## D MANILAL FERNANDO CPA INC 10900 E 183RD STREET STE 100 CERRITOS, CA 90703 (562) 402-4700

October 26, 2021

MATTHEW HALLECK BOYS & GIRLS CLUB OF FULLERTON, INC P.O. BOX 1283 FULLERTON, CA 92836

#### Dear Matthew:

Your 2020 Federal Return of Organization Exempt from Income Tax will be electronically filed with the Internal Revenue Service upon receipt of a signed Form 8879-EO - IRS e-file Signature Authorization. No tax is payable with the filing of this return.

Your 2020 California Exempt Organization Annual Information Return will be electronically filed with the State of California upon receipt of a signed Form 8453-EO. No tax is payable with the filing of this return.

Enclosed is your California Registration/Renewal Fee Report to the Attorney General. The original should be signed at the bottom of page one. There is a fee due of \$150 payable by November 15, 2021. Make the check or money order payable to "Department of Justice" and mail your California report on or before November 15, 2021 to:

P.O. BOX 903447 SACRAMENTO, CA 94203-4470

Please be sure to call us if you have any questions.

Sincerely,

D. Manilal Fernando, CPA

# Form 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Α	FOR TR	ne zuzu calen	dar year, or tax year begini	ning	, 2020, a	and endin	g		, 2	20			
В	Check i	f applicable:	С		· -			D Employ	er identifle	cation number			
	Ac	ldress change	BOYS & GIRLS CLUB	3 OF FULLERTON.	INC			95-	L8556	45			
	Na	me change	P.O. BOX 1283					E Telepho					
	$\vdash$	tial return	FULLERTON, CA 928	336				(71	1) 87	1 1391			
	$\vdash$	al return/terminated						(714) 871 1391					
	H	nended return				F 1.11		C a	ć	1 075	700		
	$\vdash$		E Nome and address of minimal	ottone .			M(n) is this	G Gross re a group return		1,975,	I m m I		
	∐ Ap	plication pending		MATTHEW HA	LLECK						X No		
			Same As C Above			T 1	If "No,"	subordinates attach a list.	See instr	uctions Yes	∐ No		
<u></u>		exempt status;	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527							
J	We	bsite: ► ww	w.boysgirlsfuller				H(c) Group	exemplion nu	mber 🏲				
K		of organization:	X Corporation Trust	Association Other	LY	ear of format	on: 195	2 M s	tate of leg	al domicile: CA			
Pa	rt i	Summar	у										
	1	Briefly descri	be the organization's mission	on or most significant a	ctivities:TO	ENABLE	ALL Y	OUNG P	EOPLE	, ESPECIA	ALLY		
à		THOSE TH	AT NEED US MOST,	TO REALIZE THE	<u>IR_FULL</u> E	OTENT	AL AS	PRODUC	TIVE,	<u>CARING,</u>			
auc		RESPONSI	BLE CITIZENS.	2	<b></b>		66						
Ë		<b>-</b>	<del> </del>										
õ	2	Check this bo	ox ► if the organization	n discontinued its opera	ations or dispo	sed of mo	ore than 2	5% of its	net asse	ets.			
Ö			ting members of the gover						3		2.0		
S	4	Tatal accept in	dependent voting members	or the governing body	(Part VI, line	10)			4		20		
ŧ	5	Total number	of individuals employed in of volunteers (estimate if it	calendar year 2020 (P	art v, line 2a)				5		41		
Activities & Governance	72		ed business revenue from F						6		190		
≪.			I business taxable income f						7a 7b		0.		
	<u>_</u>	Net unlerated	dusiness taxable income i	Tom Form 550-1, Fait	i, mie 11				/D		0.		
	8	Contributions	and grants (Part VIII) line	16)				rior Year		Current Ye			
单	9		and grants (Part VIII, line vice revenue (Part VIII, line					,133,2		1,489,			
Revenue	10	Investment in	ncome (Part VIII, column (A	Σy)			<u> </u>	760,0			,370.		
Š	11							9,2			,342.		
_	12		e (Part VIII, column (A), lin		*			136,5			,932.		
			= - add lines 8 through 11					2,039,0	18.	1,940,	,146.		
	13		imilar amounts paid (Part I)		-								
	14		to or for members (Part IX	* * *									
Š	15		er compensation, employee			-		972,0	92.	786,	,072.		
736	16a	Professional	fundraising fees (Part IX, c										
Expenses	ь	Total fundrais	sing expenses (Part IX, coli	umn (D), line 25) 🟲	6	7,494.	SING		AND S				
Ω.			ses (Part IX, column (A), lir					609,5	58	356	,873.		
	18		es. Add lines 13-17 (must e							1,142,			
	19		s expenses. Subtract line 18					457,3	_		,201.		
7 8								ng of Curren		End of Ye			
and a	20	Total assets	(Part X, line 16)					, 485, 8		2,438,			
30	21							49,9			,480.		
Net Assets Fund Balano	22		fund balances. Subtract lin				-						
				le 21 from line 20			. 1	<u>, 435, 9</u>	65.	2,233,	<u>, 166.</u>		
Pa		Signatu											
com	er penal plete. D	lties of perjury, I di eclaration of prepa	eclare that I have examined this retu arer (other than officer) is based on a	irn, including accompanying so all information of which prepare	hedules and stater or has any knowled	nents, and to loe.	the best of r	ny knowledge	and belie	f, it is true, correc	t, and		
			· · ·		<del>-</del>								
e:		Signatu	ire of officer				Da	ile					
Sig He	jn ro	DDE	THE ACKEDMAN										
110	16		TT ACKERMAN r print name and title				CEO						
			preparer's name	Preparer's signature		Data		l I.	. In	TIAL			
_				r reparer a signature		Date		_	ກ	TIN			
Pa			lal Fernando,CPA					self-employ	ed P	00238756			
Pr(	epare	ala a I											
US	e Or	Firm's addr	m's address 10900 E 183rd Street Ste 100							Firm's EIN ► 33-0790256			
			Cerritos, CA 907					Phone no.	(562)	402-4700			
Ma	y the	IRS discuss th	nis return with the preparer	shown above? See ins	tructions					X Yes	No		

Form	990 (2020) BOYS & GIRLS CLUB O	F FULLERTON, INC	95-1855645	Page 2
Par				
		nse or note to any line in this Part III		🔲
1	Briefly describe the organization's mission:			
	TO ENABLE ALL YOUNG PEOPLE,	ESPECIALLY THOSE THAT NEED US	MOST, TO REALIZE THEIR	FULL
	POTENTIAL AS PRODUCTIVE, CAL	RING, RESPONSIBLE CITIZENS.		
		parties of the contract of		
2		rogram services during the year which were not listed	·	
				No
	If "Yes," describe these new services on Schedu	ile O.		
3		ake significant changes in how it conducts, any p	rogram services? Yes X	No
	If "Yes," describe these changes on Schedule O			
4	Describe the organization's program service Section 501(c)(3) and 501(c)(4) organization and revenue, if any, for each program service	accomplishments for each of its three largest pro s are required to report the amount of grants and e reported.	gram services, as measured by expe allocations to others, the total exper	nses. Ises,
4 a	(Code: ) (Expenses \$ 9	58,978. including grants of \$	) (Revenue \$	)
		n atmosphere with professional		·
		ng people realize their full po		lub
	serves boys & girls ages 6-1	8 and provides programs in the	areas of character &	<u>- ub</u>
	leadership, education & care	er development, health & life	skills, the arts, sport	
	fitness & recreation.		302307, 303 de 35, 55013	
4 b	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		<del></del>		
		1000		
_				
4 c	(Code: ) (Expenses \$	including grants of \$	) (Revenue \$	)
		<u></u>		
4 d	Other program services (Describe on Schedu	ıle O.)		
	(Expenses \$ incl	uding grants of \$ ) (Re	venue \$	
	Total program service expenses -	968,978.		
BAA		TEEA0102L 10/07/20	Form <b>99</b> 0	(2020)

1 is the organization described in section 901 (c)(3) or 494/(a)(1) (other than a private foundation?) If Yes, complete Schedule 2, Schedule of Contributors See instructions?  2 is 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	_			Yes	No
3 Did the organization engage in direct or indirect political campaign activities on herbalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part I.  4 Section 501(x)3) organizations. Did the organization engage in lobbying activities, or have a section 501(th) election in effect during the tax year? If Yes, complete Schedule C, Part III.  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 X  6 Did the organization manifam any donor advised funds or any similar funds or accounts? If Yes, complete Schedule C, Part III.  7 X  8 Did the organization manifam any donor advised funds or any similar funds or accounts? If Yes, complete Schedule D, Part II.  8 Did the organization receive or hold a conservation assessment, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III.  9 Did the organization maniform collections of works of art, historical treasures, or other similar assets? If Yes, complete Schedule D, Part III.  9 Did the organization receive or hold a conservation assessment, including easements to preserve open space, the environment, historic land areas, or historic structures? If Yes, complete Schedule D, Part III.  9 Did the organization receive an amount in Part X, line 21, for escrow or custodial account tlability, serve as a custodian for amounts not listed in Part X, line 10 Part III.  10 Did the organization in Part X, line 10 Part III.  11 If the organization in Part X, line 10 Part III.  12 Did the organization in Part X, line 10 Part III.  13 Did the organization in Part X, line 10 Part III.  14 Did the organization report an amount for investments – other securities in Part X, line 10 Part III.  15 Did the organization in Part X, line 10 Part III.  16 Did the organization in Part X, line 10 Part III.  17	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	Х	
for public office? If 'ves,' complete Schedule C, Part II.  Section 59(Cg) organizations. Did the organization engage in lobbying activities, or have a section 50(ft) election in effect during the fax year? If 'ves,' complete Schedule C, Part III.  Is the organization a section 50(Cg), 501(Cg), 501(Cg), 50 or 50(Cg), 50 or	2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	7
5 is the organization a section 501c(x)6, 501c(x)6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III.  5	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
6 Dit the organization maintain any donor advised funds or any similar funds or accounts for which donors have the night to provide advise on the distribution or investment of amounts in such funds or accounts? If Yes; compilete Schedule D, Part II.  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; compilete Schedule D, Part III.  8 Did the organization report an amount in Part X, line 21, for secrow or custodial account lability, sene as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If Yes; compilete Schedule D, Part IV.  9 Did the organization, clirectly or through a related organization, hold assets in donor-restricted endowments or in quasir endowments? If Yes; compilete Schedule D, Part V.  10 Did the organization, clirectly or through a related organization, hold assets in donor-restricted endowments or in quasir endowments? If Yes; compilete Schedule D, Part V, in the organization sport an amount for land, buildings, and equipment in Part X, line 10? If Yes; compilete Schedule D, Part VIII.  11 Did the organization report an amount for restricted endowments or in quasir endowments? If Yes; compilete Schedule D, Part VIII.  12 Did the organization report an amount for restricted in Part X, line 10? If Yes; compilete Schedule D, Part VIII.  2 Did the organization report an amount for restricted property of the part X, line 10? If Yes; compilete Schedule D, Part VIII.  3 Did the organization report an amount for restricted property of the part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes; compilete Schedule D, Part VIII.  4 Did the organization report an amount for threstments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If Yes; compilete Schedule D, Part XIII.  5 Did the organization sepa	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		Х
to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part V.  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 III	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
7 Did the organization receive or hold a conservation assement, including easements to preserve open pace, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part III.  8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.  9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.  10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part IV.  11 If the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.  12 If the organization report an amount for investments – other secunities in Part X, line 10? If 'Yes,' complete Schedule D, Part V.  13 If the organization report an amount for investments – other secunities 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 VI.  14 Did the organization report an amount for investments – other secunities 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 VI.  15 Did the organization report an amount for other liabilities 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 X.  16 Did the organization report an amount for other liabilities 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 X.  15 Did the organization is port an amount for other liabilities 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 X.  16 Did the organization as expansed or consolidated financial sta	6	to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D,	6		Х
Solit the organization maintain collections of works of art, historical treasures, or other similar assets? If Yes,' complete Schedule D, Part III.	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.			
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D. Part VI. 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 X  c Did the organization report an amount for investments — oprogram 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.  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 VII.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  11c X  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under Fin 48 (ASC 740)? If "Yes," complete Schedule D, Part X.  111 X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII.  b Was the organization an 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.  12b X  13 Is the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.  12b X  13 Is the organization maintain an office, employees, or agents outside of the United States?  14a Did the organization have aggregate reverues 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 III and IV.  15 Did the organization have aggregate reverues or expenses of more than \$10,000 or grants or other assistance to or for foreign individuals? If 'Ye	11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.  11b X  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.  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.  d Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FiN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X.  11c X  12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Part X I and XII.  b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization asserted 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.  12b X  13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  13 X  14a Did the organization maintain an office, employees, or agents outside of the United States?  14a X  b 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 II and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.  15 Did the organization report a total of more than \$15,000 of expenses for professional fundraising servic	i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i> .	11 a	х	
assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.  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 XX.  e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part XX.  f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's insbility for uncertain tax positions under Fil V 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X X.  11a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.  b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if 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.  12b X  13 Is the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.  14a Did the organization as school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.  13 X  14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities ouiside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.  15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F,	١	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	11 b		Х
in Part X, line 16? If "Yes," complete Schedule D, Part IX.  e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.  11e	(	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.	11 c		Х
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20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII. line 9a? If 'Yes.'	19		Х
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20:				
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	1	of "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21		х

Form 990 (2020) BOYS & GIRLS CLUB OF FULLERTON, INC

Part IV Checklist of Required Schedules (continued)

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22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
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		Х
24	a 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 25a.	24a		Х
ı	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		i san
25	a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		Х
ı	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		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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):		28/300 18/30	
i	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV	28a		Х
1	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes, 'complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b 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? 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 and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?  Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V.		unin.	. <u> </u>
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	535 E	Yes	No
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b			
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	10		(0655
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Form 990 (2020) BOYS & GIRLS CLUB OF FULLERTON, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			res	МО
2:	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			
ı	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		216	494.0
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes," has it filed a Form 990-T for this year? If 'No" to line 3b, provide an explanation on Schedule O	3 b		
4:	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
- 1	b If 'Yes,' enter the name of the foreign country▶	SENS.	1	1400
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
1	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and			
	services provided to the payor?	7 a		X
	b if 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	200		
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
_		- 0		5700/00
	Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	350 3000	10000004
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	-	-
	Section 501(c)(7) organizations. Enter:	Share	2000	(500/20)
	a Initiation fees and capital contributions included on Part VIII, line 12		1	
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	700		
	Section 501(c)(12) organizations. Enter:	100		1
	a Gross income from members or shareholders		192	
	b Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			Service of
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.		100	6
	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.		Tage .	
	b 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			
	c Enter the amount of reserves on hand	142	207	X
14	a Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b	-	-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	Curs	1913.6	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
P3 ^	If 'Yes,' complete Form 4720, Schedule O.	BEE.	2 000	(2020)
ВΑ	A TEEA0105L 10/07/20	FOR	11 220	(2020)

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . 20 1 a 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 on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent . . . . 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 Χ officer, director, trustee, or key employee?..... Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Χ 4 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . 5 X Did the organization have members or stockholders?..... X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body?..... 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, X stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 8a X X **b** Each committee with authority to act on behalf of the governing body?..... 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10 a 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12 b X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done See Schedule O X 12 c 13 Did the organization have a written whistleblower policy?..... 13 X X 14 Did the organization have a written document retention and destruction policy?..... 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official. See. Schedule .0....... 15 a b Other officers or key employees of the organization. See Schedule .0..... 15 b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year?.... 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?..... 16<sub>b</sub> Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records >

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

Check if Schedule O contains a response or note to any line in this Part VII.....

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

- 1 a 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

				(C)	)					
(A) Name and title	(B) Average hours per	thar	one i both dire	box, an o clor/	unles fficer truste		son	(D)  Reportable compensation from the organization	(E)  Reportable compensation from related organizations	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) BRETT ACKERMAN	40								_	_
CEO	0	ļ			X	ļ		102,507.	0.	0.
(2) DANNY HUGHES Director	2	X						0.	0.	0.
(3) JIM AURELIO	2									
Treasurer	0	X		Х				0.	0.	0.
(4) MARY COTTRELL	2									
Director	0	X						0.	0.	0.
(5) MARTIN LESLIE	2									
Vice President		X		Х				0.	0.	0.
(6) ERIC PADILLA	2									
Secretary		X		Х				0.	0.	0.
(7) JASON WEEKS	2									
Director	0	X						0.	0.	0.
(8) STEPHANIE GOEDL	2									
Director		X						0.	0.	0.
(9) ROBERT JAHNCKE	2						П			
Director	0	X						0.	0.	0.
(10) KIM JASO	2	T								
Director	0	X						0.	0.	0.
(11) RAMSEY AYLOUSH	2						П			
Director	0	X						0.	0.	0.
(12) KEVIN MCCARTHY	2									
Director	0	X						0.	0.	0.
(13) BOB CUMMINS	2									
Director		X						0.	0.	0.
(14) GREG PAULES	2									
Director	0	X						0.	0.	0.

