

IN
MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
Telephone: (916) 445-2021

WEBSITE ADDRESS:
http://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 301-307, 311 and 312

Failure to submit this report annually no later than four months and fifteen days 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 as defined in Government Code Section 12586.1. IRS extensions will be honored.



State Charity Registration Number <u>17234</u> DISCOVERY COUNSELING CENTER OF THE SAN RAMON VALLEY INC. <small>Name of Organization</small> <u>115-A TOWN & COUNTRY DRIVE</u> <small>Address (Number and Street)</small> <u>DANVILLE, CA 94526</u> <small>City or Town</small>	Check if: <input type="checkbox"/> Change of address <input checked="" type="checkbox"/> Amended report Corporate or Organization No. <u>0583042</u> Federal Employer I.D. No. <u>94-1705971</u>
---	--

TAXPAYER'S COPY

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311 and 312)					
Make Check Payable to Attorney General's Registry of Charitable Trusts					
Gross Annual Revenue	Fee	Gross Annual Revenue	Fee	Gross Annual Revenue	Fee
Less than \$25,000	0	Between \$100,001 and \$250,000	\$50	Between \$1,000,001 and \$10 million	\$150
Between \$25,000 and \$100,000	\$25	Between \$250,001 and \$1 million	\$75	Between \$10,000,001 and \$50 million	\$225
				Greater than \$50 million	\$300

PART A – ACTIVITIES

For your most recent full accounting period (beginning 7/01/15 ending 6/30/16) list:
 Gross annual revenue \$ 1,356,601. Total assets \$ 742,069.

PART B – STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: If you answer 'yes' to any of the questions below, you must attach a separate sheet providing an explanation and details for each 'yes' response. Please review RRF-1 instructions for information required.

	Yes	No
1 During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof either directly or with an entity in which any such officer, director or trustee had any financial interest?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2 During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 During this reporting period, did non-program expenditures exceed 50% of gross revenues?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 During this reporting period, were any organization funds used to pay any penalty, fine or judgment? If you filed a Form 4720 with the Internal Revenue Service, attach a copy.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 During this reporting period, were the services of a commercial fundraiser or fundraising counsel for charitable purposes used? If 'yes,' provide an attachment listing the name, address, and telephone number of the service provider.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 During this reporting period, did the organization receive any governmental funding? If so, provide an attachment listing the name of the agency, mailing address, contact person, and telephone number. SEE STATEMENT 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 During this reporting period, did the organization hold a raffle for charitable purposes? If 'yes,' provide an attachment indicating the number of raffles and the date(s) they occurred.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the organization conduct a vehicle donation program? If 'yes,' provide an attachment indicating whether the program is operated by the charity or whether the organization contracts with a commercial fundraiser for charitable purposes.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did your organization have prepared an audited financial statement in accordance with generally accepted accounting principles for this reporting period?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Organization's area code and telephone number 925-837-0506
 Organization's e-mail address _____

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, it is true, correct and complete.

	KATHY CHIVERTON <small>Printed Name</small>	EXECUTIVE DIRECTOR <small>Title</small>	
<small>Signature of authorized officer</small>			<small>Date</small>

California Exempt Organization Annual Information Return

Calendar Year 2015 or fiscal year beginning (mm/dd/yyyy) 7/01/2015, and ending (mm/dd/yyyy) 6/30/2016

Corporation/Organization name DISCOVERY COUNSELING CENTER OF THE SAN RAMON VALLEY INC. California corporation number 0583042 FEIN 94-1705971 Street address (suite or room) 115-A TOWN & COUNTRY DRIVE City DANVILLE State CA ZIP code 94526 Foreign country name Foreign province/state/county Foreign postal code

TAXPAYER'S COPY

A First Return Yes No B Amended Return Yes No C IRC Section 4947(a)(1) trust Yes No D Final Information Return Dissolved Surrendered (Withdrawn) Merged/Reorganized E Check accounting method: 1 Cash 2 Accrual 3 Other F Federal return filed? 1 990T 2 990-PF 3 Sch H (990) 4 Other 990 series G Is this a group filing? H Is this organization in a group exemption? I Did the organization have any changes to its guidelines not reported to the FTB? J If exempt under R&TC Section 23701d, has the organization engaged in political activities? K Is the organization exempt under R&TC Section 23701g? L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box. M Is the organization a Limited Liability Company? N Did the organization file Form 100 or Form 109 to report taxable income? O Is the organization under audit by the IRS or has the IRS audited in a prior year? P Is federal Form 1023/1024 pending? Date filed with IRS

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

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-17). Total balance due is 10.

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Signature of officer: EXECUTIVE DIRECTOR Date: 2/7/17 Title: Date: 2/7/17 Telephone: 925-837-0505 PTIN: P00641451 FEIN: 94-2921824 Telephone: (925) 648-3660 Paid Preparer's Use Only: Firm's name (or yours, if self-employed) and address: SWEENEY KOVAR, LLP 3800 BLACKHAWK ROAD #100 DANVILLE, CA 94506 May the FTB discuss this return with the preparer shown above? See instructions. Yes No

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

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1	619,351.
	2	Interest	●	2	972.
	3	Dividends	●	3	
	4	Gross rents	●	4	
	5	Gross royalties	●	5	
	6	Gross amount received from sale of assets (See instructions)	●	6	
	7	Other income. Attach schedule SEE STATEMENT 1	●	7	663,459.
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	1,283,782.
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9	
	10	Disbursements to or for members	●	10	
	11	Compensation of officers, directors, and trustees. Attach schedule SEE STMT 2	●	11	85,000.
	12	Other salaries and wages	●	12	783,010.
	13	Interest	●	13	
	14	Taxes	●	14	64,672.
	15	Rents	●	15	234,621.
	16	Depreciation and depletion (See instructions)	●	16	40,107.
	17	Other Expenses and Disbursements. Attach schedule SEE STATEMENT 3	●	17	167,176.
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	1,374,586.

