals or entities (fundraisers) pure	ation of ation of I fundra al (includ professi	non-govern using of ding of onal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees or Yes	<del></del>
(i) Name and address of individual or entity (fundralser)	(ii) Activity	(iii) fundr have cu or con contribu	Did aiser istody trol of itions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			-
	,				ees or  Yes No he fundraiser is to be  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) organization	
						Yes No er is to be  t paid ed by) ser ol. (i) (vi) Amount paid to (or retained by) organization
					-	
		-				
······································	en or oral agreement with any individual (including officers, directors, trustees or 0, Part VII) or entity in connection with professional fundraising services?  Individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be the organization.  (iii) Activity  (iii) Did fundraiser from activity  (iv) Gross receipts from activity  (vi) Amount paid to (or retained by) fundraiser listed in col. (i)					
-						
Total  List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration
					<del></del>	
					- · -·	
				<del></del>		
						<del></del>
· · · · · · · · · · · · · · · · · · ·		-				
			_			
					<del> </del>	

232081 01-07-13 Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

BOYS & GIRLS CLUB OF SANTA CRUZ Schedule G (Form 990 or 990-EZ) 2012 COUNTY, INC. 86-0671818 Page 2 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events DINNER, NONE (add col. (a) through DANCE, AUCTI col. (c)) (total number) (event type) (event type) 301,373. 301,373 Gross receipts 126,650. 126,650. 2 Less: Contributions 174,723. 174,723. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 12,483. 12,483. Rent/facility costs 33,828. 33,828. 7 Food and beverages 13,574 13,574. Entertainment 41,476. 41,476. Other direct expenses 101,361, 10 Direct expense summary. Add lines 4 through 9 in column (d) 73,362. 11 Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs 5 Other direct expenses % Yes Yes % Yes % Volunteer labor No No Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7

a Is the organization licensed to operate gaming activities in each of these states?      b If "No," explain:	Yes No
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  b If "Yes," explain:	Yes No
22002 01.07.12 Sche	dule G (Form 990 or 990-FZ) 2012

9 Enter the state(s) in which the organization operates gaming activities:

	BOYS & GIRLS CLUB OF SANTA CRUZ		
<u>Sch</u>	edule G (Form 990 or 990-EZ) 2012 COUNTY, INC.		age 3
11		Yes	No
12	is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		٦
12	to administer charitable gaming?		_ No
	Indicate the percentage of gaming activity operated in:  The organization's facility	13a	%
	o An outside facility	13b	<del></del> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	:	
	Name		
	Address >	<u> </u>	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party > \$		
•	o If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
18	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Mandatory distributions:		
•	a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes [	□ No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
	organization's own exempt activities during the tax year ▶ \$		
P	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (III) and (v), and Pa	art III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information of the second sec	nation (see instructio	ns)
		<del></del>	
_			
_			
_			
	Schedule G	(Form 990 or 990-E	7) 2012

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

2012

Open to Public Inspection

Nan	Name of the organization BOYS & GIRLS CLUB COUNTY, INC.	IRLS CLUB INC.	OF SANTA CR	CRUZ				Employer identification number 86-0671818
Q.	Part i General Information on Grants and Assistance	nd Assistance						
-	Does the organization maintain records to substantiate the amount of criteria used to award the grants or assistance?	o substantiate the		s or assistance, the	grantees' eligibilit	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion Yes X No
8	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monr	toring the use of grant	funds in the Unite	d States.			
å	Part # Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. (	Somplete if the orga	anization answered "	res" to Form 990, Part	. IV, line 21, for any
	1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) or government cash grant	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						Ó		
		,						
0 0	Enter total number of section 501(c)(3) and government organizations I Enter total number of other organizations listed in the line 1 table	nd government or s listed in the line	ganizations listed in the	sted in the line 1 table				
LHA		, see the Instruct	ions for Form 990.					Schedule I (Form 990) (2012)

COUNTY, INC. Schedule I (Form 990) (2012)

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

Page 2

86-0671818

Schedule I (Form 990) (2012) (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) O. CASH AWARDS (d) Amount of non-cash assistance 5,500. (c) Amount of cash grant 31 (b) Number of recipients (a) Type of grant or assistance SCHOLARSHIPS 232102 12-18-12 Part IV

#### SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Transactions With Interested Persons**

Complete if the organization answered
 "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
 Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2012
Open To Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF SANTA CRUZ