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(15) ERNIE LEON  O. O. O. Director  O. Director  O. D. M. KIERNAN  Director  O. N. V. O.	Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	ıplo	ye	es, a	anc	Highest Com	pensated Emp	oyees	(contin	ued)
Calculation		(B)			-	•				-			
Compensation   Comp		hours per	box	, unie:	ss pe	erson direct	is boll or/trus	n an tee)	Reportable compensation from	Reportable compensation from		ited amo	unt
Director		(list any hours for related organiza tions below dotted	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compe the o an	nsation f rganization d related	חם
(19) DAN KIERNAN 2 X 0. 0. 0. (17) KAREN XIE 2 X 0. 0. 0. (18) DIFFECTOR 0 X 0. 0. (18) DIFFECTOR 0 X 0. 0. (19) MATTHEW HALLECK 2 X 0. 0. 0. (19) MATTHEW HALLECK 2 X 0. 0. 0. (19) MATTHEW HALLECK 2 X 0. 0. 0. (19) MERLYN RACO 2 X 0. 0. 0. (19) MERLYN RACO 2 X 0. 0. 0. (19) MERLYN RACO 3 X 0. 0. 0. (19) MERLYN			x						0.	0.	Š		0.
Compete this table for your five highest compensation from the organization and related organizations greater than \$150,000? If Yes, complete Schedule J for such parameters and pusiness address    Compete this table for your five highest compensation for the calendar year ending with or within the organization is tax year.   Competes a compensation for the calendar year ending with or within the organization is tax year.   Competes a compensation for the calendar year ending with or services   Competes and pusiness address   Competes	(16) DAN KIERNAN	2											0.
Director   O   X   O   O   O	(17) KAREN XIE	4 — — — —	х						0.	0.			0.
President    20   X   X   0   0   0			x						0.	0.			0.
Director    Director		0	х		Х				0.	0.			0.
Director 0 X 0.0.0.0.  (22)  (23)  (24)  (25)  1 b Subtotal. 102,507. 0. c Total from continuation sheets to Part VII, Section A 0.0.0.d Total (add lines 1b and 1c). 102,507. 0. c Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0	х						0.	0.			0.
(23)   10   2   507   0   0   0   0   0   0   0   0   0	Director		x						0.	0.			0.
(24)  1 b Subtotal    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    0.    102,507.    103,000.00 of reportable compensation from the organization istal any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.    3 a							_						
1 b Subtotal   102,507   0   0   0   0   0   0   0   0   0						_							
1 b Subtotal	(24)								34				
c Total from continuation sheets to Part VII, Section A  d Total (add lines 1b and 1c)  Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization    1  Ye  Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensa  Total number of independent contractors (including but not limited to those listed above) who received more than	(25)		-										
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ist any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensa  2 Total number of independent contractors (including but not limited to those listed above) who received more than								•	102,507.	0.			0
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1    Ye										0.	See China		0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Compensation of services  2 Total number of independent contractors (including but not limited to those listed above) who received more than													0
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Compensation of services  Total number of independent contractors (including but not limited to those listed above) who received more than	· · ·	d to those	listed	abo	ve)	who	recei	ived	more than \$100,00	00 of reportable com	pensatio	n	
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation for the calendar year ending with or within the organization's tax year.  2 Total number of independent contractors (including but not limited to those listed above) who received more than	from the organization						_					Voc	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensa  2 Total number of independent contractors (including but not limited to those listed above) who received more than				ey e	mpl	loye	e, or	hig	hest compensated	l employee	Alternative State of the State	Tes	STREET, STREET,
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  5 Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation for the calendar year ending with or within the organization of services.  Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the sum of	of reportat	ole co	ompe	ens;	ation	and	oth	ner compensation	from	3		X
for services rendered to the organization? If 'Yes,' complete Schedule J for such person.  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation for the calendar year ending with or within the organization's tax year.  (B)  CC)  Compensation for the calendar year ending with or within the organization's tax year.  (A)  Name and business address  Description of services  Compensation for the calendar year ending with or within the organization's tax year.	such individual			(12)		ej.	• • • • • •	100			PETER		Х
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.  (A)  (B)  (C)  Compensation of services  Name and business address  Description of services  Total number of independent contractors (including but not limited to those listed above) who received more than		s,' compl	ete S	ched	dule	J fi	or su	ch p	person		. 5		X
Name and business address  Description of services  Compensa  Total number of independent contractors (including but not limited to those listed above) who received more than	1 Complete this table for your five highest compet	nsated inconsation for	deper	nden	nt co	ontra yea	ctors r end	s tha	at received more twith or within the or	han \$100,000 of ganization's tax yea	r.		
											Comp	<b>C)</b> ensatio	n
						all is					antho a	Straffe	#/CC-
\$100,000 of compensation from the organization U	Total number of independent contractors (including \$100,000 of compensation from the organization)		nited	to th	ose	liste	d abo	ove)	wno received more	tnan			

1 a Federated campaigns	Par	t VIII Statement of Revenue	line in this Part VII	or or promption a rise into		П
Membership dues   1 b   1		Check if Scriedule O contains a response of note to any		(B) Related or exempt function	(C) Unrelated business	1
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties.  6a Gross rents. 6b Less: rental expenses c Rental income or (loss) 6c d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss). 7c d Net gain or (loss). 7c d Net gain or (loss). 8a Gross income from fundraising events (not including \$ 11,380. of contributions reported on line tc). See Part IV, line 18. 8 b Less: direct expenses. 2 c Net income or (loss) from fundraising events. 5 c Sain or (loss) from fundraising events (not including \$ 11,380. of contributions reported on line tc). 5 c Net income or (loss) from gaming activities. 5 c Net income or (loss) from gaming activities. 5 c Net income or (loss) from gaming activities. 5 c Net income or (loss) from gaming activities. 5 c Net income or (loss) from gaming activities. 5 c Net income or (loss) from sales of inventory.		b Membership dues				
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b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) d Net rental income or (loss) d Net rental income or (loss)  7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7b C Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 11,380. of contributions reported on line Ic). See Part IV, line 18. 8a 101,514. b Less: direct expenses 8b 35,582. c Net income or (loss) from fundraising events See Part IV, line 19. 9a Gross income from gaming activities. See Part IV, line 19. 9a b Less: direct expenses. 9b c Net income or (loss) from gaming activities. 10a Gross sales of inventory, less. returns and allowances b Less: cost of goods sold. 10a Business Code		other similar amounts)	-	6,342.		
7 a Gross amount from sales of assets of the than inventory b Less: cost or other basis and sales expenses c Gain or (loss).  7 b C C Gain or (loss).  8 a Gross income from fundraising events (not including \$ 11,380. of contributions reported on line 1c).  See Part IV, line 18.  b Less: direct expenses.  c Net income or (loss) from fundraising events.  See Part IV, line 19.  9 a Gross income from gaming activities.  See Part IV, line 19.  9 a b Less: direct expenses.  9 b c Net income or (loss) from gaming activities.  10 a Gross sales of inventory, less.  returns and allowances.  10 a Business Code		b Less: rental expenses c Rental income or (loss) 6c				
d Net gain or (loss)  8a Gross income from fundraising events (not including \$ 11,380. of contributions reported on line 1c). See Part IV, line 18. b Less: direct expenses. c Net income or (loss) from fundraising events.  9a Gross income from gaming activities. See Part IV, line 19. b Less: direct expenses. c Net income or (loss) from gaming activities.  10a Gross sales of inventory, less. returns and allowances. b Less: cost of goods sold. c Net income or (loss) from sales of inventory.  Business Code		7 a Gross amount from sales of assets other than inventory b Less: cost or other basis				
9 a Gross income from gaming activities. See Part IV, line 19	ą	d Net gain or (loss)				
9 a Gross income from gaming activities. See Part IV, line 19	Other Reven	of contributions reported on line 1c).  See Part IV, line 18	65, 932			65, 932
b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code	Ü	9a Gross income from gaming activities. See Part IV, line 19				
Business Code		b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory				
- C Totali 7 GG Intes 11 G	Miscellaneous	to the prevenue to the total. Add lines 11a-11d.	1.040.346	204 310		. 65, 932

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

	Check if Schedule O contains a re	·		The second secon	many management and a second second
Do i 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	102,507.	34,169.	34,169.	34,169.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7	Other salaries and wages	566,459.	529,791.	18,334.	18,334.
8	Pension plan accruals and contributions	300,439.	323,731.	10,334.	10,334.
0	(include section 401(k) and 403(b) employer contributions).	16,805.	14,805.	1,000.	1,000.
9	Other employee benefits	44,512.	40,182.	2,165.	2,165.
10	Payroll taxes	55,789.	47,427.	4,181.	4,181.
11	0.000	55/1051	11/12/1	1,101.	1,101.
	Management				
1	Legal				
	Accounting	11,625.		11,625.	
	d Lobbying	22,020,		12/0301	
	Professional fundraising services. See Part IV, line 17.		<b>沙里是可以为这种</b> 的		
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). Advertising and promotion				
13		734.	499.	116.	119.
14	Information technology.	26,201.	18,763.	5,435.	2,003.
15	Royalties	20,2011	20,1001	0,.00.	2,000.
16	Occupancy	83,607.	63,213.	20,394.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings			15	
20	Interest				
21	Payments to affiliates				22-74-14-94-02-
22	Depreciation, depletion, and amortization	31,179.	31,179.		
23		41,909.	36,460.	4,449.	1,000.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
	PROGRAM COSTS	69,917.	69,917.		
	b LOSS ON WRITEDOWN OF ASSETS	30,000.	30,000.		
	c TELEPHONE	18,981.	16,142.	1,420.	1,419.
	d REPAIRS AND MAINTENANCE	9,732.	9,732.		
	e All other expenses	32,988.	26,699.	3,185.	3,104.
25	Total functional expenses. Add lines 1 through 24e	1,142,945.	968,978.	106,473.	67,494.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here ► ☐ if following SOP 98-2 (ASC 958-720)				
DA					Form 000 (2020)

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Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) End of year (A) Beginning of year 51,965. 1 84,122. Cash - non-interest-bearing. 524,479. 2 1,639,809. Pledges and grants receivable, net ..... 600,651 3 493,006. Accounts receivable, net ...... 4 12,703. 25,855. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons............. 5 Loans and other receivables from other disqualified persons (as defined under 6 section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 7 Notes and loans receivable, net ..... Inventories for sale or use..... 8 9 Prepaid expenses and deferred charges..... 175,708 149,052. 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D..... 10 a 771,588. 107,217. 711,634. 10 c 59,954. 11 11 Investments - publicly traded securities ..... 12 12 Investments – other securities. See Part IV, line 11..... Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets ..... 14 15 Other assets. See Part IV, line 11..... 1,485,875. 2,438,646. Total assets. Add lines 1 through 15 (must equal line 33)..... 49,910 17 51,298 Accounts payable and accrued expenses..... 18 Grants payable ..... Deferred revenue..... 19 20 Tax-exempt bond liabilities..... Escrow or custodial account liability. Complete Part IV of Schedule D..... 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons...... 23 Secured mortgages and notes payable to unrelated third parties..... 24 Unsecured notes and loans payable to unrelated third parties..... 154,182. 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. Total liabilities. Add lines 17 through 25..... 26 49,910 205,480. Organizations that follow FASB ASC 958, check here Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. Net assets without donor restrictions..... 1,732,124. 945,481. 501,042. Net assets with donor restrictions..... 490,484. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds..... 30 Paid-in or capital surplus, or land, building, or equipment fund..... 31 Retained earnings, endowment, accumulated income, or other funds..... Total net assets or fund balances..... 1,435,965. 2,233,166. 2,438,646. 1,485,875. TEEA0111L 10/07/20 Form 990 (2020)

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

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed in your governing document? (vi) Amount of other support (see instructions) support (see instructions) Yes (A) (B) (C) (D) (E)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
begi	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 3 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).	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751. 345,517.
6	Public support. Subtract line 5 from line 4						3,631,234.
Sec	tion B. Total Support						3,031,231.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,187.	996.	3,767.	9,266.	6,342.	21,558.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI.	72,000.	75,000.	76,000.	79,000.	82,000.	384,000.
	Total support. Add lines 7 through 10						4,382,309.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)				2,998,838.
13	First 5 years. If the Form 990 is organization, check this box and	for the organization stop here	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu						
	Public support percentage for 20			1			82.86%
	Public support percentage from						75.91%
16a	33-1/3% support test-2020. If to and stop here. The organization	he organization di qualifies as a pub	d not check the bi licly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	k this box
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a put	I not check a box olicly supported or	on line 13 or 16a rganization	, and line 15 is 3	3-1/3% or more, o	check this box
1 <b>7</b> a	10%-facts-and-circumstances to or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	test check this t	nov and eton have	Evoluin in Part	VI how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances' l	nd-circumstances test. The organiza	test, check this to tion qualifies as	oox and <b>stop her</b> a publicly support	Explain in Part ed organization	VI how the
	Private foundation. If the organi	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	, or 17b, check th	is box and see ins	structions
DAA							

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🟲	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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 business under section 513.						
•	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
Ь	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		ī.				
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			- WE- 1			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6						
	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						
11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here	<u> </u>	third, fourth, or t	fifth tax year as a	section 501(c)(3)	<b>-</b>
	tion C. Computation of Pu						
	Public support percentage for 20						8
	Public support percentage from					16	%
Sec	tion D. Computation of Inv						
17	Investment income percentage f						8
18	Investment income percentage f						%
	<b>33-1/3% support tests—2020.</b> If is not more than 33-1/3%, check	this box and stop	<b>p here.</b> The orgar	nization qualifies	as a publicly supp	orted organization.	js ►
	<b>33-1/3% support tests—2019.</b> If line 18 is not more than 33-1/3%	6, check this box a	and <b>stop here.</b> Th	ne organization qu	ualifies as a public	ly supported organi	ization 🟲 📗
20	Private foundation. If the organi	zation did not che	ck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	🟲 📋

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

-	tion A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	163	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	15.00	
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
Ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	bid the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		0.73
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		THE STATE OF
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b	25.46	
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	9с		
0a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.	10-		
	Did the organization have any excess husiness holdings in the tax year? Also Schedule C. Form 4720, to determine	10a	SCATE	107123

whether the organization had excess business holdings.).

10b

Pa	irt IV Supporting	Organizations (continued)			
11	Has the organization	accepted a gift or contribution from any of the following persons?	Station .	Yes	No
	a A person who directly	or indirectly controls, either alone or together with persons described in lines 11b and 11c below, of a supported organization?	11a		
		a person described in line 11a above?	11a		
	- 11	a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.	11c		
_		poorting Organizations			
				Yes	No
1	or more supported or officers, directors, or organization(s) effect than one supported of	ody, members of the governing body, officers acting in their official capacity, or membership of one organizations have the power to regularly appoint or elect at least a majority of the organization's trustees at all times during the tax year? If 'No,' describe in Part VI how the supported tively operated, supervised, or controlled the organization's activities. If the organization had more organization, describe how the powers to appoint and/or remove officers, directors, or trustees ag the supported organizations and what conditions or restrictions, if any, applied to such powers	1		
2	that operated, super-	operate for the benefit of any supported organization other than the supported organization(s) vised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such are purposes of the supported organization(s) that operated, supervised, or controlled the sion.	2		
Sec	ction C. Type II Su	pporting Organizations			
				Yes	No
1	of each of the organi	organization's directors or trustees during the tax year also a majority of the directors or trustees zation's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the ion was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type II	l Supporting Organizations			
1	organization's tax ye year, (ii) a copy of th	provide to each of its supported organizations, by the last day of the fifth month of the ar, (i) a written notice describing the type and amount of support provided during the prior tax ne Form 990 that was most recently filed as of the date of notification, and (iii) copies of the ning documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	organization(s) or (ii)	nization's officers, directors, or trustees either (i) appointed or elected by the supported serving on the governing body of a supported organization? If 'No,' explain in Part VI how intained a close and continuous working relationship with the supported organization(s).	2		
3	voice in the organiza	onship described in line 2, above, did the organization's supported organizations have a significant ation's investment policies and in directing the use of the organization's income or assets at ax year? If 'Yes,' describe in <b>Part VI</b> the role the organization's supported organizations played	3		
Sec	ction E. Type III Fu	nctionally Integrated Supporting Organizations			
1	Check the box next to	the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
i	a The organization	satisfied the Activities Test. Complete line 2 below.			
	<b>b</b> The organization	is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization	supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instru	ıctions	s).
2	Activities Test. Answ	ver lines 2a and 2b below.		Yes	No
i	a Did substantially all of supported organization organizations and ex responsive to those s substantially all of its	of the organization's activities during the tax year directly further the exempt purposes of the h(s) to which the organization was responsive? If 'Yes,' then in <b>Part VI identify those supported explain</b> how these activities directly furthered their exempt purposes, how the organization was supported organizations, and how the organization determined that these activities constituted is activities.	2a	163	No.
	more of the organiza	scribed in line 2a, above, constitute activities that, but for the organization's involvement, one or ation's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the nization's position that its supported organization(s) would have engaged in these activities ion's involvement.	2ь		
3	Parent of Supported	Organizations. Answer lines 3a and 3b below.			
	a Did the organization each of the supporte	have the power to regularly appoint or elect a majority of the officers, directors, or trustees of d organizations? If 'Yes' or 'No,' provide details in <b>Part VI</b> .	3a		
	<b>b</b> Did the organization exsupported organization	xercise a substantial degree of direction over the policies, programs, and activities of each of its ons? If 'Yes,' describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Schedule A	(Form 990	⊦or 990-EZ) 2i	020 ROYS	ε	GTRLS	CLUB	0F	FULLERTON.	TNC

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1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No ns must	v. 20, 1970 (explain in complete Sections A	n Part VI). <b>See</b> through E.
Sec	ction A — Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		×
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		1100
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	a Average monthly value of securities	1a		
	Average monthly cash balances	1b		
-	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated	Type III supporting or	ganization

Sec	Section D — Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6	Total III			
7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	June Comment of the C			
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.	100		
3 Excess distributions carryover, if any, to 2020			
a From 2015			
<b>b</b> From 2016			
¢ From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount	A TOTAL PROPERTY.	Range and the	
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		March Control	
4 Distributions for 2020 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			8
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016	CONTRACTOR TRACT		
b Excess from 2017			BASE DE LA PRIME
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

BOYS & GIRLS CLUB OF FULLERTON, INC

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Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### Part II, Line 10 - Other Income

Nature and Source	2020	2019	2018	2017	2016
RELATED ORGANIZATION Total	\$ 82,000. \$ 82,000.	\$ 79,000. \$ 79,000.	\$ 76,000. \$ 76,000.		\$ 72,000. \$ 72,000.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer Identification number

)
S i)

Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional sp	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILSON W. PHELPS FOUNDATION		Person X
	PO BOX 10127	\$ 30,000.	Payroll U
			(Complete Part II for
	FULLERTON, CA 92838		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE GOOD GUYS ENDOWMENT		Person X
	1235 N HARBOR BLVD, STE 200	\$82,000.	Payroll Noncash
	FULLERTON, CA 92832		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	NO_ORNGE_CNTY_PUB_SAFETY_TASK_FORCE		Person X
	7800 KATELLA AVENUE	\$77,041.	Payroll Noncash
	STANTON, CA 90680		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	CALIFORNIA NATURAL RESOURCES AGENCY		Person X
	1416 NINTH STREET, SUITE 1311	\$ 959,355.	Payroll
	SACRAMENTO, CA 95814		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		  *	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		<b>\$</b>	

Name of organization BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

9	5	_	1	8	5	5	6	4	5

	or (10) that total more than \$1,000 for the year the following line entry. For organizations complete contributions of \$1,000 or less for the year. (Enter Use duplicate copies of Part III if additional space.)	eting Part III, enter the total of ir this information once. See in	exclusively religious, charitable, etc.,						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	N/A								
		(e) Transfer of gift							
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
rarti									
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(3)									
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	(e) Transfer of gift								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from Part !	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
raiti									
	(e) Transfer of gift								
	Transferee's name, address, ar	id ZIP + 4	Relationship of transferor to transferee						
BAA			Schedule P (Form 990 990 F7 or 990 PE) (2020)						

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8),

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection
Employer identification number

BOY	S & GIRLS CLUB OF FULLERTON,	INC		95-1	.855645	
Par	Organizations Maintaining Done	or Advised Funds or Othe	r Similar Fun	ds or Account	S.	
	Complete if the organization ans	·		6.		
_	T. ( )	(a) Donor advised fu	nds	(b) Funds a	nd other acc	ounts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year	•				<del> </del>
5	Did the organization inform all donors and do are the organization's property, subject to the	nor advisors in writing that the a corganization's exclusive legal c	ssets held in do ontrol?	nor advised funds	Yes	No
6	Did the organization inform all grantees, done for charitable purposes and not for the benefit impermissible private benefit?	t of the donor or donor advisor.	or for any other	nurpose conferring	I	No
Par						
	Complete if the organization ans			7.		
1	Purpose(s) of conservation easements held b					
	Preservation of land for public use (for exam	ple, recreation or education)		on of a historically	•	
	Protection of natural habitat		Preservati	on of a certified his	toric structur	re
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year.	held a qualified conservation contr	bution in the form	n of a conservation e	easement on t	he
	rast day of the tax year.			Held at	the End of t	he Tay Year
á	Total number of conservation easements			ACCURATION AND ADDRESS OF THE PARTY OF THE P	the Life of the	ite Tax Teal
	Total acreage restricted by conservation ease			6.7		
	Number of conservation easements on a cert					
	Number of conservation easements included					
•	structure listed in the National Register	in (c) acquired after 7725700, and	on a mistor	. 2d		
3	Number of conservation easements modified, tratax year ►	nsferred, released, extinguished, o	r terminated by th	ne organization durin	g the	
4	Number of states where property subject to cons	ervation easement is located 🟲				
5	Does the organization have a written policy re	egarding the periodic monitoring	, inspection, har	– ndling of violations,	_	22.20
	and enforcement of the conservation easeme	nts it holds?			Yes	No
6	Staff and volunteer hours devoted to monitoring,	inspecting, handling of violations,	and enforcing co	nservation easement	s during the y	ear
7	Amount of expenses incurred in monitoring, insp ▶\$	ecting, handling of violations, and	enforcing conserv	ation easements du	ring the year	
8	Does each conservation easement reported of and section 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the req	uirements of se	ction 170(h)(4)(B)(i	Yes	No
9	In Part XIII, describe how the organization re include, if applicable, the text of the footnote conservation easements.	ports conservation easements in to the organization's financial si	its revenue and atements that d	d expense statement lescribes the organ	nt and baland ization's acco	ce sheet, and ounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical 7 swered 'Yes' on Form 990,	reasures, or Part IV, line	Other Similar / 8.	Assets.	
1:	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financi	eld for public exhibition, education	n, or research i	atement and balan n furtherance of pu	ce sheet wor blic service,	ks of art, provide in
ı	If the organization elected, as permitted under historical treasures, or other similar assets held following amounts relating to these items:	er FASB ASC 958, to report in its for public exhibition, education, or	s revenue stater research in furthe	ment and balance s grance of public servi	heet works on the provide the	of art, ne
	(i) Revenue included on Form 990, Part VIII	, line l			<b>►</b> \$	
	(ii) Assets included in Form 990, Part X				-\$	
2	If the organization received or held works of art, amounts required to be reported under FASE	ASC 958 relating to these items	S:	5W 506	e following	
	Revenue included on Form 990, Part VIII, line				<b>►</b> \$	
	Assets included in Form 990, Part X			oen construction	<b>►</b> \$	

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
<b>b</b> Buildings		248,998.	223,803.	25,195.
c Leasehold improvements		-4.	-4.	0.
d Equipment		316,747.	300,349.	16,398.
e Other		205,847.	187,486.	18,361.
Total. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10c.)		59,954.

BAA

Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year	ar market value
) Financial derivatives			
Closely held equity interests			
) Other			
(i) (i)			
;) 			
·)	,		
)) ))			
<u>,</u>			
<u>;</u>			
<u> </u>			
)		No. of the second broaders and a second second second second	
tal. (Column (b) must equal Form 990, Part X, column (B) line 12.) > art VIII Investments — Program Related.		N/3	
Complete if the organization answered	Yes' on Form 99	N/A 0. Part IV. line 11c. See Form 990	. Part X. line
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1)			
(2)			
3)			***
4)			
5)			
6)			
7)			
8)			
(9)			
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) 🕨			V.18-31 - 8 (6.0)
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . • art IX Other Assets.  Complete if the organization answered (a) De	N/A	0, Part IV, line 11d. See Form 990	, Part X, line (b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •  The art IX Other Assets.  Complete if the organization answered (a) De (1)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.).  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	N/A I 'Yes' on Form 99	0, Part IV, line 11d. See Form 990	
Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9)	N/A 1 'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  Ital. (Column (b) must equal Form 990, Part X, column (art X)  Other Liabilities.  Complete if the organization answered 'Yes' on F	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De  (b) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	N/A 1 'Yes' on Form 99 scription	0, Part IV, line 11d. See Form 990	
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  10)  otal. (Column (b) must equal Form 990, Part X, column (b)  otal. (Column (b) must equal Form 990, Part X)  Complete if the organization answered 'Yes' on Form (a) Description (b) Federal income taxes	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De  (a) De  (b) De  (c) De  (c) De  (c) De  (d) De  (d) De  (e) De  (f) Federal income taxes (2)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
al. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) De  (a) De  (b) De  (c) De  (c) De  (c) De  (d) De  (d) De  (e) De  (e) De  (e) De  (f) Federal income taxes (2) (3)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  Ital. (Column (b) must equal Form 990, Part X, column (a) Description (a) Description (b) Federal income taxes (2) (3) (4)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0)  Ital. (Column (b) must equal Form 990, Part X, column (art X)  Other Liabilities.  Complete if the organization answered 'Yes' on F (a) Description (b) Federal income taxes (2) (3) (4) (5)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered  (a) De  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (0)  Ital. (Column (b) must equal Form 990, Part X, column (art X)  Other Liabilities.  Complete if the organization answered 'Yes' on Equal Form (a) Description (b) Federal income taxes  (2)  (3)  (4)  (5)  (6)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered  (a) De  (b) De  (c) De  (c) De  (d) De  (d) De  (e) De  (f) Federal income taxes  (f) Federal income taxes  (g) De  (g) De  (hat income taxes  (hat income taxes)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Other Assets.  Complete if the organization answered (a) Description (a) Description (b) must equal Form 990, Part X, column (b) art X  Other Liabilities.  Complete if the organization answered 'Yes' on Figure (a) Description (b) Federal income taxes (2) (3) (4)	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered (a) Dec.  (a) Dec.  (b) The Assets.  Complete if the organization answered (a) Dec.  (b) The Assets.  (c) The Assets.  (c) The Assets.  (d) The Assets.  (e) The Assets.  (a) Dec.  (b) The Assets.  (c) The Assets.  (a) Dec.  (b) The Assets.  (c) The Assets.  (c) The Assets.  (d) The Assets.  (e) The Assets.  (e) The Assets.  (f) The Assets.  (g) The Assets.  (h) The Assets.  (a) Dec.  (b) The Assets.  (c) The Assets.  (d) The Assets.  (e) The Assets.  (f) The Assets.  (h) The Asse	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value
tal. (Column (b) must equal Form 990, Part X, column (B) line 13.)  Complete if the organization answered (a) De (1) (2) (3) (4) (5) (6) (7) (8) (9) (0) (a) Column (b) must equal Form 990, Part X, column (b) (a) Description (a) Description (b) Pederal income taxes (c) (d) (e) (f) (e) (f) (e) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	N/A 1 'Yes' on Form 99 scription  (B) line 15.)  Form 990, Part IV, line 1	0, Part IV, line 11d. See Form 990	(b) Book value

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements.	1	1,975,729.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1000	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants	TO SEE	
c Recoveries of prior year grants	583.	
e Add lines 2a through 2d.		35,583.
3 Subtract line 2e from line 1.	3	1,940,146.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	(2003)	
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.) 4b		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,940,146.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	nor Dotum	
I misself independent of the character of the contract of the	per Keturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	per Return	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		1,178,528.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.		
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  2 Donated Services and Use of		1,178,528.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) See Part XIII  e Add lines 2a through 2d.	583.	1,178,528. 35,583.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) See Part XIII  e Add lines 2a through 2d.	583. 2e	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	583. 2e	1,178,528. 35,583.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	583. 2e	1,178,528. 35,583.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) See Part XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.).  4 Ab  c Add lines 4a and 4b.	583. 2e 3	1,178,528. 35,583.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 4 b Other (Describe in Part XIII.). 4 b	583. 2e 3	1,178,528. 35,583.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X - FASB ASC 740 Footnote

The Club is classified as a Section 501(c)(3) organization under the Internal Revenue Code of 1986 and Section 23701(d) of the California Revenue and Taxation Code. However, income from certain activities not directly related to the Club's tax exemption purpose is subject to taxation as unrelated business income. The CLub had no such activities in 2020. In addition, the Club qualifies for the charitable contribution deduction under section 170(b)(1)(A) and has been classified as an

organization that is not a private foundation.

Schedule D (Form 990) 2020

Part XIII Supplemental Information (continued)

#### Part X - FASB ASC 740 Footnote (continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Club and recognize a tax liability (or asset) if the Club has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Club, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Club is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Club believes it is no longer subject to income tax examinations for years prior to 2017.

Schedule D, Part XI, Line 2d	
Other Revenue Included In F/S But Not Included On Form 9	90

FUND RAISING EXPENSES	\$ 35,583.
Total	\$ 35,583.

#### Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

FUND RAISING EXPENSES	\$ 35,583.
Total	\$ 35,583.

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

Department of the Treasury Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 95-1855645 BOYS & GIRLS CLUB OF FULLERTON, INC Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations X Solicitation of government grants Ь X Phone solicitations Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . . . . Yes **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 3 7 9 10 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

0.5	-	$\sim$	~	-	_	4.1	-
95-	٠,	×	•	•	n	4	`

Schedule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC Fundraising Events. Complete if the organization answered 'Yes' on 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.

e e			(a) Event #1  AUCTION (event type)	(b) Event #2  MISCELLANEOUS (event type)	(c) Other events  1 (total number)	(d) Total events (add column (a) through column (c))
Revenue	1	Gross receipts	65,224.	26,770.	20,900.	112,894.
Œ	2	Less: Contributions	10,530.		850.	11,380.
	3	Gross income (line 1 minus line 2)	54,694.	26,770.	20,050.	101,514.
	4	Cash prizes				
	5	Noncash prizes	2,556.		3,402.	5,958.
nses	6	Rent/facility costs			4,603.	4,603.
Direct Expenses	7	Food and beverages	8,839.		150.	8,989.
irect	8	Entertainment				
Δ	9	Other direct expenses	6,474.	8,423.	1,135.	16,032.
	10 11	Direct expense summary. Add lines 4 thr Net income summary. Subtract line 10 fr	•			35,582. 65,932.
Par	<b>XIIII</b>	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a.	ition answered 'Ye			ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1	Gross revenue				
rses	2	Cash prizes				
Expe	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				<u> </u>
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 thr	rough 5 in column (d)	• • • • • • • • • • • • • • • • • • • •	<b>.</b>	
	8	Net gaming income summary. Subtract li	ine 7 from line 1, colun	nn (d)	······ •	
1	alsth olf 'N 	er the state(s) in which the organization come organization licensed to conduct gaminulo, explain:	g activities in each of the	hese states?		
		es, explain:				

Sche	nedule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF FU	JLLERTON, INC	95-1855645	Page 3
11	Does the organization conduct gaming activities with nonmembers?	EX. (X	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of administer charitable gaming?			No
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility		13a	8
	<b>b</b> An outside facility.			
	Enter the name and address of the person who prepares the organization's g			- 0
	Name ►			
	Address •	- <b></b>		
Ŀ	<ul> <li>b a Does the organization have a contract with a third party from whom the</li> <li>b If 'Yes,' enter the amount of gaming revenue received by the organization</li> <li>of gaming revenue retained by the third party ► \$</li> <li>c If 'Yes,' enter name and address of the third party:</li> </ul>	organization receives gaming rever on \$ and	nue? Yes the amount	No
	Name •			
	Address •			<u>j</u>
16	Gaming manager information:			
	Name •			
	Gaming manager compensation > \$	150		
	Description of services provided			
	Director/officer Employee	dependent contractor		
17	7 Mandatory distributions:			
ā	a Is the organization required under state law to make charitable distributions to state gaming license?	rom the gaming proceeds to retain the	Yes	No
, t	<b>b</b> Enter the amount of distributions required under state law to be distributed to	other exempt organizations or spent i	n the	
	organization's own exempt activities during the tax year 🕨 \$			
Pai	art IV Supplemental Information. Provide the explanations and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, information. See instructions.	required by Part I, line 2b, c as applicable. Also provide a	olumns (iii) and (vany additional	<b>/</b> );
BAA	A TEEA3703L 08/	18/20 Schedu	le G (Form 990 or 990	-EZ) 2020

#### SCHEDULE 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.

s to specific questions on ditional information.

2020
90-EZ.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Go to www.irs.gov/Form990 for the latest information.

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

Employer identification number

#### Form 990, Part VI, Line 11b - Form 990 Review Process

AN ANNUAL SIGNED AFFIDAVIT BY EACH BOARD MEMBER.

THE BOARD AND THE CPA WHO PREPARES THE MONTHLY COMPILED FINANCIAL STATEMENTS REVIEW THE FORM 990. COPIES ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENTS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

THE NATIONAL ORGANIZATION OF BOYS AND GIRLS CLUBS OF AMERICA REQUIRES BOARD MEMBERS TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. IN RESPONSE TO THE POLICY, A BOARD MEMBER HAS REPORTED THAT THEY PREPARE MONTHLY COMPILED FINANCIAL STATEMENTS AND ARE COMPENSATED BY THE CLUB FOR THEIR SERVICES.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE PERSONNEL COMMITTEE MEETS AND PREPARES REVIEWS FOR ALL FULL TIME EMPLOYEES. THE

COMMITTEE RECOMMENDS INCREASES BASED ON AVAILABLE FUNDS AND PUBLISHED COMPARABLE

INDUSTRY STANDARDS.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

THE PERSONNEL COMMITTEE MEETS AND PREPARES REVIEWS FOR ALL FULL TIME EMPLOYEES. THE

COMMITTEE RECOMMENDS INCREASES BASED ON AVAILABLE FUNDS AND PUBLISHED COMPARABLE

INDUSTRY STANDARDS.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

ALL POLICY AND PROCEDURES MANUALS AS WELL AS ORGANIZATION DOCUMENTS ARE AVAILABLE AT THE MAIN OFFICE. BY-LAWS ARE REVIEWED EVERY THREE YEARS. THE BOARD MEMBERS MEET ANNUALLY TO REVIEW THE MISSION STATEMENT AND PERTINENT DOCUMENTS OF THE ORGANIZATION.

