

2019

California Exempt Organization
Annual Information Return

199

Calendar Year 2019 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name BOYS & GIRLS CLUBS OF SANTA MARIA VALLEY		California corporation number 0515971
Additional information. See instructions.		FEIN 95-2468116
Street address (suite or room) 901 N. RAILROAD AVE.		PMB no.
City SANTA MARIA	State CA	Zip code 93458
Foreign country name	Foreign province/state/county	Foreign postal code

A First Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No B Amended Return <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No C IRC Section 4947(a)(1) trust <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No D Final Information Return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) E Check accounting method: 1 <input type="checkbox"/> Cash 2 <input checked="" type="checkbox"/> Accrual 3 <input type="checkbox"/> Other F Federal return filed? 1 <input type="checkbox"/> 990T 2 <input type="checkbox"/> 990-PF 3 <input type="checkbox"/> Sch H (990) 4 <input type="checkbox"/> Other 990 series G Is this a group filing? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H Is this organization in a group exemption <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? I Did the organization have any changes to its guidelines not reported to the FTB? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No K Is the organization exempt under R&TC Section 23701g? ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the gross receipts from nonmember sources \$ L If organization is a public charity exempt under R&TC Section 23701d and meets the filing fee exception, check box. No filing fee is required <input checked="" type="checkbox"/> M Is the organization a Limited Liability Company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No N Did the organization file Form 100 or Form 109 to report taxable income? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No O Is the organization under audit by the IRS or has the IRS audited in a prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No P Is federal Form 1023/1024 pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Date filed with IRS
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Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8.	1	1,481,648.
	2	Gross dues and assessments from members and affiliates.	2	
	3	Gross contributions, gifts, grants, and similar amounts received.	3	2,513,349.
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B.	4	3,994,997.
	5	Cost of goods sold.	5	
	6	Cost or other basis, and sales expenses of assets sold.	6	
	7	Total costs. Add line 5 and line 6.	7	
	8	Total gross income. Subtract line 7 from line 4.	8	3,994,997.
Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18.	9	2,835,839.
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8.	10	1,159,158.
Filing Fee	11	Total payments.	11	
	12	Use tax. See General Information K.	12	
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11.	13	
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12.	14	
	15	Filing fee \$10 or \$25. See General Information F.	15	
	16	Penalties and Interest. See General Information J.	16	
	17	Balance due. Add line 12, line 15, and line 16. Then subtract line 11 from the result.	17	0.
Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
Paid Preparer's Use Only	Signature of officer	EXECUTIVE DIRECTOR	Date	Telephone (805) 922-7163
	Preparer's signature	TRAVIS HOLE, CPA	Date	PTIN P01568767
	Firm's name (or yours, if self-employed) and address	MOSS, LEVY & HARTZHEIM LLP 2400 PROFESSIONAL PARKWAY, SUITE 205 SANTA MARIA, CA 93455	Check if self-employed <input type="checkbox"/>	Firm's FEIN 75-3194011
				Telephone (805) 925-2579
May the FTB discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts – complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions.	●	1	
	2	Interest.	●	2	
	3	Dividends.	●	3	
	4	Gross rents.	●	4	
	5	Gross royalties.	●	5	
	6	Gross amount received from sale of assets (See Instructions)	●	6	
	7	Other income. Attach schedule SEE STATEMENT 1	●	7	1,481,648.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Page 1, Part I, line 1.		8	1,481,648.
	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members.	●	10	
Expenses and Disbursements	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	●	11	0.
	12	Other salaries and wages.	●	12	1,843,878.
	13	Interest.	●	13	
	14	Taxes.	●	14	139,704.
	15	Rents.	●	15	10,280.
	16	Depreciation and depletion (See instructions).	●	16	48,831.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 3	●	17	793,146.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Page 1, Part I, line 9.		18	2,835,839.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash.		402,780.	●	964,938.
2	Net accounts receivable.		297,725.	●	355,082.
3	Net notes receivable.			●	
4	Inventories.			●	
5	Federal and state government obligations.			●	
6	Investments in other bonds.			●	
7	Investments in stock.			●	
8	Mortgage loans.			●	
9	Other investments. Attach schedule.			●	
10a	Depreciable assets.	1,545,537.		2,167,296.	
b	Less accumulated depreciation.	1,182,954.	362,583.	1,169,197.	998,099.
11	Land.		5,820.	●	5,820.
12	Other assets. Attach schedule STM 4		26,050.	●	33,367.
13	Total assets.		1,094,958.		2,357,306.
Liabilities and net worth					
14	Accounts payable.		95,721.	●	240,545.
15	Contributions, gifts, or grants payable.			●	
16	Bonds and notes payable.			●	
17	Mortgages payable.			●	
18	Other liabilities. Attach schedule STM 5		336,833.		295,199.
19	Capital stock or principal fund.		662,404.	●	1,821,562.
20	Paid-in or capital surplus. Attach reconciliation.			●	
21	Retained earnings or income fund.			●	
22	Total liabilities and net worth.		1,094,958.		2,357,306.