Employer identification number

	COUNTY,	, I	NC.						86	<u>-06</u>	718	18_		
Part I Excess Ber	nefit Trans	acti	ons (section 50	01(c)(3	) and s	section 501(c)(4) org	anız	ations only).						
Complete if the	organization	answ	vered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25t	o, or	Form 990-EZ, Pa	art V, I	ine 40	ıb.			
1			lelationship bety			ified						(d)	Corre	cted?
(a) Name of disqualified	person	•	person and or		-	(0	c) De	escription of tran	sactio	U			es	No
<u> </u>														
			-											
2 Enter the amount of ta	x incurred by	the o	rganization man	agers	or disc	qualified persons du	ring	the year under						
section 4958														
3 Enter the amount of ta	x, if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganization				▶ \$				
Part II Loans to a	nd/or From	ı Int	erested Per	sons	•									
	-					, Part V, line 38a or l	Forn	n 990, Part IV, lın	e 26;	or If th	e orga	anızatı	on	
	nount on Form	1990	, Part X, line 5, 6				_				/L\ An	nrovod	ı .	
(a) Name of	(b) Relation with	ısnıp	(c) Purpose of loan		an to or	(e) Original principal amount	(f	) Balance due	(g) defa	111	(h) Ap	ard or	,	ritten ment?
interested person organiz		ion	Oi loan		zation?	principal amount				1	cómm			1
				То	From				Yes	No	Yes	No	Yes	No
				ļ	-							ļ		<del>                                     </del>
	<del> </del>			<del> </del>	<del> </del>		-	<del></del>		ļ	$\vdash$			
				ļ	ļ		-				<del>                                     </del>		<b></b>	1
				<del> </del>							$\vdash$	<u> </u>		
				Ì										
				<u> </u>				···			<b></b>	-		
				<u> </u>			┢				<u> </u>	<del></del>	-	
•				<u> </u>							<del>                                     </del>			
					1		┢							
Total				<u></u>	1	<b>▶</b> \$	_		-					<u> </u>
	ssistance	Ber	efiting Inter	reste	d Pe						<u></u>		<u> </u>	
			vered "Yes" on I											
(a) Name of interested			(b) Relationship			(c) Amount of		(d) Type	of		(e	) Purp	ose o	f
• • • • • • • • • • • • • • • • • • • •	•	`	interested pers	son an		assistance		assistan				assist		
			the organiza	ation										
													_	
		<b> </b>											_	
						_				$\perp$			_	
		1												
		<b> </b>				-				<del>-</del>				_
		<del> </del>									-			
		1				i		1						

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

Schedule L (Form 990 or 990-EZ) 2012

Schedule L (Form 990 or 990 EZ) 2012 COUNT	Y, INC.				<u>86-0671</u>	818	Page 2
Part IV Business Transactions Invol	ving Interested	l Perso	ns.				
Complete if the organization answered	d "Yes" on Form 99	0, Part IV	, line 28a, 2			(4) (2)	-11-
(a) Name of interested person	(b) Relationship person and	between the organi	interested ization	(c) Amount of transaction	(d) Description of transaction	organiz	aring of zation's nues?
						Yes	No
MANUEL COPPOLA	MEMBER OF	THE	BOARD	4,642.	ADVERTISING		Х
		<del></del>					
							-
π							
					<del> </del>		
Part V Supplemental Information	1			<u> </u>			
Complete this part to provide addition	al information for re	esponses	to auestio	ns on Schedule L (see	instructions).		
Complete this part to provide addition	iai illorniadori loi il	саропаса	to question	13 Off Ochedule E (See	matructions).		
				<del> </del>			
. <u> </u>							
						-	
	<del></del>			<del> </del>			
,							
2							
				<del></del>			
		<del></del>					
	<del></del>	<del>.</del>			chedule I. /Form 990	or 000	E 7\ 004

#### SCHÈDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

BOYS & GIRLS CLUB OF SANTA CRUZ COUNTY, INC.