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

BOYS

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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Open to Public Inspection

2020

Employer identification number 95-1855645 FULLERTON, INC & GIRLS CLUB OF

(f)
Direct controlling
entity Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because had one or more related tax-exempt organizations during the tax year. (e) End-of-year assets Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II ŧ ε¦ Q ପ୍ର

(g) Sec 512(b)(13) controlled entity? S N Schedule R (Form 990) 2020 × Yes (f)
Direct controlling
entity N/A (e)
Public charity status
(if section 501(c)(3)) CHARITY PUBLIC (d) Exempt Code section TEEA5001L 07/15/20 501 (C) 3 (c) Legal domicile (state or foreign country) CA ENDOWMENT FUND BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. (1) BOYS AND GIRLS CLUB ENDOWMENT FUND 1235 N HARBOR BLVD, STE 200 FULLERTON, CA 92832 **₹** <u>ල</u>! **3** 

(b) Primary activity

(a) Name, address, and EIN of related organization

Page 2

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95-1855645

Schedule R (Form 990) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections	nt income nrelated, rom tax	Share of total income		Share of end-of-year assets	1 <u>2</u> 26#	Code V-UBI amount in box 20 of Schedule K-1 (Form	Genera manag partne		(K) Percentage ownership
		country)		512-5	14)				Yes No	(cgn I	Yes	No P	
(I)													
							_						
(2)													
(3)													
											-		
									-			-	
Part IV Identification o	<mark>Identification of Related Organizations Taxable as a Corporation or Trust.</mark> Complete if the organization answ line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	<b>izations</b> nore relat	<b>Taxable as</b> ed organiz	s a Corporat	ion or T ed as a (	<b>rust.</b> Cor corporati	mplete if the	organizat during the	on answe	a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, ations treated as a corporation or trust during the tax year.	orm 990,	Part I∖	_
(a) Name, address, and EIN of related organization	of related organization		(b) Primary activity	(c) Legal domicile (state or foreign		(d) Direct controlling	Type of entity (C corp, S corp,	Share of total income		(q) Share of end-of- year assets	(h) Percentage ownership	(f) Sec 512(b)(13) controlled entity?	)(13) entity?
				commo			(Sen i)					Yes	No
ω			,								-		
		1											
		<u> </u>											
(2)			-										
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1											
	]	1											
(3)													
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<del></del>											
BAA		-	-	JEE TEE	TEEA5002L 07/	07/15/20		-		Š	Schedule R (Form 990) 2020	orm 990)	2020

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Page 3

95-1855645

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Part V Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II III or IV of this schedule	:			Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	listed in Parts II-IV?			
a Receipt of (i) interest. (ii) annuities. (iii) rovalties. or (iv) rent from a controlled entity.			1a	×
Giff orant or capital contribution to related organization(s).			1 P	×
			10	×
lines or loan quarantees to or for related organization(s)			19	×
a Loans or loan quarantees by related organization(s)			9	×
פ בספום כן יספון אתפימוויינים כל בספינים כן אתפימויינים כל בספינים בספינים כל בספינים בספינים בספינים כל בספינים בספיני				
f Dividends from related organization(s)			=	×
a Sale of assets to related organization(s).			19	×
Purchase of assets from related organization(s)			<del>ا</del>	×
			F	×
Lease of facilities, equipment, or other assets to related organization			=	×
k Lease of facilities, equipment, or other assets from related organization(s)			1k	×
l Performance of services or membership or fundraising solicitations for related organization(s)			=	×
m Performance of services or membership or fundraising solicitations by related organization(s)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		13	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Ę	×
o Sharing of paid employees with related organization(s)			10	×
p Reimbursement paid to related organization(s) for expenses.			1p	×
q Reimbursement paid by related organization(s) for expenses			19	×
				The second
r Other transfer of cash or property to related organization(s).			긁	×
s Other transfer of cash or property from related organization(s)	***************************************	***************************************	15	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including co	this line, including covered relationships and transaction thresholds.	reaction thresholds.		
Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	etermining nvolved
(1) BOYS AND GIRLS CLUB ENDOWMENT FUND	υ	82,000.CASH	CASH	
(2)				
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 07/15/20		Sched	Schedule R (Form 990) 2020	990) 2020

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# Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	4	(3)	9	(0)		9	(6)	3	(			9
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unre-	Are all partners section 501(c)(3)		Share of total income	Share of end-of-year assets	Dispropor- tionate allocations?	r. Code V.UBI amount in box s? 20 of Schedule	General or managing partner?		Percentage ownership
			from tax under	Urgarııza	IIIOIIS:			-	- 1	- 1	:	•
			Sections 512-514)	Yes	2 2			Yes No	0	Yes	2	
(1)									-			
(2)												
(3)												
							_					
(4)												
ú					+						T	
(c)		17.										
									_			
(6)												
						•						
6												
(8)												
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Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

California Exempt Organization Annual Information Return

•	0	/141
1	a	a

Calendar Ye	ar 2020 or fiscal year beginning (mm/dd/yyyy)		, and ending (	mm/dd/yyyy)			
Corporation/Or	panization name	8.*			Ca	lifornia corporation numb	ier
	GIRLS CLUB OF FULLERTON, I	NC	E1		0 FE	268520	
	785 MINUS 29-6:					5-1855645	
Street address P.O. Bo					PN	∕B no.	
City	7 1205			State	Zip	code	
FULLER				CA		2836	
Foreign country	name			Foreign province/state/county	Fo	reign postal code	
B Amended C IRC Secti	return	Yes X No	not reported to t  If exempt under organization eng	tion have any changes to its gune FTB? See instructions	• • • • •	● Yes 2	X No
Enter date  Check acc			K Is the organization	on exempt under R&TC Section e gross receipts from rees	ı 23701ç	? ● Yes 2	X No
	turn filed? 1 ● 990T 2 ● 990-PF er 990 series			on a limited liability company?			X No
G Is this a	roup filing? See instructions	Tes A NO	taxable income?	tion file Form 100 or Form 109		ः ● 🔛 Yes 🛮 🛚	X No
	anization in a group exemption	Yes X No		on under audit by the IRS or har year?		≀S ● ☐ Yes	X No
If "Yes," v	hat is the parent's name?			1023/1024 pending?			N₀
		_	Date filed with II	RS			
Part I	Complete Part I unless not required to file	this form. See Gen	eral Information	B and C.			
	1 Gross sales or receipts from other so				1	486,2	226.
Docainte	2 Gross dues and assessments from members and affiliates				2		
Receipts and	3 Gross contributions, gifts, grants, and			SEE.SCHB.	3	1,489,5	502.
Revenues	4 Total gross receipts for filing requirer This line must be completed. If the r			eral Information B	4	1,975,7	728.
	5 Cost of goods sold				SHEP		
	6 Cost or other basis, and sales expen						
	7 Total costs. Add line 5 and line 6				7		
	8 Total gross income. Subtract line 7 fr	om line 4		<u></u> .	8	1,975,7	/28.
Expenses	9 Total expenses and disbursements. I	from Side 2, Part II,	line 18	•	9	1,178,5	
	10 Excess of receipts over expenses an	d disbursements. Su	btract line 9 fro	m line 8 •	10	797,2	201.
		· · · · · · · · · · · · · · · · · · ·			11,		
	12 Use tax. See General Information K.				12		
	13 Payments balance. If line 11 is more	than line 12, subtra-	ct line 12 from I	ine 11 • [	13		
Filing	14 Use tax balance. If line 12 is more th	an line 11, subtract	line 11 from line	2 12	14		
Fee	15 Penalties and Interest. See General	Information J			15		
	16 Balance due. Add line 12 and line 15. Then su	btract line 11 from the res	sult		16		0.
Sign Here	Under penalties of perjury, I declare that I have examine correct, and complete. Declaration of preparer (other that Signature of officer	Title	ompanying schedules information of which	and statements, and to the bes preparer has any knowledge. Date	1.	Telephone	
-		CEO	Date	Check if	. •	714) 871 139	<u> 1</u>
Paid Preparer's	Preparer's signature			self- employed ► X		00238756 Firm's FEIN	
Use Only	Firm's name (or yours, if		2				
-	self-employed) 10900 E 183RD S		)		3	3-0790256 Telephone	
	CERRITOS, CA 90	/03		-	-	562) 402-470	on.
	May the FTB discuss this return with the	preparer shown abov	e? See instruct	ions		X Yes N	
		7.00					

BOYS & GIRLS CLUB OF FULLERTON, INC
Part || Organizations with gross receipts of more than

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.

		1	Gross sales or receipts from all b	usiness activities. See in	etructions	talonicie imes no sil 🛦	1	
		2	Interest				2	6,342.
	- 1	2	Dividends				3	0/3421
Recei	pts	4	Gross rents				4	
from Other		=	Gross royalties				5	
Sourc		2	Gross amount received from sale				6	
		7	Other income. Attach schedule	or assets (See mstruction	SEE STAT	EMENT 1	7	479,884.
		'	Total gross sales or receipts from other s				8	
		8	Contributions, gifts, grants, and similar an				9	486,226.
		_	그녀는 사람들이 아니라 아이들이 아니는 그 그 그 그래요?				10	
		10	Disbursements to or for members Compensation of officers, directo				-	100 505
		11					11	102,507.
Ехрег	ıses	12	Other salaries and wages				12	566,459.
and		13	Interest				13	
Disbu		14	Taxes				14	55,789.
		15	Rents			-	15	83,607.
		16	Depreciation and depletion (See				16	31,179.
		17	Other expenses and disbursement				17	338,986.
	0.00	18	Total expenses and disbursements. Add I			THE RESERVE AND ADDRESS OF THE PARTY OF THE	18	1,178,527.
Sche	dule	<u>. L</u>	Balance Sheet	Beginning of t	axable year		of taxab	e year
Asset	s			(a)	(b)	(c)		(d)
-	Cash				576,444.			1,723,931.
			receivable		626,506.			505,709.
			eivable		0.0			
•					0.00		(20年)(20年)	
			tate government obligations		100	A STATE OF THE PARTY OF THE PARTY OF	CONTROL OF	
			n other bonds		200		100000	
			in stock		1859		\$50-76E,10	
		_	ns					
- 3			nents. Attach schedule					
			essets	787,672.		771,5		
Ь	Less ac	cumu	lated depreciation.	680,455.	107,217.	711,6	34.	59,954.
					44			
12	Other a	ssets.	Attach schedule STM 4		175,708.			149,052.
13	Total a	issets			1,485,875.		10000	2,438,646.
Liabil	ities a	and r	net worth					THE RESIDENCE OF STREET
14	Accoun	ts pay	able		49,910.		<b>●</b>	51,298.
15	Contrib	utions	, gifts, or grants payable		83	<b>到到</b> 《新疆》	- EXE	
16	80nds	and n	otes payable				- T	154,182.
	Mortga						•	
18	Other I	abiliti	es. Attach schedule					
19	Capital	stock	or principal fund		1,435,965.			2,233,166.
			pital surplus. Attach reconciliation		R/A			
			nings or income fund					
			ties and net worth		1,485,875.			2,438,646.
Sche	edule	e M-	<ol> <li>Reconciliation of income per Do not complete this schedule it</li> </ol>			ss than \$50,000		
1	Net inc	ome p	per books	797,201.	7 Income recorded on boo	ks this year not inc	luded	
_			me tax	<u> </u>	in this return. Attach so		.,.	
			pital losses over capital gains		8 Deductions in this return	-		
			ecorded on books this year.	STATE OF THE PARTY	against book income th		Sec.	
			ule		Attach schedule			
			corded on books this year not deducted		9 Total, Add line 7 and li			
	in this	return	n. Attach schedule	•	10 Net income per re	turn.	3460	

6 Total. Add line 1 through line 5

797,201.

797,201.

Subtract line 9 from line 6.....

### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

# California Copy Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

2020

BOYS & GIRLS CLUB C	OF FULLERTON, INC	95-1855645
Organization type (check one)	);	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	red by the <b>General Rule</b> or a <b>Special Rule.</b> , (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.
General Rule		
X For an organization fill or property) from any	ing Form 990, 990 EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contribution of the co	ig \$5,000 or more (in money or's total contributions.
Special Rules		
under sections 509(a) received from any or	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that
during the year, tota purposes, or for the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recell contributions of more than \$1,000 exclusively for religious, charitable, scient prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' id address), II, and III.	ific, literary, or educational
during the year, con \$1,000. If this box is charitable, etc., purp	described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that recent tributions exclusively for religious, charitable, etc., purposes, but no such contact checked, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the <b>General Rule</b> applies to this existence of the parts unless the <b>General Rule</b> applies to this existence of the parts unless the <b>General Rule</b> applies to this existence of the parts unless that the parts unless the parts unless that the parts unless	ributions totaled more than r for an <i>exclusively</i> religious, organization because
990-PF), but it must answer 'n	isn't covered by the General Rule and/or the Special Rules doesn't file Sched No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 9 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990	990-EZ or on its Form 990-PF,

BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
BOYS & GIRLS CLUB OF AM		Person X
	\$ 15,000.	Payroll U
		(Complete Part II for noncash contributions.)
	(0)	
Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
WILSON W. PHELPS FOUNDATION		Person X
PO BOX 10127	\$ 30,000.	Payroll Noncash
		(Complete Part II for noncash contributions.)
	(-)	
Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
JIM MILLER		Person X
	\$ 12,200.	Payroll
		(Complete Part II for
		noncash contributions.)
Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
THE GOOD GUYS ENDOWMENT		Person X
1235 N HARBOR BLVD, STE 200	\$ 82,000.	Payroll Noncash
		(Complete Part II for noncash contributions.)
Name, address, and ZIP + 4	Total contributions	(d) Type of contribution
CUTTING EDGE SUPPLY CO		Person X
234 EAST O ST	\$ 12,100.	Payroll
COLTON, CA 92324	-	(Complete Part II for noncash contributions.)
(b)	(c)	(d)
Name, address, and ZIP + 4	contributions	Type of contribution
NO ORNGE CNTY PUB SAFETY TASK FORCE	_	Person X Payroll
7800 KATELLA AVENUE	\$77,041.	Noncash
STANTON, CA 90680	-	(Complete Part II for noncash contributions.)
	Name, address, and ZIP + 4  BOYS & GIRLS CLUB OF AM  1275 PEACHTREE STREET NE  ATLANTA, GA 30309  Name, address, and ZIP + 4  WILSON W. PHELPS FOUNDATION  PO BOX 10127  FULLERTON, CA 92838  Name, address, and ZIP + 4  JIM MILLER  700 W COMMONWEALTH AVE  FULLERTON, CA 92832  Name, address, and ZIP + 4  THE GOOD GUYS ENDOWMENT  1235 N HARBOR BLVD, STE 200  FULLERTON, CA 92832  Name, address, and ZIP + 4  CUTTING EDGE SUPPLY CO  234 EAST 0 ST  COLTON, CA 92324  Name, address, and ZIP + 4  NO ORNGE CNTY PUB SAFETY TASK FORCE  7800 KATELLA AVENUE	BOYS & GIRLS CLUB OF AM  1275 PEACHTREE STREET NE  ATLANTA, GA 30309  Name, address, and ZIP + 4  Total contributions  WILSON W. PHELPS FOUNDATION  PO BOX 10127  FULLERTON, CA 92838  Name, address, and ZIP + 4  Total contributions  JIM MILLER  700 W COMMONWEALTH AVE  FULLERTON, CA 92832  THE GOOD GUYS ENDOWMENT  1235 N HARBOR BLVD, STE 200  FULLERTON, CA 92832  Name, address, and ZIP + 4  CUTTING EDGE SUPPLY CO  234 EAST O ST  COLTON, CA 92324  Name, address, and ZIP + 4  COLTON, CA 92324  Name, address, and ZIP + 4  COLTON, CA 92324  Name, address, and ZIP + 4  Total contributions  (b)  Name, address, and ZIP + 4  COLTON, CA 92324  Name, address, and ZIP + 4  Total contributions  (c)  Total contributions  77,041.

3 Page **2** 

Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	DAN KIERNEN  824 DELPHINE PLACE  FULLERTON, CA 92833	\$12,941.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	CARL WILSON GREGORY FOUNDATION  130 HILLCREST DRIVE  FULLERTON, CA 92832	\$6,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	O L HALSELL FOUNDATION PO BOX 6300 SANTA ANA, CA 92706	\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10_	BRETHREN COMMUNITY FOUNDATION  315 W 3RD STREET  SANTA ANA, CA 92701	\$22,500.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	FORD MORTOR COMPANY WHQ/211 ONE AMERICA ROAD DEARBORN, MI 48126	\$10,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	GANAHL LUMBER  1220 E BALL ROAD  ANAHEIM, CA 92805	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

3 Page 2

Name of organization

BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	pace is ne <b>eded</b> .	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_	CALIFORNIA NATURAL RESOURCES AGENCY		Person X Payroll
	1416 NINTH STREET, SUITE 1311	\$ <u>959,355.</u>	Noncash
	SACRAMENTO, CA 95814	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	THE DHONT FAMILY FOUNDATION	_	Person X
	2700 N MAIN STREET, SUITE 750	\$20,000.	Payroll
	SANTA ANA, CA 92705	,	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	RICK DOEBLER	-	Person X
	721 RODEO ROAD	\$ 10,903.	Payroll
	FULLERTON, CA 92835	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	 	_	Person
		\$	Payroll
		-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person
		\$	Payroll Noncash
		-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_	Person
		\$	Payroll Noncash
		-	(Complete Part II for noncash contributions.)

Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC

Panil	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_	N/A		
	<u> </u>	\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		]\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part !		(See instructions.)	
		_	
		_	
		\$	
(a) No.	(b) Description of noncash property given	(c)	_ (d)
from Part I	Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		-	
		\$	
4 > 44			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	
BAA	Sch	edule B (Form 990, 990-E	7 or 990-PE\ (202(
	JCII		JI JJU"F F / (4V4)

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1	

Name of organization BOYS & GIRLS CLUB OF FULLERTON, INC Employer identification number

95-	- 1	85	51	54	5

Part III	Exclusively religious, charitable, etc or (10) that total more than \$1,000 for the the following line entry. For organizations co- contributions of \$1,000 or less for the year. ( Use duplicate copies of Part III if additional st	ne year from any one contributor. Co Impleting Part III, enter the total of <i>excl</i> (Enter this information once. See instru	lusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
		(e) Transfer of gift	
	Transferee's name, address		Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP ÷ 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<del></del>
		(e) Transfer of gift	
	Transferee's name, addres	**	Relationship of transferor to transferee

# **Corporation Depreciation and Amortization**

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	ch to Form 100 or Formation name	m 100W. FORM	1 199				California co	L)	
•								•	n number
	S & GIRLS CLU						026852	0	<del> </del>
Pari			perty Under IRC S			****		1	005 000
1 2	Maximum deduction Total cost of IRC Sec								\$25,000
3	Threshold cost of IRC		-						\$200,000
4	Reduction in limitation								4200,000
5	Dollar limitation for t								
6		Description of property		(b) Cost (business		(c) Elected	2000	AFTER	
		1530007							
						*	7,55		
7	Listed property (elec						203	745	
8	Total elected cost of								
9	Tentative deduction.								
10	Carryover of disallow							-	
11 12	Business income lim							-	
13	IRC Section 179 exp Carryover of disallow							(000000	Control of the Control
Par				reciation Deduction			56	10000	
14	(a)	(b)	(c)	(d)	(e)	(1)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation		Depreciation	for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this year		year
				earlier years					depreciation
CON	APUTER EQUIP	6/01/1990	55,330.	55,330.	S/L	10			
	PROVEMENTS -	6/01/2000	92,290.	92,290.	S/L	5			
IMI	PROVEMENTS -	6/01/2000	61,209.	61,209.	S/L	5			
IME	PROVEMENTS -	1/15/2001	90,142.	90,142.	S/L	5			
CON	IPUTERS - COM	6/30/2002	24,224.	24,224.	S/L	5			
15	Add the amounts in	column (g) and col				1			
D	\$2,000. See instructi	ions for line 14, co	lumn (h)			15	31,1	79.	
Par									
16	Total: If the corporat IRC Section 179 exp	tion is electing: tense, add the amo	ount on line 12 and	line 15. column (a	\ or				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	its on line 1	15, columns	(g) and (h) or		
4.7	Depreciation (if no e				10.			16	
	Total depreciation of							17	
10	Depreciation adjustn Form 100W, Side 1,	line 6. If line 17 is g	less than line 16.	, enter the difference enter the difference	ce nere and e here and	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12. (If Californ	ia depreciation am	nounts are used to	determine r	net income b	efore		
Par	state adjustments or	n Form 100 or Form	n 100W, no adjustr	nent is necessary.)			• 0 E00 • • • • • • • • • • • • • • • •	18	
<u>19</u>		(6)	(-)		-d\	(0)	(6)		(-)
13	<b>(a)</b> Description	(b) Date acquire	d (c)		<b>d)</b> ization	(e) R&TC	(f) Period or	-	(g) Amortization
	of property	(mm/dd/yyyy	r) other ba		r allowable	Section	percentage		for this year
				in earlie	er years	(see instr)		-	
								+	
	· · · · =							+	
								-	
20	**************************************	ata in ant in the					1 ==	-	
20	Total. Add the amou	107							
21	Total amortization cl		•				2340 1222	+	
22	Amortization adjusts Form 100W, Side 1,	nent. If line 21 is g line 6. If line 21 is	reater than line 20	, enter the difference	ce here and	on Form 100	0 or		
	Form 100W, Side 2,								

# **Corporation Depreciation and Amortization**

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_	u	u	_
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Attac	th to Form 100 or For	m 100W. FORM	1 199						
	ation name	1014	1 133				Californ	ia corpora	tion number
BOY	S & GIRLS CLU	IR OF FULLER	TON. INC				0268	3520	
Parl			perty Under IRC S	ection 179			10200	,520	nr.
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Se						-	2	4237000
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation		-				The second secon	4	
5	Dollar limitation for t						10.000 (0.	5	
6		Description of property		(b) Cost (business (	$\overline{}$	(c) Elected		RECURE OF	
		J- W1-37-1							
34	2 171 809 - 2	8 DT W-9-10-02	operes serial in A						
7	Listed property (elec	ted IRC Section 17	79 cost)		. 7		-		The property and
8	Total elected cost of					ne 7		8	
9	Tentative deduction.							9	
10	Carryover of disallov						5 5 7 7	10	
11	Business income lim							11	
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	0, but do not enter	more than	line 11	,	12	Charles IV - mesons as
13	Carryover of disallov	ved deduction to 20	021. Add line 9 and	l line 10, less line 1	2	13			
Par	Depreciation ar	nd Election of Additi	onal First Year Dep	reciation Deduction	Under R&TC	Section 243	56		
14	(a)	(b)	(c)	(d)	(e)	(f)	<b>(</b> g		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia		
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this	year	year depreciation
				earlier years					doproviation.
GAN	ME EQUIPMENT	10/10/2005	19,407.	19,407.	S/L	7			
PHC	NE EQUIPMENT	9/15/2005	23,124.	23,124.	S/L	5			
CON	APUTER EQUIPM	10/05/2007	28,395.	28,395.	S/L	5			
CON	APUTER EQUIPM	10/04/2007	3,031.	3,031.	S/L	5			
CON	APUTER EQUIPM	2/23/2010	17,378.	17,378.	S/L	5			
	Add the amounts in		•	7.0					
	\$2,000. See instruct	ions for line 14, co	lumn (h)	or column (ii) may	HOL EXCECU	15			
Par		· · · · · · · · · · · · · · · · · · ·							
16	Total: If the corporat	tion is electing:		•					
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	l line 15, column (g	) or	357			
	Additional first year Depreciation (if no e	depreciation under	R&IC Section 243	om line 15. column	its on line 1:	b, columns (	g) and (h)	or 16	
17	Total depreciation of								
	Depreciation adjustr								
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16,	enter the difference	here and c	n Form 100	or		
	Form 100W, Side 2, state adjustments or	line 12. (If Californ	na depreciation am	nounts are used to	determine n	et income b	efore	18	
Par		11 0111 100 01 1 011	ii 100vv, no adjusti	Herit is necessary.)		**********			
19	(a)	(b)	(c)		4)	(0)	- 70		(m)
13	Description	Date acquire		or Amort	<b>d)</b> ization	(e) R&TC	(f) Period	or	(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or	aliowable	Section	percenta		for this year
				in earlie	er years	(see instr)			Mar *
20	Total. Add the amou	ints in column (g).				23.53.53.23···		20	
21	Total amortization c	laimed for federal	ourposes from fede	eral Form 4562, line	44			21	
22			•						
	Amortization adjustr Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e here and o	n Form 100	or		
	Form 100W, Side 2,	line 12				*********		22	

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FTB 3885 2020

# **Corporation Depreciation and Amortization**

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3885	

	th to Form 100 or For	m 100W. FOR	1 199		-		10 W		
	ration name							•	on number
	S & GIRLS CLU						02685	20	
Par			perty Under IRC S					•	
1	Maximum deduction							1 2	\$25,000
3	Total cost of IRC Sec Threshold cost of IRC	_						3	\$200,000
4	Reduction in limitation							4	\$200,000
5	Dollar limitation for t							5	
6		Description of property		(b) Cost (business (		(c) Elected	1000	THE REAL PROPERTY.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		*****					62		
							5%		
7	Listed property (elec								
8	Total elected cost of	IRC Section 179 p	property. Add amou	ints in column (c), l	line 6 and li	ne 7	110.0000	8	
9	Tentative deduction.							9	
10	Carryover of disallow							_	
11 12	Business income lim IRC Section 179 exp							_	
13								9000	
Par				reciation Deduction			56	1	
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciation		Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this yea	ar	year depreciation
				earlier years					depreciation
EQU	JIPMENT - RIC	3/10/2011	15,000.	15,000.	S/L	5			
EQU	JIPMENT - RIC	3/15/2011	38,105.	38,105.	S/L	5			
EQU	JIPMENT - RIC	6/30/2011	3,000.	3,000.	S/L	5			
CON	APUTER EQUIPM	10/01/2012	11,628.	11,628.	200DB	5			
FUI	RNITURE	10/26/2012	2,108.	2,108.	200DB	7			
15	Add the amounts in	column (g) and col	lumn (h). The total	of column (h) may	not exceed	İ			
	\$2,000. See instructi	ons for line 14, co	lumn (h)		· · · · · · · · · · · · · · · · · · ·	15			
Par									
16	Total: If the corporat IRC Section 179 exp	ion is electing:	unt on line 12 and	line 15 column /a	\ 0.0				•
	Additional first year (	depreciation under	R&TC Section 243	356, add the amoun	its on line 19	5, columns (	(g) and (h) o	r	6
	Depreciation (if no e	lection is made), e	nter the amount fr	om line 15, column	(g)			16	
	Total depreciation cl							17	
15	Depreciation adjustment 100W, Side 1,	ient. If line 17 is g line 6. If line 17 is	reater than line 16. Tess than line 16.	, enter the difference enter the difference	ce here and o	on Form 10 on Form 100	0 or		
	Form 100W, Side 2,	line 12. (If Californ	ria depreciation am	nounts are used to	determine n	et income b	efore		
Davi	state adjustments or	Form 100 or Form	n 100W, no adjustr	nent is necessary.)				18	
Par		(6)			.Is		- 40		
13	(a) Description	(b) Date acquire	d (c)		<b>d)</b> ization	(e) R&TC	(f) Period or	.	(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or	allowable	Section	percentage		for this year
				in earlie	er years	(see instr)		_	
		<del></del>							
								-	
20	Total Add the access	nto in column (-)	A. 20 July 1990		5-600		- L	_	
20	Total amortization of	107		45CO II				_	
21	Total amortization cl		•				10	1	
22	Amortization adjustn Form 100W, Side 1,	nent. It line 21 is g line 6. If line 21 is	reater than line 20 less than line 20	, enter the difference	ce here and here and o	on Form 10	U or		
	Form 100W, Side 2,	line 12			Kerring G		., 2	2	

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2020 Corporation Depreciation and Amortization

3885

	ch to Form 100 or For	m 100W. FORM	1 199						
Corpo	ration name						Californ	a corporation	on number
BOY	'S & GIRLS CLU	B OF FULLER	TON, INC				0268	520	
Par			perty Under IRC Se						
1	Maximum deduction							1	\$25,000
2	Total cost of IRC Sec		•				_	2	15
3	Threshold cost of IR							3	\$200,000
4	Reduction in limitation			•			-	5	
5	Dollar limitation for t	17. 150.1	act line 4 from line					5	
6	(a)	Description of property		(b) Cost (business (	ise only)	(c) Elected	cost		
_									
				···					
								164	
_	Listed property (elec		•						
8	Total elected cost of	-						8	
9	Tentative deduction.						_	9 10	
10 11	Carryover of disallow Business income lim							11	
12	IRC Section 179 exp							12	
13	Carryover of disallov							999	10 150000-05
Par		1.1	onal First Year Dep				56	907960	NAME OF THE OWNER OF THE OWNER, OF THE OWNER, OF THE OWNER, OWNER
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)	`	(h)
• •	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Deprecia	tion for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this y	ear	year depreciation
				earlier years					depreciation
PHO	ONE EQUIPMENT	10/01/2012	42,849.	42,849.	200DB	5			
FOU	UNDERS WALL	12/18/2013	4,743.	1,436.	S/L	10		474.	
200	05 FORD EXPLO	9/04/2014	7,800.	7,800.	S/L	5			
	11 FORD E350	5/12/2014	22,730.	22,730.	S/L	5			
	10 FORD E350	1/23/2014	17,712.	17,712.	S/L	5			
	Add the amounts in								
	\$2,000. See instruct								
Par									
16	Total: If the corporal	lion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	or	E solumos i	/=\		
	Additional first year Depreciation (if no e								
17	Total depreciation of								
18	Depreciation adjustn	nent. If line 17 is g	reater than line 16,	enter the difference	e here and	on Form 10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line 6. If line 17 is	less than line 16.	enter the difference	here and o	n Form 100	Or		
	state adjustments or	n Form 100 or Form	n 100W, no adiustn	nent is necessarv.)	uetermine n	et income u		18	,
Par			, , , , , , , , , , , , , , , , , , , ,						
19	(a)	(b)	(c)	(	d)	(e)	(f)	T.	(g)
	Description	Date acquire	d Cost o		ization	R&TC	Period		Amortization
	of property	(mm/dd/yyyy	) other bas		allowable er years	Section (see instr)	percenta	ige	for this year
			-		, , , , , , , , , , , , , , , , , , , ,	(			
				-					
20	Total. Add the amou	ints in column (a)	1			i		20	
21	Total amortization c	10.						21	
	Amortization adjustr						100000000000000000000000000000000000000		
~	Form 100W, Side 1,	line 6. If line 21 is g	less than line 20.	, enter the difference	e here and o	on Form 100	or or		
	Form 100W, Side 2,							22	

# **Corporation Depreciation and Amortization**

3885

	th to Form 100 or Fori	m 100W. FORM	1 199						
•	ration name						California o	•	n number
	S & GIRLS CLU						02685	20	
Par			perty Under IRC S						
1	Maximum deduction						_		\$25,000
2	Total cost of IRC Sec	II.d.	•						6200 000
4	Threshold cost of IRG Reduction in limitation		-						\$200,000
5	Dollar limitation for t							_	
6		Description of property		(b) Cost (business		(c) Elected	2000		
							20		
		557iL	TI TO SEE THE LOCALITY				320		
-									
7	Listed property (elec	ted IRC Section 17	'9 cost)		7				
8	Total elected cost of								
9	Tentative deduction.						_		
10	Carryover of disallow								
11 12	Business income lim IRC Section 179 exp							_	
13	Carryover of disallow				_			14,0750	NAME OF TAXABLE PARTY.
Par				reciation Deduction			56	Service of	
14	(a)	(b)	(c)	(d)	(e)	(1)	(g)		(h)
•	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciatio	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or allowable in	method	rate	this yea	ìr	year depreciation
				earlier years					depreciation
20:	l3 FORD E350	1/05/2015	24,573.	24,573.	S/L	5			
20:	L2 FORD E350	6/11/2015	24,579.	22,532.	S/L	5	2,	047.	
RO	OF - VALENCIA	6/16/2015	5,357.	617.	S/L	39	4,	740.	
20	LAPTOPS	10/13/2016	7,000.	4,550.	S/L	5	1,	400.	
20:	L4 FORD E 350	5/26/2016	23,855.	17,096.	S/L	5	4,	771.	
15	Add the amounts in	column (g) and col	lumn (h). The total	of column (h) may	not exceed				
	\$2,000. See instructi	ions for line 14, co	lumn (h)	<u></u>		.9200 15			
	t III Summary								
16	Total: If the corporat IRC Section 179 exp	tion is electing:	unt on line 12 and	line 15 column (a	\				
	Additional first year	depreciation under	R&TC Section 243	356, add the amour	nts on line 1:	5, columns (	(g) and (h) o	r	
	Depreciation (if no e	lection is made), e	nter the amount fr	om line 15, column	(g)			16	
	Total depreciation of							17	
18	Depreciation adjustn Form 100W, Side 1,	nent. If line 17 is gi line 6. If line 17 is	reater than line 16. Tess than line 16.	, enter the difference	ce nere and here and c	on Form 10 n Form 100	0 or or		
	Form 100W, Side 2,	line 12. (If Californ	iia depreciation am	nounts are used to	determine n	et income b	efore		
Dav	state adjustments or	Form 100 or Form	n 100W, no adjustr	nent is necessary.)				18	
Par		(6)			.15				
19	(a) Description	(b) Date acquire	d (c)	or Amort	<b>d)</b> ization	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy		sis allowed or	r allowable	Section	percentage		for this year
				in earlie	er years	(see instr)			<u> </u>
						<u> </u>		-	
								+	
					<u>-</u>	==		+	
20	Total Add No	unto in policiera (=)						_	10
20	Total Add the amou								
21	Total amortization of		•						
22	Amortization adjustr Form 100W, Side 1,	nent. If line 21 is g line 6, If line 21 is	reater than line 20 less than line 20	, enter the difference	ce here and e here and c	on Form 10 on Form 100	or or		
	Form 100W, Side 2,	line 12				A CONTRACTOR		2	

# **Corporation Depreciation and Amortization**

3885

Attac	h to Form 100 or For	m 100W. FORM	1 199			100			
Corpor	ation name						California co	orporatio	n number
BOY	S & GIRLS CLU	JB OF FULLER	TON, INC				026852	20	
Part		pense Certain Pro							
1	Maximum deduction								\$25,000
2	Total cost of IRC Se							_	
3	Threshold cost of IR		PR-2 3 - 250					_	\$200,000
4	Reduction in limitation							_	
_5_	Dollar limitation for t		act line 4 from line				1000000		
6	(a)	Description of property		(b) Cost (business	use only)	(c) Elected	cost		
							- 100		
									A LOS CONTRACTOR
							100		
			_				183		
_	Listed property (elec		•				(6)		
8	Total elected cost of							_	
9	Tentative deduction.								
10 11	Carryover of disallov Business income lim							-	
12	IRC Section 179 exp			•	,			_	
13	Carryover of disallov							500	
Parl		nd Election of Additi					56	ALC: U	ALL MANAGEMENT AND AND ADDRESS OF THE PARTY
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
1-4	Description	Date acquired	Cost or	Depreciation	Depreciation	Life or	Depreciation	n for	Additional first
	of property	(mm/dd/yyyy)	other basis	allowed or	method	rate	this year	r	year
				allowable in earlier years					depreciation
201	4 FORD E 350	5/31/2016	26,332.	18,870.	S/L	5	5.2	66.	
	15 FORD TRANS		23,911.	9,564.	S/L	5		82.	
	1 FORD E350	6/17/2013	1.	2,001.	S/L	5	27 /	UZ.	
	APUTER EUIPME		13,772.	3,213.		5	2 7	54.	
	JIPMENT	9/30/2018	1,200.	300.	S/L	5	<del>-</del> _	40.	
								.40.	
15	Add the amounts in \$2,000. See instruct								
Parl		10115 101 IIIIE 14, CO	iumii (n)		**********	13			
	Total: If the corporat	tion is electing:							
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g	) or				
	Additional first year	depreciation under	R&TC Section 243	56, add the amour	its on line 1	5, columns (	(g) and (h) <b>or</b>		
17	Depreciation (if no e							16 17	
	Total depreciation of Depreciation adjusts							/	<del></del>
	Form 100W, Side 1,	line 6. If line 17 is	less than line 16, of	enter the difference	e here and o	n Form 100	or		
	Form 100W, Side 2,	line 12. (If Californ	nia depreciation am	ounts are used to	determine n	et income b	efore		
Par	state adjustments or t IV Amortization	n Form 100 or Forn	n 100w, no adjustn	nent is necessary.)				18	
19		(10)	(a)		-11	(-)			<i>(-)</i>
12	(a) Description	(b) Date acquire	(c)		<b>d)</b> tization	(e) R&TC	(f) Period or		(g) Amortization
	of property	(mm/dd/yyyy		sis allowed o	r allowable	Section	percentage		for this year
				ın earlı	er years	(see instr)		4	
	1/5							-	
				<u> </u>					
20	Total. Add the amou	107							
21	Total amortization c	laimed for federal p	ourposes from fede	ral Form 4562, line	44		21		
22	Amortization adjustr	ment. If line 21 is g	reater than line 20	, enter the differen	ce here and	on_Form_10	0 or		
	Form 100W, Side 1, Form 100W, Side 2,	line b. If line 21 is	iess than line 20,	enter the difference	e nere and d	n Form 100	or 22		
	- Jill 10011, Jide 2,	mio 121						·	