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

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000

1	Net income per books.	●	1,159,158.	7	Income recorded on books this year not included in this return. Attach schedule.	●	
2	Federal income tax.	●		8	Deductions in this return not charged against book income this year.	●	
3	Excess of capital losses over capital gains.	●			Attach schedule.	●	
4	Income not recorded on books this year.	●		9	Total. Add line 7 and line 8.		
5	Expenses recorded on books this year not deducted in this return. Attach schedule.	●		10	Net income per return.		
6	Total. Add line 1 through line 5.		1,159,158.		Subtract line 9 from line 6.		1,159,158.

BOYS & GIRLS CLUBS OF SANTA MARIA VALLEY

95-2468116

Statement 1
Form 199, Part II, Line 7
Other Income

Income from Special Events	\$	771,416.
Merger		317,923.
Misc.		86,165.
Program Service Revenue		306,144.
Total	\$	<u>1,481,648.</u>

Statement 2
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Total Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
DANIEL HINDEN 901 N RAILROAD SANTA MARIA, CA 93458	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
TIM MURPHY 135 N HALCYON SUITE D ARROYO GRANDE, CA 93420	DEVELOPMENT 1.00	0.	0.	0.
SHANNON ELLIOTT 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
JANET RHOADES 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
SANDY LEYVA 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
DONNA FRANCE 120 N LAS FLORES NIPOMO, CA 93444	GOVERNANCE 1.00	0.	0.	0.
DAVID COX 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
LINDA CORDERO 1324 RUBY COURT SANTA MARIA, CA 93454	DIRECTOR 1.00	0.	0.	0.
NADINE SULLIVAN 901 N RAILROAD SANTA MARIA, CA 93458	VICE CHAIR 1.00	0.	0.	0.

BOYS & GIRLS CLUBS OF SANTA MARIA VALLEY

95-2468116

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
GENE RUNKLE 901 N RAILROAD SANTA MARIA, CA 93458	SECRETARY 1.00	\$ 0.	\$ 0.	\$ 0.
AUDREY DODD 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
MARIA ESCOBEDO 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
SUE RUNKLE 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
ERIC HALLIN 901 N RAILROAD AVE SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
CONRAD STEPHENS PO BOX 1454 SANTA MARIA, CA 93456	CHAIR 1.00	0.	0.	0.
SHEILA KEARNS 839 NODDY CT ARROYO GRANDE, CA 93420	PAST CHAIR 1.00	0.	0.	0.
DAN LILLARD 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
DEBBIE PERRAULT 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
ALLISON BORJA 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
DANIELLE MARTINEZ 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.
JUAN RAMIREZ 901 N RAILROAD SANTA MARIA, CA 93458	DIRECTOR 1.00	0.	0.	0.

BOYS & GIRLS CLUBS OF SANTA MARIA VALLEY

95-2468116

Statement 2 (continued)
Form 199, Part II, Line 11
Compensation of Officers, Directors, Trustees and Key Employees

Current Officers:

Name and Address	Title and Average Hours Per Week Devoted	Total Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
BROOKS WISE PO BOX 1845 SANTA MARIA, CA 93454	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
	Total	\$ 0.	\$ 0.	\$ 0.

Statement 3
Form 199, Part II, Line 17
Other Expenses

Accounting Fees.....	\$ 21,983.
Advertising and Promotion.....	33,119.
After School Program.....	12,370.
Apparel.....	6,394.
Awards.....	5,483.
Bank service charges.....	19,305.
Computer expense.....	26,472.
Conferences, Conventions, and Meetings.....	31,952.
Decorations.....	4,410.
Director's expenses.....	8,853.
Donor Cultivation.....	6,469.
Dues & Subscriptions.....	17,187.
Employee expenses.....	13,080.
Equipment Lease and rental.....	6,050.
Facility Rental.....	16,976.
Food.....	64,718.
Insurance.....	22,238.
Janitorial.....	11,428.
Landscaping.....	1,006.
Licenses & permits.....	1,371.
Maintenance.....	4,393.
Miscellaneous.....	4,661.
Office Expenses.....	4,910.
Other Employee Benefit.....	128,437.
Outside services.....	36,663.
Pension Administration.....	5,511.
Pension Plan Contributions.....	50,677.
Permit and Fees.....	8,235.
Postage and Shipping.....	3,897.
Printing and Publications.....	17,162.
Procurement.....	22,729.
Property Tax.....	407.
Repairs and maintenance.....	21,660.
Security.....	678.
Sports Leagues.....	48,712.
Supplies.....	22,244.
Telephone.....	12,504.
Travel.....	13,775.
Uniforms.....	11,526.
Utilities.....	26,356.

BOYS & GIRLS CLUBS OF SANTA MARIA VALLEY

95-2468116

Statement 3 (continued)
Form 199, Part II, Line 17
Other Expenses

Vehicle expenses.....	\$ 17,145.
Total	<u>\$ 793,146.</u>

Statement 4
Form 199, Schedule L, Line 12
Other Assets

Prepaid Expenses and Deferred Charges.....	33,367.
Total	<u>\$ 33,367.</u>

Statement 5
Form 199, Schedule L, Line 18
Other Liabilities

LOAN PAYABLE.....	295,199.
Total	<u>\$ 295,199.</u>