Employer identification number 86-0671818

COUNTY, INC.	86-0671818					
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:					
CHARACTER DEVELOPMENT OF YOUTH.						
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:						
VARIOUS OTHER PROGRAMS TO ACCOMPLISH THE ORGANIZATIONAL OBJECTIVES.						
EXPENSES \$ 13,641. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.					
FORM 990, PART VI, SECTION A, LINE 2: CHARLES A. CIRULI,	JR, IS THE					
FATHER OF CHARLES A. CIRULI, III, AND OF CHRISTOPHER A C	IRULI. ROSIE					
CORNELIUS AND RICHARD CORNELIUS ARE SPOUSES. BRIAN ITUL	IE IS EMPLOYED BY					
CIRULI BROTHERS, LLC, WHICH IS OWNED BY CHARLES A. CIRUL	I, III, AND BY					
CHRISTOPHER A. CIRULI. RICHARD RUBIN AND ROBERT KLOSEK	ARE PARTNERS IN A					
BUSINESS.						
FORM 990, PART VI, SECTION B, LINE 11: A COPY WAS PROVID	ED TO THE MEMBERS					
OF THE EXECUTIVE COMMITTEE PRIOR TO FILING AND THE BOARD	AS A WHOLE ALSO					
REVIEWED THE FORM 990 PRIOR TO FILING.						
FORM 990, PART VI, SECTION B, LINE 12C: ISSUES THAT MAY	PRESENT A CONFLICT					
OF INTEREST ARE OPENLY AND TRANSPARENTLY DISCUSSED AT RE	GULAR AND/OR					
SPECIAL BOARD MEETINGS AND APPROPRIATE STEPS TO MITIGATE	AND CONTROL THE					
CONFLICT ARE ENACTED IN THE BEST INTERESTS OF THE ORGANI	ZATION. THE					
GOVERNING BOARD REVIEWS ALL TRANSACTIONS WITH KNOWN RELA	TED PARTIES. IN					
ADDITION. ANY CONFLICTED PERSON IS REMOVED FROM ANY DECI	STON MAKING WITH					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

REGARD TO THAT TRANSACTION.

34



#### Form **8868**

(Rev. January 2013)
Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

OMB No 1545-1709

• If you a	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box			ightharpoonup	
-	are filing for an Additional (Not Automatic) 3-Month Ex			this form).			
Do not o	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previous	ly filed Fo	rm 8868.		
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	3-month automatic extension of tin	ne to file (6	months for a co	rporation	
required	to file Form 990-T), or an additional (not automatic) 3-mor	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an	extension	
	file any of the forms listed in Part I or Part II with the exc						
	Benefit Contracts, which must be sent to the IRS in pap						
	irs gov/efile and click on e-file for Charities & Nonprofits						
Part I	Automatic 3-Month Extension of Time	o. Only s	ubmit original (no copies ne	eded).			
	ation required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete			
Part I onl	у					<b>▶</b> □	
All other	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to reques	t an exten	sion of time		
to file inc	ome tax returns.						
Type or	ype or Name of exempt organization or other filer, see instructions.				Employer identification number (EIN) or		
print	BOYS & GIRLS CLUB OF SANTA CRUZ						
	COUNTY, INC.				86-0671818		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s 590 N. TYLER AVENUE				ocial security number (SSN)		
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  NOGALES, AZ 85621						
	NOGALES, AZ 03021	<del></del>	<del></del>				
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1	
Applicat	ion	Return	Application			Return	
ls For		Code	Is For			Code	
	or Form 990-EZ	01	Form 990-T (corporation)			07	
			Form 1041-A			08	
Form 4720 (individual)			Form 4720		09		
Form 990-PF			Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069		11		
Form 990-T (trust other than above)		06	Form 8870		12		
	TIMOTHY J. BUNG						
	books are in the care of $\triangleright$ 93 HIGHLAND CII	RCLE -	- RIO RICO, AZ 856	48			
Telep	none No. ► 520-223-7038		FAX No. ► 520-377-77	41			
• If the	organization does not have an office or place of busines	s in the Ur	nited States, check this box				
<ul><li>If this</li></ul>	is for a Group Return, enter the organization's four digit	-	· · · · · · · · · · · · · · · · · · ·		r the whole group		
box 🕨	. If it is for part of the group, check this box				ers the extension	ı ıs for	
1 Ire	quest an automatic 3-month (6 months for a corporation						
	FEBRUARY 18, 2014, to file the exemp	t organiza	tion return for the organization name	ed above.	The extension		
_	or the organization's return for:						
<b>•</b>	calendar year or		тим эл элээ				
•	X tax year beginning JUL 1, 2012	, an	d ending JUN 30, 2013		<u> </u>		
0 14 4	and they were entered in line 1 in few loss than 10 months.	book roon	on: Initial return	Final retur	'n		
2 If t	ne tax year entered in line 1 is for less than 12 months, o	Heck reas	on militar return	i iliai letui	"		
L	☐ Change in accounting period						
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069. e	nter the tentative tax, less any				
	nrefundable credits. See instructions.	· · · · · · · · · · · · · · · · · · ·			\$	0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						
	imated tax payments made. Include any prior year overg			3b	\$	0.	
	lance due. Subtract line 3b from line 3a. Include your pa						
	using EFTPS (Electronic Federal Tax Payment System).	•		3c	\$	0.	
	If you are going to make an electronic fund withdrawal			orm 8879-	EO for payment i	nstructions.	
LUA B	or Privacy Act and Panenwork Reduction Act Notice					(Rev. 1-2013)	

223841 01-21-13