2020 Corporation Depreciation and Amortization

3885

Atta	ch to Form 100 or Fo	rm 100W. FOR	м 199						
,	oration name	<del>-</del>					California	corporat	on number
BO	YS & GIRLS CL						02685	20	
Pai		xpense Certain Pr	operty Under IRC S	Section 179				3 35 5	
1 2	Maximum deduction	under IRC Section	n 179 for California					1	\$25,000
3	Total cost of IRC Se	C Section 179 property	piaced in service;	dan in Hartage				2	
4	Threshold cost of IF Reduction in limitati	ion Subtract line 3	from line 2. If year	or less onter 0				3	\$200,000
5	Dollar limitation for	taxable vear. Subt	ract line 4 from line	e 1. If zero or less	onter⊸Ω.			5	
6	(a)	Description of property	J	(b) Cost (business		(c) Electe			CONTRACTOR AND ASSESSMENT
				(5) 555 (225,1105)	455 (11,7)	(C) Licoto	d cost		
150									
							2		
7	Listed property (elec	cted IRC Section 1	79 cost)	,	7		4.0		
8 9	Total elected cost of	FIRC Section 179	property. Add amou	unts in column (c),	line 6 and li	ne 7	8	3	
10	Tentative deduction	red deduction from	of line 5 or line 8.	*****			5	_	
11	Carryover of disallov Business income lin	nitation Enter the	smaller of business	S. income (not locate	hon ====\		10		
12	IRC Section 179 exp	ense deduction. A	dd line 9 and line 1	10. but do not enter	more than	line 11	11		
13	Carryover of disallov	wed deduction to 2	021. Add line 9 and	l line 10, less line 1	2	13		Sec.	
Par	t II Depreciation a	nd Election of Addit	ional First Year Dep	reciation Deduction	Under R&TC	Section 243	356	COLUMN TO A STATE OF THE PARTY	SULFACE SALES
14	(a)	(b)	(c)	(d)	(e)	(f)	(g)		(h)
	Description of property	Date acquired (mm/dd/yyyy)	Cost or other basis	Depreciation allowed or	Depreciation method		Depreciatio		Additional first
	339	1,33,53,737		allowable in	Illetitod	rate	this yea	l <b>r</b>	year depreciation
CO	MPUTER EQUIPM	9/15/2010	0.200	earlier years	- 4				
	LL GAME EQUIP	8/15/2019 5/23/2019	9,322.	777.	S/L	5		364.	
	OORING	5/23/2019	2,570.	214.	S/L	7		367.	
	OORING	11/02/2020	15,000.	1,250.	S/L	7		L43.	
<u> </u>	JONING	11/02/2020	13,916.		S/L	7		331.	<u></u>
15	Add the emounts in					L			
13	Add the amounts in \$2,000. See instruct	column (g) and co ions for line 14, co	lumn (h). The total lumn (h)	of column (h) may	not exceed	15			
Par	t III Summary			********		15	<u> </u>		
16	Total: If the corporat	ion is electing:						<del>-</del> -	
	IRC Section 179 exp	ense, add the amo	ount on line 12 and	line 15, column (g)	or				
	Additional first year Depreciation (if no e	riection is mage), e	inter the amount fro	om line 15. column	(a)			16	
17	Total depreciation ci	aimed for federal g	ourposes from fede	ral Form 4562, line	22			17	
18	Debreciation adiustri	nent it line 17 is a	reater than line 16.	Antor the difference	a bara	A. C 10	A	''	
	Form 100W, Side 1, Form 100W, Side 2,	liffe 12. (If Californ	ila debreciation am	nunts are used to a	atormino no	at imaamaa b	-6		
	state adjustments or	Form 100 or Form	n 100W, no adjustn	nent is necessary.)		micome b		18	
Par	Amortization								<u> </u>
19	(a) Description	(b) Date acquire	d (c)	r Amorti	1)	(e)	(f)		(g)
	of property	(mm/dd/yyyy				R&TC Section	Period or percentage		Amortization for this year
				in earlie	r years	(see instr)			
_		<del></del>							
	<del></del>		<del>                                     </del>						
20	Total Add the amount	nts in column (a)							
21	Total. Add the amount Total amortization cla	aimed for federal =	urocco from fact	rel Farry AFCO II	44				
	Amortization adjuster	anneu for rederal p	rostor than III 22	ai rorm 4562, line	44		21		
	Amortization adjustm Form 100W, Side 1,	line 6. If line 21 is	less than line 20,	enter the difference	e nere and o here and or	on Form 100 n Form 100	or or		
	Form 100W, Side 2,	line 12					22		
					10.00	N 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

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FTB 3885 2020

2020	California State	ements		Page 1
Client 9677	BOYS & GIRLS CLUB OF FU	JLLERTON, INC		95-1855645
10/26/21				01:21PM
Statement 1 Form 199, Part II, Line 7 Other Income				
Income from Special Ev Program Service Revent	vents 1e		\$ Total \$	101,514. 378,370. 479,884.
Statement 2 Form 199, Part II, Line 11 Compensation of Officers, D Current Officers:	irectors, Trustees and Key Emplo	Total		Expense
Name and Addr	Average Hou ess <u>Per Week Devo</u>	rs Compen- oted <u>sation</u>	bution to EBP & DC	Account/ Other
DANNY HUGHES 3871 CREST DRIVE YORBA LINDA, CA 92866	Director 2.00	\$ 0.	\$ 0.	\$ 0.
JIM AURELIO 937 NEWTON LANE PLACENTIA, CA 92870	Treasurer 2.00	0.	0.	0.
MARY COTTRELL 5341 DANZA PLAZA YORBA LINDA, CA 92686	Director 2.00	0.	0.	0.
MARTIN LESLIE 720 HILLSBORO PLACE FULLERTON, CA 92833	Vice Presiden 2.00	t 0.	0.	0.
ERIC PADILLA P.O. BOX 1283	Secretary 2.00	0.	0.	0.
JASON WEEKS P.O. BOX 1283	Director 2.00	0.	0.	0.
STEPHANIE GOEDL P.O. BOX 1283	Director 2.00	0.	0.	0.
ROBERT JAHNCKE 748 NANCY LANE FULLERTON, CA 92831	Director 2.00	0.	0.	0.
KIM JASO 1336 KROEGER AVE FULLERTON, CA 92831	Director 2.00	0.	0.	0.

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# **California Statements**

Page 2

Client 9677

### **BOYS & GIRLS CLUB OF FULLERTON, INC**

95-1855645

10/26/21

01:21PM

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
RAMSEY AYLOUSH 1518 KROEGER AVE FULLERTON, CA 92831	Director 2.00		\$ 0.	
KEVIN MCCARTHY 1450 VICTORIA DRIVE FULLERTON, CA 92831	Director 2.00	0.	0.	0
BOB CUMMINS P.O. BOX 1283	Director 2.00	0.	0.	0.
GREG PAULES P.O. BOX 1283	Director 2.00	0.	0.	0
ERNIE LEON P.O. BOX 1283	Director 2.00	0.	0.	0
DAN KIERNAN 824 DELPHINE PLACE FULLERTON, CA 92833	Director 2.00	0.	0.	0
KAREN XIE P.O. BOX 1283	Director 2.00	0.	0.	0
DREW HARRIS P.O. BOX 1283	Director 2.00	0.	0.	0
MATTHEW HALLECK P.O. BOX 1283	President 2.00	0.	0.	0
MERLYN RACO P.O. BOX 1283	Director 2.00	0.	0.	0
JAMIE FLORES P.O. BOX 1283	Director 2.00	0.	0.	0
	Total	\$ 0.	\$ 0.	\$ 0

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ZU	ZU

# **California Statements**

Page 3

Client 9677

### **BOYS & GIRLS CLUB OF FULLERTON, INC**

95-1855645

10/20/21		

01:21PM

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

### **Key Employees:**

Name	Title and Average Hours <u>Per Week Devoted</u>	Compen- sation	Contri- bution to EBP & DC	Expense Account/ Other
BRETT ACKERMAN 340 W COMMONWLTH AVE FULLERTON, CA 92832	CEO 40	\$ 102,507.	\$ 0.	\$ 0.
	Total	\$ 102,507.	\$ 0.	\$ 0.

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

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

Prepaid Expenses	and Deferred	Charges	149,052.
		Total	\$ 149,052.

Statement 5 Form 199, Schedule L, Line 16 Bonds and Notes Payable

Total Notes and Bonds Payable \$ 154,182.

STATE OF CALIFORNIA

RRF-1 (Rev. 09/2017)

MAIL TO: Registry of Charitable Trusts P.O. Box 903447 Sacramento, CA 94203-4470 (916) 210-6400

STREET ADDRESS: 1300 | Street Sacramento, CA 95814 (916) 210-6400

WEBSITE ADDRESS: www.ag.ca.gov/charities/



# ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code 11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

			Check if:			
BOYS & GIRLS CLUB OF FULLE Name of Organization	ERTON	N, INC	Change of a	address		
Amended report						
List all DBAs and names the organization uses or has u	used					
P.O. BOX 1283			State Charity F	Registration Number 1518		
Address (Number and Street)						
FULLERTON, CA 92836 City or Town, State and ZIP Code			Corporation or	Organization No. 0268520		
	OYSG mail Add	GIRLSFULLERTON.COM dress	Federal Employ	yer ID No. 95-1855645		
ANNUAL REGISTRA	TION F	RENEWAL FEE SCHEDULE (11 Cal. Make Check Payable to Depart				
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	E	ee
Less than \$25,000 Between \$25,000 and \$100,000	0 \$25	Between \$100,001 and \$250,000 Between \$250,001 and \$1 millio		Between \$1,000,001 and \$10 million Between \$10,000,001 and \$50 millio Greater than \$50 million	n \$	150 225 300
PART A - ACTIVITIES						
For your most recent full accounting	g peri	od (beginning 1/01/20	ending	12/31/20 ) list:		
Gross Annual Revenue \$ 1,940	,146	Noncash Contributions \$		0. Total Assets \$ 2,43	8.64	16.
		0.			,	
			,			
PART B - STATEMENTS REGAR						
Note: All questions must be answered. providing an explanation and deta	If you a ails for	answer "yes" to any of the quest r each "yes" response. Please rev	ions below, you /iew RRF-1 inst	amust attach a separate page ructions for information required.	Yes	No
During this reporting period, were there officer, director or trustee thereof, either directors.	e any o	contracts, loans, leases or other financial r with an entity in which any such	transactions between officer, director or	een the organization and any trustee had any financial interest?		X
2 During this reporting period, was there	any th	neft, embezzlement, diversion or	misuse of the o	rganization's charitable property or funds?		X
3 During this reporting period, were any	organi	zation funds used to pay any per	nalty, fine or jud	dgment?		X
During this reporting period, were the scoventurer used?	service	es of a commercial fundraiser, fundrai	sing counsel for	r charitable purposes, or commercial		X
5 During this reporting period, did the or	ganiza	ition receive any governmental fu	nding?	SEE STATEMENT 1	X	
6 During this reporting period, did the or	ganiza	ition hold a raffle for charitable po	urposes?			X
7 Does the organization conduct a vehicle	le dona	ation program?				X
Did the organization conduct an independent generally accepted accounting principle.	endent es for	audit and prepare audited financ this reporting period?	cial statements	in accordance with	X	
9 At the end of this reporting period, did	the or	ganization hold restricted net assets,	while reporting	negative unrestricted net assets?		X
I declare under penalty of perjury that I I and belief, the content is true, correct ar	have e	xamined this report, including an authorized to sign	ccompanying d gn.	ocuments, and to the best of my kno	wled	ge
		TT ACKERMAN	CEO			
Signature of Authorized Agent	Printed	Name	Title	Date		

### **California Statements**

Page 1

Client 9677

**BOYS & GIRLS CLUB OF FULLERTON, INC** 

95-1855645

10/26/21

01:21PM

Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

Fullerton School District 1401 W VAlencia Drive Fullerton, CA 92835 714 447 7477 Attn: Marilee Cosgrove

Federal Grants Dept Boys and Girls Club of America 1275 Peachtree Street N.E Atlanta, GA 30309 (404) 487 5903 Attn: Naverne Coke

City of Fullerton 303 W Commonwealth Avenue Fullerton, CA 92832 714 738 2858 Attn: Rebecca Leifkes

North Orange County Public Safety Task Force Stanton Civic Center 7800 Katella Avenue Stanton, CA 90680 714 890 4274 Attn: Soo Elisabeth Kang

California Natural Resource Agency Attn: Teresa Mallory 1416 Ninth Street, Suite 1311 Sacramento, CA 95814 (961) 650 7592

# Form 990

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Α	For t	ne 2020 calen	dar year, or tax year begini	ning	, 2020, a	and ending	)		, 20
В	Check	if applicable;	C				D	Employer ider	ntification number
	Па	ddress change	BOYS & GIRLS CLUI	12	95-1855645				
	-	ame change	P.O. BOX 1283	, ,,	2110		E	Telephone nur	The state of the s
	$\vdash$	•	FULLERTON, CA 928	336			1	7714)	271 1201
	H	itial return					<u> </u>	(/14)	371 1391
	File	nal return/terminated							
	L A	mended return						Gross receipts	
	A	pplication pending	F Name and address of principal	officer: MATTHEW HA	LLECK		H(a) Is this a gr	oup return for s	ubordinates? Yes X No
			Same As C Above				H <b>(b)</b> Are all sub- If "No," atta	ordinates includ	led? Yes No
T	Tax-	exempt status:	X 501(c)(3) 501(c) (	) ◀ (insert no.)	4947(a)(1) or	527	и 190, ащ	ich a list. See i	nstructions
J			w.boysgirlsfuller				H(c) Group exer	nation number	•
K		n of organization:	X Corporation Trust	Association Other	I v		n: 1952	-	legal domicile: CA
Pa		Summar		Association Other	L 16	ar or formatio	1952	IVE State of	riegal domicile: CA
Pa	1	Driefly deser	bo the executation's missi	an ar mant stanificant a	ativitiaa.mo 1	DATA DE D	3.7.7. 1/0//	NO DROP	T DODDOTATE
	'		ibe the organization's missi						
8			IAT NEED US MOST,	TO KEALIZE THE	TK LOPP F	OIFNII	WT WO LI	KODOCITY	L, CARING,
Ē		KE250N21	BLE CITIZENS.						
ة	_								
ò	2		ox F if the organization						
ex.	3		oting members of the gover						20
S	4		dependent voting members						20
æ	5		r of individuals employed in						41
Activities & Governance	b		r of volunteers (estimate if						190
ĕ			ed business revenue from F						
	b	Net unrelated	d business taxable income	from Form 990-T, Part	l, line 11			7ь	0.
								r Year	Current Year
as	8		s and grants (Part VIII, line	*			-/-	.33,251.	1,489,502.
Revenue	9		vice revenue (Part VIII, line					60,000.	378,370.
Š	10	Investment in	ncome (Part VIII, column (A	A), lines 3, 4, and 7d)				9,266.	
ď	11	Other revenu	ie (Part VIII, column (A), Iir	nes 5, 6d, 8c, 9c, 10c, a	and 11e)			36,501.	
	12		e - add lines 8 through 11					39,018.	
-	13		similar amounts paid (Part I			· · · · · · · · · · · · · · · · · · ·		,03,010.	2/310/2101
	14		to or for members (Part I)		*				
	15		er compensation, employee					72,092.	706 070
တ္	'					-		786,072.	
ST.	16 a	Professional	fundraising fees (Part IX, o	olumn (A), line 11e)					
Expenses	b	Total fundrai	sing expenses (Part IX, col	umn (D), line 25) 🟲	6	7,494.			
Ш	17	Other expens	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			(	509,558.	356,873.
	18	Total expens	ses. Add lines 13-17 (must e	equal Part IX, column (	A), line 25)			81,650.	
	19		s expenses. Subtract line 1					157,368.	
8			•				+	f Current Year	
		Total assets	(Part X, line 16)					185,875.	
Assets Balank	21						1,	49,910.	
Net Fund									
			r fund balances. Subtract li	ne 21 from line 20,			1,4	135,965.	2,233,166.
	irt II		re Block						
Unde	er pena	Ities of perjury, I d	declare that I have examined this reto arer (other than officer) is based on a	irn, including accompanying so	hedules and staten	nents, and to	the best of my k	nowledge and b	pelief, it is true, correct, and
	p	I.	210. (210. 0.2. 0.1. 0.1.						
		Si-part	ure of officer						
Sig		Signati	ure of officer				Date		
He	re		TT ACKERMAN				CEO		
			r print name and title						
		Print/Type	preparer's name	Preparer's signature		Date	Ch	eck X if	PTIN
Pa	id	D. Man:	ilal Fernando,CPA				se	f-employed	P00238756
	epar			ndo CPA Inc				-	· · · · · · · · · · · · · · · · · · ·
	e Or		- 1101111111				Fir	m's EIN ► 33	3-0790256
			Cerritos, CA 907						
Me	v the	IRS discuss #	his return with the preparer		tructions		<b>I</b>		2) 402-4700
IAIG	y uie	ii vo diacdaa (i	rus return with the brebater	PHOMIL STORE : See IUS	11 UC110115				X Yes No

-	In the preparation described in section 501/a)/2) or 4047/a)/1) (ather these a private foundation)? (f liver t secretate		Yes	No
'	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2	Х	
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		Х
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		x
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete 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? If 'Yes,' complete Schedule D, Part IV.	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in 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 as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	х	
Ŀ	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	11 b		x
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.	11 c		Х
c	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	11 d		Х
6	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	х	
12 <i>a</i>	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	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.	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
15	at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	15 16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I See instructions.	17		X
18	- Control of the cont	18	Х	Λ
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes.'		Α	v
20a	complete Schedule G, Part III	19 20a		X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х

Form 990 (2020) BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645 Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III. 22 X 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 23 Х 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 25a.... X 24a 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 d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Х Schedule L, Part I 25b X 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III X 27 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV. 28a X b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... X c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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............. X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L..... 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 X 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X and Part V, line 1..... 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a

Note: All Form 990 filers are required to complete Schedule O.

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 2	1000		56
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1 b</b> 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	1	U\$35	BA
(gambling) winnings to prize winners?		1 c	X	

Check if Schedule O contains a response or note to any line in this Part V.

Х

Form 990 (2020) BOYS & GIRLS CLUB OF FULLERTON, INC

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	17	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-		1000	2000
ments, filed for the calendar year ending with or within the year covered by this return 2a 4	1		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	-
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	100000	400	X
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3a 3b	-	-
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30	-	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If 'Yes,' enter the name of the foreign country >	4 a		X
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	. 5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	. 6 a	1	х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		1
7 Organizations that may receive deductible contributions under section 170(c).			<b>AND</b>
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	. 7b	,	100
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			v
Form 8282?d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 c	10943-0	X
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e	(3.740000	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	+	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899		+	
as required?	. 7 g	į .	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	. 7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	0.000		\$1300 M
organization have excess business holdings at any time during the year?	. 8		
9 Sponsoring organizations maintaining donor advised funds.	Mag	物質	1000
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	1	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 5	)	
10 Section 501(c)(7) organizations. Enter:		200	1880
a Initiation fees and capital contributions included on Part VIII, line 12		2000	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:		200	
a Gross income from members or shareholders			4
b Gross income from other sources (Do not net amounts due or paid to other sources		150	
against amounts due or received from them.)	100		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	. 12 a		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	357		
a 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.	1	150	
b Enter the amount of reserves the organization is required to maintain by the states in	100		186
which the organization is licensed to issue qualified health plans	- 339	153	1
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	No. of Contract of	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	8	+	-
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		+	
excess parachute payment(s) during the year?	15		X
If 'Yes,' see instructions and file Form 4720, Schedule N.	1888	500	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
If 'Yes,' complete Form 4720, Schedule O.		000	(2020)
BAA TEEA0105L 10/07/20	rom	שפכוו	(2020)

Form 990 (2020) BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645 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 on Schedule O. See instructions. Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year . . . . 20 1 a 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 on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent . . . . 20 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?...... 3 Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X 4 5  $\overline{X}$ Did the organization become aware during the year of a significant diversion of the organization's assets? . . Did the organization have members or stockholders? X 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?..... X 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... 8 a Х b Each committee with authority to act on behalf of the governing body?..... X 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10 a X 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? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... Х 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise X c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done. See Schedule O. X 12 c X Did the organization have a written whistleblower policy?..... 13 14 Did the organization have a written document retention and destruction policy?..... X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule . Q . . . . . Х 15 a b Other officers or key employees of the organization. See Schedule 0...... X If "Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?..... X 16a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website |X|Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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

Check if Schedule O contains a response or note to any line in this Part VII.

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

- 1 a 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 employee.'
- 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.

See instructions for the order in which to list the persons above.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

		(C)				97				
(A) Name and title	(B) Average hours per	than	Position (do not check more than one box, unless persor is both an officer and a director/trustee)					(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted	or director	Highest compensated employee Key employee Officer Institutional trustee		Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations		
(1) BRETT ACKERMAN	40									
CEO CEO	0	]			X			102,507.	0.	0.
(2) DANNY HUGHES	2									
Director	0	X						0.	0.	0.
(3) JIM AURELIO	2						ĺ			
Treasurer	0	X		X				0.	0.	0.
(4) MARY COTTRELL	2	]								
Director	0	X						0.	0.	0.
(5) MARTIN LESLIE	2							34		
Vice President	0	X		Х				0.	0.	0.
(6) ERIC PADILLA	2							-		
Secretary	0	X	<u> </u>	X				0.	0.	0.
(7) JASON WEEKS	2	1								
Director	0	X						0.	0.	0.
(8) STEPHANIE GOEDL	2									
Director	0	X						0.	0.	0.
(9) ROBERT JAHNCKE	2									
Director	0	X						0.	0.	0.
(10) KIM JASO	2									
Director		X						0.	0.	0.
(11) RAMSEY AYLOUSH	2		П							
Director	0	X						0.	0.	0.
(12) KEVIN MCCARTHY	2									
Director		X						0.	0.	0.
(13) BOB CUMMINS	2									
Director	0	X						0.	0.	0.
(14) GREG PAULES	2									
Director		X						0.	0.	0.

	(B)	(C)											
(A) Name and title	Average hours per	hours box, unless person is both an					n an i	(D)  Reportable compensation from	(E)  Reportable compensation from	Estima	(F) Estimated amount		
	week (list any hours for related organiza - tions below dotted line)	or director		_		Highest compensated employee		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	comper the or and	f other nsation f ganizati I related nization:	on	
(15) ERNIE LEON Director	2	х						0.	0.			0.	
(16) DAN KIERNAN Director	- 2 -	x						0.	0.		-1246	0.	
(17) KAREN XIE Director	2	х						0.	0.			0.	
(18) DREW HARRIS Director	2	X						0.	0.			0.	
(19) MATTHEW HALLECK President	2 0	x		· X				0.	0.			0.	
(20) MERLYN RACO Director	2	x						0.	0.			0.	
(21) JAMIE FLORES Director	2 0	X				Þ		0.	0.			0.	
(22)													
(23)													
(24)													
(25)													
1 b Subtotal		À					•	102,507.	0.			0.	
c Total from continuation sheets to Part VII, Secti	on A							0.	0.			0.	
d Total (add lines 1b and 1c).  2 Total number of individuals (including but not limited							ved	102,507. more than \$100,00	0. 0 of reportable comp	ensatio	า	0 .	
from the organization 1		14.9			re s			-			Yes	No	
3 Did the organization list any former officer, direct on line la? If 'Yes,' complete Schedule J for such	tor, trust ch individ	ee, k ual	ey eı	mpl	oye	e, or	higi	hest compensated	l employee	3		Х	
4 For any individual listed on line la, is the sum o the organization and related organizations great such individual.	the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for							4		Х			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person								5	100 M	X			
Section B. Independent Contractors  1 Complete this table for your five highest compen	nsated inc	deper	nden	t co	ntra	ctors	tha	at received more t	han \$100,000 of				
compensation from the organization. Report compensation for the calendar year ending w  (A)  Name and business address						(B	(B) (C) ction of services Compens		C)	nn.			
Traine and business add	1033							Beschiption	OT SCIVICES	Compe			
	1470	10-				3.7							
2 Total number of independent contractors (including \$100,000 of compensation from the organization		nited	to the	ose	liste	d abo	ove)	who received more	than				

Sec. 100		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
and Other Similar Amounts	Ta Federated campaigns	1,489,502.			
evenue	2a CLUB PROGRAMS	378,370.	378,370.		Carlo Santa
Program Service Revenue	c d e f All other program service revenue				
P	g Total. Add lines 2a-2f.	378,370.			
	Investment income (including dividends, interest, and other similar amounts).  Income from investment of tax-exempt bond proceeds	6,342.	6,342.		
100000000000000000000000000000000000000	For a Royalties.  Capture (i) Real (ii) Personal  Capture (ii) Personal  Capture (iii) Personal  Capture (iiii) Personal  Capture (iiii				1
2000	d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses  7 b		40, Z. 3, 5		
	c Gain or (loss) 7c d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$ 11,380. of contributions reported on line 1c). See Part IV, line 18				
美	b Less: direct expenses 8b 35,582. c Net income or (loss) from fundraising events	65,932.			65,932.
	9 a Gross income from gaming activities. See Part IV, line 19	03,332.			03, 332.
	b Less: direct expenses 9b  c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b Less; cost of goods sold 10b  c Net income or (loss) from sales of inventory				Anna Company Company
-	C Net Income or (loss) from sales of Inventory			A STATE OF THE	
Miscellaneous Revenue	11 a b c d Ali other revenue				
Σ	e Total. Add lines 11a-11d				Name of the state
-	12 Total revenue. See instructions.	1,940,146.	384,712.	0.	65,932

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX.

Check if Schedule O contains a re	141		THE RESERVE OF THE PARTY OF THE		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses	
Grants and other assistance to domestic organizations and domestic governments.     See Part IV, line 21					
Grants and other assistance to domestic individuals. See Part IV, line 22				Yar	
3 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16					
4 Benefits paid to or for members					
5 Compensation of current officers, directors, trustees, and key employees	102,507.	34,169.	34,169.	34,169.	
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.	
7 Other salaries and wages	566,459.	529,791.	18,334.	18,334.	
Pension plan accruals and contributions     (include section 401(k) and 403(b)     employer contributions)	16,805.	14,805.	1,000.	1,000.	
9 Other employee benefits	44,512.	40,182.	2,165.	2,165.	
10 Payroll taxes	55,789.	47,427.	4,181.	4,181.	
11 Fees for services (nonemployees):					
a Management					
<b>b</b> Legal					
c Accounting	11,625.		11,625.		
d Lobbying.					
e 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 Schedule 0.)  12 Advertising and promotion		,			
- ·	704	•••	44.6		
13 Office expenses	734.	499.	116.	119.	
14 Information technology	26,201.	18,763.	5,435.	2,003.	
15 Royalties	02 607	62 212	20 204		
17 Travel	83,607.	63,213.	20,394.	h	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials					
19 Conferences, conventions, and meetings				********	
20 Interest					
21 Payments to affiliates					
22 Depreciation, depletion, and amortization	31,179.	31,179.			
23 Insurance	41,909.	36,460.	4,449.	1,000.	
covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)					
a PROGRAM COSTS	69,917.	69,917.			
b LOSS ON WRITEDOWN OF ASSETS	30,000.	30,000.		W .	
c TELEPHONE	18,981.	16,142.	1,420.	1,419.	
d REPAIRS AND MAINTENANCE	9,732.	9,732.			
e All other expenses.	32,988.	26,699.	3,185.	3,104.	
25 Total functional expenses. Add lines 1 through 24e	1,142,945.	968,978.	106,473.	67,494.	
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here □ if following  SOP 98-2 (ASC 958-720)					
BAA	TEE 401101 10	1,000		Form 990 (2020)	

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X. (A) Beginning of year (B) End of year 51,965 1 84,122. Cash - non-interest-bearing..... Savings and temporary cash investments ..... 524,479. 2 1,639,809. Pledges and grants receivable, net ..... 3 493,006. 600,651 Accounts receivable, net ..... 4 12,703. 25,855. Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 Notes and loans receivable, net ..... 7 Inventories for sale or use. 8 Prepaid expenses and deferred charges..... 9 175,708 149,052. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10a 771,588. 711,634. 10 c 107,217. 59,954. 11 12 Investments – other securities. See Part IV, line 11..... 12 Investments - program-related. See Part IV, line 11..... 13 13 14 Intangible assets ..... 15 Other assets. See Part IV, line 11..... 15 16 1,485,875. 2,438,646. Total assets. Add lines 1 through 15 (must equal line 33)..... Accounts payable and accrued expenses..... 49,910. 17 51,298. 17 Grants payable..... 18 18 Deferred revenue..... 19 19 20 Tax-exempt bond liabilities..... 21 Escrow or custodial account liability. Complete Part IV of Schedule D...... Loans and other payables to any current or former officer, director, trustee, 22 key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons....... 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 154, 182. 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 Total liabilities. Add lines 17 through 25..... 26 49,910. 205,480. Organizations that follow FASB ASC 958, check here ▶ **Fund Balances** X and complete lines 27, 28, 32, and 33. 1,732,124. Net assets without donor restrictions..... 945,481. 27 Net assets with donor restrictions..... 490,484. 501,042. Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 6 Capital stock or trust principal, or current funds..... 29 Net Assets 30 Paid-in or capital surplus, or land, building, or equipment fund..... Retained earnings, endowment, accumulated income, or other funds..... 31

BAA

32

33

TEEA0111L 10/07/20

Total net assets or fund balances.....

Total liabilities and net assets/fund balances .....

2,438,646. Form 990 (2020)

2,233,166.

32

33

1,435,965.

1,485,875.

Pa	t XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI				240			
1	Total revenue (must equal Part VIII, column (A), line 12).	1	1,9	40,1	46.			
2								
3	Total expenses (must equal Part IX, column (A), line 25)							
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments.	5						
6	6 Donated services and use of facilities							
7	7 Investment expenses							
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.					
10								
_	column (B))	10	2,2	<u>33,1</u>	<u>166.</u>			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		100	100	363			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.								
2a Were the organization's financial statements compiled or reviewed by an independent accountant?								
_	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis		2a		X			
	b Were the organization's financial statements audited by an independent accountant?							
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate								
	basis, consolidated basis, or both:				932			
	X Separate basis Consolidated basis Both consolidated and separate basis			- (Y)	100			
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?							
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.							
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?								
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audi	t						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b					
BAA TEEA0112L 10/19/20								

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

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

95-1855645

Open to Public Inspection

Department of the Treasury Internal Revenue Service

BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gross 10 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations..... g Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? (A) (B) (C) (D) (E) Total

95-1855645

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sect	ion A. Public Support							
begir	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751.	
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.	
	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751.	
	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)						345,517.	
6	Public support. Subtract line 5 from line 4.						3,631,234.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year nning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total	
7	Amounts from line 4	473,311.	553,067.	531,053.	941,198.	1,478,122.	3,976,751.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,187.	996.	3,767.	9,266.	6,342.	21,558.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Fart VI.	72,000.	75,000.	76,000.	79,000.	82,000.	384,000.	
11	Total support. Add lines 7 through 10						4,382,309.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	2,998,838.	
13	First 5 years. If the Form 990 is organization, check this box and	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)		
Sec	tion C. Computation of Pu	blic Support P	ercentage					
14	Public support percentage for 20	20 (line 6, column	r (f), divided by li	ne 11, column (f)	)		82.86 %	
15	Public support percentage from	2019 Schedule A,	Part II, line 14			<u>15</u>	75.91 %	
16a	33-1/3% support test—2020. If t and stop here. The organization	he organization di qualifies as a put	d not check the b Dicly supported o	ox on line 13, and ganization	d line 14 is 33-1/	3% or more, check	k this box ► X	
b	33-1/3% support test—2019. If the and stop here. The organization	e organization did qualifies as a pul	f not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, o	check this box	
17a	7a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the facts-a d-circumstances	nd-circumstances test. The organiza	test, check this lation qualifies as	box and stop her a publicly suppor	e. Explain in Part ted organization .	VI how the □	
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see in:	structions >	
T 4 4					-			

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

(Complete only if you checked the box on line 10 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.)

Sect	tion A. Public Support		<del></del>	-			
	ar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not is:						
2	any 'unusual grants.')				A.		
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	×					
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)		A CANADA				
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 6						
IŲa	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						077237
_	Add lines 10a and 10b  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 VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is organization, check this box and	stop here		third, fourth, or	fifth tax year as a	section 501(c)(3)	
	tion C. Computation of Pu	<del></del>					
	Public support percentage for 20					l	8
	Public support percentage from						%
	tion D. Computation of Inv	And the second second				- 1	0
17	Investment income percentage f	•	W	•	***		96
18 19 <sub>2</sub>	Investment income percentage f						
	33-1/3% support tests—2020. If is not more than 33-1/3%, check 33-1/3% support tests—2019. If	this box and sto	<b>p here.</b> The organ	ization qualifies	as a publicly supp	orted organization	n. construction • [
	line 18 is not more than 33-1/3% Private foundation. If the organi	, check this box	and <b>stop here.</b> Th	e organization q	ualifies as a public	ly supported orga	nization

Part V Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization 3b made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4h c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was 5a accomplished (such as by amendment to the organizing document). b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5Ь c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI. 6 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ). 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?
  - **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If 'Yes,' provide detail in Part VI*.
  - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations), and all Type III non-functionally integrated supporting organizations)? If 'Yes, answer line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.).

If 'Yes,' provide detail in Part VI.

9a

9b

9c

10a

10b

	edule A (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC 95-185564	5	Р	age 5
Par	TEN Supporting Organizations (continued)			N-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
a	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,	1000		
	the governing body of a supported organization?	11a		_
	5 A family member of a person described in line 11a above?	11b		-
	A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	116		
Sec	don B. Type I Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	res	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			2555
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations	220200		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
17.5	The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
i	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
١	<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI.	3a		S 1 32
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.	3b		

Sect	tion A — Adjusted Net Income		(A) Prior Year	(B) Current Yea
1	Net short-term capital gain	1	• •	(optional)
2	Recoveries of prior-year distributions	2	,	
-		+		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5		5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
Ь	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		07
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		1100
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		Water
ec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4	A CHARLES	
5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	grated	Type III supporting or	ganization

Pai	tV Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (cont	inued)				
Sec	ection D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purposes	1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3				
4	Amounts paid to acquire exempt-use assets	4				
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5				
6	Other distributions (describe in Part VI). See instructions.	6	TOTAL CONTRACTOR			
_ 7	Total annual distributions. Add lines 1 through 6.	7				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8	- y Cyaffore-Se			
9	Distributable amount for 2020 from Section C, line 6	9				
10	Line 8 amount divided by line 9 amount	10				

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020		( May 2000 - 30 K6 10 M	
a From 2015			
<b>b</b> From 2016	TO SHARE WAS AND THE	SELVEN BELLEVIEW	
<b>c</b> From 2017			
<b>d</b> From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount		THE PROPERTY OF	
i Carryover from 2015 not applied (see instructions)		A STORAGE AND A STORE OF	
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			MERCHANIST MARKET
Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017	The state of the s		
c Excess from 2018	Extended to the same	THE REPORT OF THE PARTY OF	STATE TO BE
d Excess from 2019			No. of the last of
e Excess from 2020			
۸۸		0.1.1.1.4.5	000 or 000 E7\

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Schedule A (Form 990 or 990-EZ) 2020

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

Page 8

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

# Part II, Line 10 - Other Income

Nature and Source	2020	2019	2018	2017	2016
RELATED ORGANIZATION Total	\$ 82,000. \$ 82,000.	\$ 79,000. \$ 79,000.	\$ 76,000. \$ 76,000.	\$ 75,000. \$ 75,000.	

# Schedule B

D

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645						
Organization type (check one	):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	on				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
	=					
	ered by the <b>General Rule</b> or a <b>Special Rule.</b> ), (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule, See instructions.				
General Rule						
	ling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totals one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules	3.					
under sections 509(a received from any o	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000 line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that				
during the year, total purposes, or for the	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.					
during the year, cor \$1,000. If this box i charitable, etc., pur	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recontributions exclusively for religious, charitable, etc., purposes, but no such consistence, enter here the total contributions that were received during the year pose. Don't complete any of the parts unless the <b>General Rule</b> applies to this usively religious, charitable, etc., contributions totaling \$5,000 or more during the	ntributions totaled more than ar for an <i>exclusively</i> religious, organization because				
990-PF), but it must answer	t isn't covered by the General Rule and/or the Special Rules doesn't file Scheo No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form doesn't meet the filing requirements of Schedule B (Form 990, 990, FZ, or 99)	990-EZ or on its Form 990-PF,				

Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

I CILI	Contributors (see instructions). Ose duplicate copies of Part 1 if additional s	pace	is riceucu.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1	WILSON W. PHELPS FOUNDATION			Person X
	PO BOX 10127	\$_	30,000.	Payroli Noncash
	FULLERTON, CA 92838			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2	THE GOOD GUYS ENDOWMENT	_		Person X
	1235 N HARBOR BLVD, STE 200	\$_	82,000.	Payroll Noncash
	FULLERTON, CA 92832	-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3	NO ORNGE CNTY PUB SAFETY TASK FORCE			Person X
	7800 KATELLA AVENUE	\$_	77,041.	Payroll Noncash
	STANTON, CA 90680	-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4	CALIFORNIA NATURAL RESOURCES AGENCY			Person X
	1416 NINTH STREET, SUITE 1311	\$_	959,355.	Payroll
	SACRAMENTO, CA 95814	-		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_	<b></b>	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
		\$_		Person Payroll Noncash  (Complete Part II for noncash contributions.)

Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC

95-1855645

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
N/A			
(a) No. from Part I	(b)  Description of noncash property given	\$  (c)  FMV (or estimate)  (See instructions.)	(d) Date received
		\$\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		  \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$s	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date receive
		\$	

Name of organization BOYS & GIRLS CLUB OF FULLERTON, INC Employer identification number 95-1855645

	Transferee's name, address,	(e) Transfer of gift and ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address,	-	Relationship of transferor to transferee			
		(e) Transfer of gift				
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address,		Relationship of transferor to transferee			
		(e) Transfer of gift				
	1					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	the following line entry. For organizations comcontributions of \$1,000 or less for the year. (E Use duplicate copies of Part III if additional sp	nter this information once. See in	exclusively religious, charitable, etc.,			

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection Employer identification number

BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year....... 2 Aggregate value of contributions to (during year) . . . . . 3 Aggregate value of grants from (during year) . . . . . . . . . Aggregate value at end of year..... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds No are the organization's property, subject to the organization's exclusive legal control?..... Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring No impermissible private benefit?.... Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a **b** Total acreage restricted by conservation easements ..... 2Ь c Number of conservation easements on a certified historic structure included in (a).......... 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register..... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located \* Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, No and enforcement of the conservation easements it holds?..... Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. **b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: ÞŚ (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X..... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1..... b Assets included in Form 990, Part X.....

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land	1	9		
<b>b</b> Buildings		248,998.	223,803.	25,195.
c Leasehold improvements		-4.	-4.	0.
<b>d</b> Equipment		316,747.	300,349.	16,398.
e Other		205,847.	187,486.	18,361.
otal. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X, o	column (B), line 10c.)		59,954.
				4 444

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Schedule D (Form 990) 2020

(a) Description of security or category (including name of security)	(b) Book value	0, Part IV, line 11b. See Form 990, Part X, lin (c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives	(b) book value	(C) Method of Valuation, cost of Gild-of-year market Value
2) Closely held equity interests		
3) Other		1000 Aug 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
A)		
B)		
C)		
D)		
E)		
F)		- 10 W
G)		
H)		
(I)		
otal. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Part VIII Investments - Program Related.		N/A
Complete if the organization answered		0, Part IV, line 11c. See Form 990, Part X, lin
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market values
(1)		
(2)		<u> </u>
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		<u> </u>
(10)  Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		
Partix Uner Assets.	N/A	A 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Complete if the organization answered		0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered (a) Dec	N/A I 'Yes' on Form 99 scription	A 0, Part IV, line 11d. See Form 990, Part X, lin (b) Book valu
Complete if the organization answered (a) Dec	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered (a) Dec (1) (2)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Dec  (1)  (2)  (3)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	l 'Yes' on Form 99	0, Part IV, line 11d. See Form 990, Part X, lin
Complete if the organization answered (a) Dec (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	I 'Yes' on Form 99 scription	(b) Book valu
Complete if the organization answered  (a) Description (a) Des	I 'Yes' on Form 99 scription	(b) Book valu
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.	I 'Yes' on Form 99 scription  B) line 15.)	(b) Book valu
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on F	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig. (a) Description.	I 'Yes' on Form 99 scription  B) line 15.)	(b) Book valu
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X  Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (a) Description (b) Federal income taxes	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (a) Description (b) Federal income taxes	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Des  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (a)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Financial income taxes  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Total. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Description  (b) Description  (c) Description  (d) Description  (e) Description  (f) Description  (f) Description  (g) Description  (h) Federal income taxes  (g) Description  (g) Descr	B) line 15.)	11e or 11f. See Form 990, Part X, line 25.
Complete if the organization answered  (a) Dec  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  (10)  Fotal. (Column (b) must equal Form 990, Part X, column (b)  Part X Other Liabilities.  Complete if the organization answered 'Yes' on Fig.  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)	B) line 15.)  Form 990, Part IV, line iption of liability	11e or 11f. See Form 990, Part X, line 25.  (b) Book value  (b) Book value  (b) Book value  (b) Book value

Part XI Reconciliation of Revenue per Audited Financial St	atements With R	evenue per Ref	urn.	
Complete if the organization answered 'Yes' on Forr	n 990, Part IV, Iir	ne 12a.		
1 Total revenue, gains, and other support per audited financial statemen	THE RESIDENCE OF THE PARTY OF T		1	1,975,729.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a Net unrealized gains (losses) on investments	2a			
b Donated services and use of facilities				
c Recoveries of prior year grants	2c			
d Other (Describe in Part XIII.) See Part XIII	2 d	35,583.	15.5	
e Add lines 2a through 2d			2e	35,583.
3 Subtract line 2e from line 1			3	1,940,146.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		60000	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b Other (Describe in Part XIII.)				
c Add lines 4a and 4b	(10.00 cm to 2000)		4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			5	1,940,146.
Part XII Reconciliation of Expenses per Audited Financial	The second secon		eturi	
Complete if the organization answered 'Yes' on For				•••
Complete if the organization answered Tes on For	ii 990, Fart IV, iii	ic iza.		
Total expenses and losses per audited financial statements			1	1,178,528.
			1	1,178,528.
Total expenses and losses per audited financial statements			1	1,178,528.
<ol> <li>Total expenses and losses per audited financial statements</li> <li>Amounts included on line 1 but not on Form 990, Part IX, line 25:</li> <li>a Donated services and use of facilities</li> </ol>	2a		1	1,178,528.
Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities     b Prior year adjustments     c Other losses	2 a 2 b 2 c		1	1,178,528.
Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities     b Prior year adjustments     c Other losses	2 a 2 b 2 c		1	1,178,528.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) See Part XIII	2a 2b 2c 2d	35,583.	1 2 e	
Total expenses and losses per audited financial statements     Amounts included on line 1 but not on Form 990, Part IX, line 25:     a Donated services and use of facilities     b Prior year adjustments     c Other losses	2 a 2 b 2 c 2 d	35,583.	2 e 3	35,583.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1.	2 a 2 b 2 c 2 d	35,583.	-	
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.). See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1.	2a 2b 2c 2d	35,583.	-	35,583.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2 a 2 b 2 c 2 d	35,583.	-	35,583.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses d Other (Describe in Part XIII.) See Part XIII e Add lines 2a through 2d 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.) c Add lines 4a and 4b	2 a 2 b 2 c 2 d 4 a 4 b	35,583.	-	35,583.
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.). See Part XIII e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.).	2 a 2 b 2 c 2 d 4 a 4 b	35,583.	3	35,583.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

# Part X - FASB ASC 740 Footnote

BAA

The Club is classified as a Section 501(c)(3) organization under the Internal Revenue Code of 1986 and Section 23701(d) of the California Revenue and Taxation Code. However, income from certain activities not directly related to the Club's tax exemption purpose is subject to taxation as unrelated business income. The CLub had no such activities in 2020. In addition, the Club qualifies for the charitable contribution deduction under section 170(b)(1)(A) and has been classified as an

organization that is not a private foundation.

Schedule D (Form 990) 2020

#### Part X - FASB ASC 740 Footnote (continued)

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Club and recognize a tax liability (or asset) if the Club has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Club, and has concluded that as of December 31, 2020, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Club is subject to routine audits by taxing jurisdiction; however, there are currently no audits for any tax periods in progress. The Club believes it is no longer subject to income tax examinations for years prior to 2017.

# Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

FUND RAISING EXPENSES	\$ 35,583.
Total	\$ 35,583.

# Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

FUND RAISING EXPENSES	\$ 35,583.
Total	\$ 35,583.

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

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number 95-1855645 BOYS & GIRLS CLUB OF FULLERTON, INC Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants a X Mail solicitations X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events d X In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? . . . . . . . . Yes | X | No b If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser (i) Name and address of individual (iv) Gross receipts (or retained by) (ii) Activity have custody or control of contributions? or entity (fundraiser) from activity fundraiser listed in organization column (i) Yes No 1 2 3 5 6 10 Total ..... 0. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC Part II Fundraising Events. Complete if the organization answered 'Yes' on 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. (d) Total events (a) Event #1 (b) Event #2 (c) Other events (add column (a) through column (c)) AUCTION **MISCELLANEOUS** (event type) (event type) (lotal number) Revenue Gross receipts..... 26,770. 20,900 112,894. 65,224. 10,530 850. 11,380. 26,770 Gross income (line 1 minus line 2)..... 54,694 20,050. 101,514. 3 2,556 3,402 5,958. Noncash prizes..... Direct Expenses Rent/facility costs..... 4,603 4,603. 7 Food and beverages..... 8,839 150. 8,989. Entertainment..... Other direct expenses..... 6,474. 8,423. 1,135. 16,032. Direct expense summary. Add lines 4 through 9 in column (d)..... 35,582. Net income summary. Subtract line 10 from line 3, column (d)..... 65,932. Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than Part III \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming Revenue bingo/progressive bingo (a) Bingo (c) Other gaming (add column (a) through column (c)) Gross revenue ..... 2 Cash prizes ..... Direct Expenses 3 Noncash prizes..... 4 Rent/facility costs...... 5 Other direct expenses...... Yes Yes Yes 6 Volunteer labor...... No No No 7 Direct expense summary. Add lines 2 through 5 in column (d)...... 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ......

9 Enter the state(s) in which the organization conducts gaming activities:	
a Is the organization licensed to conduct gaming activities in each of these states?	No
10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes  b If 'Yes,' explain:	

Sche	edule G (Form 990 or 990-E2) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC 95-1855645	Page 3
11	Does the organization conduct gaming activities with nonmembers?	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	No
13	Indicate the percentage of gaming activity conducted in:	
a	The organization's facility	8
	An outside facility	ક
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name ►	
	Address •	
t	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes bif 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ tif 'Yes,' enter name and address of the third party:	No
	Name ►	
	Address ►	
16	Gaming manager information:	
	Name •	
	Gaming manager compensation ► \$	
	Description of services provided	
	Director/officer Employee Independent contractor	
17	Mandatory distributions:	
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	No
١	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
Pai	organization's own exempt activities during the tax year ► \$  **TIV   Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	(v);

# SCHEDULE O (Form 990 or 990-EZ)

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# 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.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

BOYS & GIRLS CLUB OF FULLERTON, INC

Employer identification number

95-1855645

#### Form 990, Part VI, Line 11b - Form 990 Review Process

THE BOARD AND THE CPA WHO PREPARES THE MONTHLY COMPILED FINANCIAL STATEMENTS REVIEW THE FORM 990. COPIES ARE DISTRIBUTED TO ALL BOARD MEMBERS FOR REVIEW AND COMMENTS.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

AN ANNUAL SIGNED AFFIDAVIT BY EACH BOARD MEMBER.

THE NATIONAL ORGANIZATION OF BOYS AND GIRLS CLUBS OF AMERICA REQUIRES BOARD MEMBERS
TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY. IN RESPONSE TO THE POLICY, A BOARD
MEMBER HAS REPORTED THAT THEY PREPARE MONTHLY COMPILED FINANCIAL STATEMENTS AND ARE
COMPENSATED BY THE CLUB FOR THEIR SERVICES.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

THE PERSONNEL COMMITTEE MEETS AND PREPARES REVIEWS FOR ALL FULL TIME EMPLOYEES. THE

COMMITTEE RECOMMENDS INCREASES BASED ON AVAILABLE FUNDS AND PUBLISHED COMPARABLE

INDUSTRY STANDARDS.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

THE PERSONNEL COMMITTEE MEETS AND PREPARES REVIEWS FOR ALL FULL TIME EMPLOYEES. THE

COMMITTEE RECOMMENDS INCREASES BASED ON AVAILABLE FUNDS AND PUBLISHED COMPARABLE

INDUSTRY STANDARDS.

#### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

ALL POLICY AND PROCEDURES MANUALS AS WELL AS ORGANIZATION DOCUMENTS ARE AVAILABLE AT THE MAIN OFFICE. BY-LAWS ARE REVIEWED EVERY THREE YEARS. THE BOARD MEMBERS MEET ANNUALLY TO REVIEW THE MISSION STATEMENT AND PERTINENT DOCUMENTS OF THE ORGANIZATION.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.Attach to Form 990. Related Organizations and Unrelated Partnerships

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► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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Open to Public Inspection

2020

(g) Sec 512(b)(13) controlled entity? (f) Direct controlling entity Yes Employer identification number Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because had one or more related tax-exempt organizations during the tax year. (f) Direct controlling entity 95-1855645 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c) Legal domicile (state or foreign country) Legal domicile (state or foreign country) (b) Primary activity (b) Primary activity FULLERTON, INC (a) Name, address, and EIN (if applicable) of disregarded entity & GIRLS CLUB OF (a)
Name, address, and EIN of related organization BOYS Name of the organization Part II

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N/A

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ENDOWMENT FUND

(1) BOYS AND GIRLS CLUB ENDOWMENT FUND 1235 N HARBOR BLVD, STE 200 FULLERTON, CA 92832

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Schedule R (Form 990) 2020

TEEA5001L 07/15/20

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

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Schedule R (Form 990) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity do do (s) (s)	(c) Legal domicile (state or foreign	(d) Direct controlling entity			Share of total income	(g) Share of end-of-year assets		(h) Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form	General or managing partner?	cr Percentage g ownership
		country)		512-514)		İ		Yes	S	1065)	Yes No	0
(η)												
							;					
(2)												
(3)												
               	ÜX.										2	
											-	
Part IV Identification o	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answ line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	izations nore relat	Taxable as	sa Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, sations treated as a corporation or trust during the tax year.	n or Trus	t. Complete	if the orgar rust during	rization a the tax y	nswere ear.	ed 'Yes' on Fo	orm 990,	Part IV,
(a) Name, address, and EIN of related organization	of related organizati		(b) Primary activity	Legal domicile (state or foreign	8	*	Type of entity (C corp., S corp., to	(f) Share of total income	Sha	Share of end-of- by year assets	(h) Percentage ownership	(f) Sec 512(b)(13) controlled entity?
				country)	Annia		()en		-			Yes No
(I)												
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Page 3

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Schedule R (Form 990) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC

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<b>Note:</b> Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			Yes No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-1V?	ed in Parts II-1V?			203
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a X	J.
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b X	
			1c X	
Loans or loan quarantees to or for related organization(s)			X PI	الما
			>	L
e Loans or loan guarantees by related organization(s)			b	I
f Dividends from related organization(s).			1f X	L
Sale of assets to related organization(s)			1g	الما
Purchase of assets from related organization(s).			1h	L
Exchange of assets with related organization(s)			F	الم
Lease of facilities, equipment, or other assets to related organization(s).			-	الما
				100
k Lease of facilities, equipment, or other assets from related organization(s)	TO:		1k X	ام
Performance of services or membership or fundraising solicitations for related organization(s)			1	اندا
m Performance of services or membership or fundraising solicitations by related organization(s)			1 m X	L.
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n X	امرا
o Sharing of paid employees with related organization(s)			10 X	ال
				323
p Reimbursement paid to related organization(s) for expenses.			7 d1	اب
q Reimbursement paid by related organization(s) for expenses			19 Х	اب
				103
r Other transfer of cash or property to related organization(s)		0.0000000000000000000000000000000000000	7r X	ابد
s Other transfer of cash or property from related organization(s).			1s X	الما
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	d relationships and trai	saction thresholds.		
1	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	Ď.
(1) BOYS AND GIRLS CLUB ENDOWMENT FUND	υ	82,000.	CASH	
				- 1
(3)		ī		- 1
(4)				
				l
(5)				- 1
(9)				- 1
<b>BAA</b> TEEA5003L 07/15/20		Sched	Schedule R (Form 990) 2020	റ്റ

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Part VIII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Schedule R (Form 990) 2020 BOYS & GIRLS CLUB OF FULLERTON, INC 95-185564

Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

2020

# **California Statements**

Page 1

Client 9677

# **BOYS & GIRLS CLUB OF FULLERTON, INC**

95-1855645

10/26/21

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Statement 1 Form RRF-1, Part B, Line 5 Government Agency That Provided Funding

Fullerton School District 1401 W VAlencia Drive Fullerton, CA 92835 714 447 7477 Attn: Marilee Cosgrove

Federal Grants Dept Boys and Girls Club of America 1275 Peachtree Street N.E Atlanta, GA 30309 (404) 487 5903 Attn: Naverne Coke

City of Fullerton 303 W Commonwealth Avenue Fullerton, CA 92832 714 738 2858 Attn: Rebecca Leifkes

North Orange County Public Safety Task Force Stanton Civic Center 7800 Katella Avenue Stanton, CA 90680 714 890 4274 Attn: Soo Elisabeth Kang

California Natural Resource Agency Attn: Teresa Mallory 1416 Ninth Street, Suite 1311 Sacramento, CA 95814 (961) 650 7592