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
		(a)	(b)	(c)	(d)
Assets					
1	Cash		504,464.	●	517,785.
2	Net accounts receivable		59,900.	●	43,647.
3	Net notes receivable			●	
4	Inventories			●	
5	Federal and state government obligations			●	
6	Investments in other bonds			●	
7	Investments in stock			●	
8	Mortgage loans			●	
9	Other investments. Attach schedule			●	
10 a	Depreciable assets	416,847.		444,974.	
b	Less accumulated depreciation	263,884.	152,963.	303,991.	140,983.
11	Land			●	
12	Other assets. Attach schedule STM 4		33,204.	●	39,654.
13	Total assets.		750,531.		742,069.
Liabilities and net worth					
14	Accounts payable		118,809.	●	105,209.
15	Contributions, gifts, or grants payable			●	
16	Bonds and notes payable			●	
17	Mortgages payable			●	
18	Other liabilities. Attach schedule STM 5				4,488.
19	Capital stock or principal fund		631,722.	●	632,372.
20	Paid-in or capital surplus. Attach reconciliation			●	
21	Retained earnings or income fund			●	
22	Total liabilities and net worth.		750,531.		742,069.

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1	Net income per books	●	650.
2	Federal income tax	●	
3	Excess of capital losses over capital gains	●	
4	Income not recorded on books this year. Attach schedule	●	
5	Expenses recorded on books this year not deducted in this return. Attach schedule	●	
6	Total. Add line 1 through line 5		650.
7	Income recorded on books this year not included in this return. Attach schedule	●	
8	Deductions in this return not charged against book income this year. Attach schedule	●	
9	Total. Add line 7 and line 8		
10	Net income per return. Subtract line 9 from line 6		650.

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

Department of the Treasury
Internal Revenue Service

CALIFORNIA COPY
Schedule of Contributors

OMB No. 1545-0047

2015

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization DISCOVERY COUNSELING CENTER OF THE SAN RAMON VALLEY INC.	Employer identification number 94-1705971
---	---

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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, II, and III.

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, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. . . . ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization DISCOVERY COUNSELING CENTER	Employer identification number 94-1705971
---	--

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CHEVRON CORPORATION 6101 BOLLINGER CANYON RD. SAN RAMON, CA 94583	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	JACK O'DONNELL P.O. BOX 69 BARRINGTON, RI 02806	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	QUEST FOUNDATION P.O. BOX 339 DANVILLE, CA 94526	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PATRICIA BEHRING P.O. BOX 807 DANVILLE, CA 94506	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ROTARY CLUB OF DANVILLE/SYCAMORE VA 696 SAN RAMON VALLEY BOULEVARD DANVILLE, CA 94526	\$ 15,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	KATALYST EVENTS LLC 345 RAILRAOD AVE DANVILLE, CA 94526	\$ 6,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DISCOVERY COUNSELING CENTER

94-1705971

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(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
		\$	
(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
		\$	

Name of organization

DISCOVERY COUNSELING CENTER

Employer identification number

94-1705971

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ... \$ N/A Use duplicate copies of Part III if additional space is needed.

Table with 4 main sections. Each section has columns (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held, and (e) Transfer of gift. Each section contains a header row, a row with 'N/A' or blank, and a section for 'Transfer of gift' with sub-columns for 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

DISCOVERY COUNSELING CENTER
OF THE SAN RAMON VALLEY INC.

94-1705971

STATEMENT 1
FORM 199, PART II, LINE 7
OTHER INCOME

INCOME FROM SPECIAL EVENTS.....	\$	48,454.
PROGRAM SERVICE REVENUE.....		615,005.
TOTAL	\$	<u>663,459.</u>

STATEMENT 2
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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
KATHY CHIVERTON 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	EXECUTIVE DIREC 40.00	\$ 85,000.	\$ 0.	\$ 0.
NEWELL ARNERICH 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
MICHAEL COPELAND 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
BILL DUNKLE 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	SECRETARY 1.00	0.	0.	0.
JACKIE FINEBERG 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	PRESIDENT 1.00	0.	0.	0.
STUART GOLDWARE 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
CLAIRE HUMPHREY 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
SHIRLEY JACKS 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
PAT WILSON 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.

DISCOVERY COUNSELING CENTER
OF THE SAN RAMON VALLEY INC.

94-1705971

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	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
N.S. LEE 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
JULIE LIU 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
SCOTT LUCIA 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
NEAL MITCHELL 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
NISHI MOONKA 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
GARY RIELE 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
LISA WARD 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	DIRECTOR 1.00	0.	0.	0.
MARY VERSTRAETE 115-A TOWN & COUNTRY DRIVE DANVILLE, CA 94526	FRIENDS LIASON 1.00	0.	0.	0.
	TOTAL	\$ 85,000.	\$ 0.	\$ 0.

STATEMENT 3

FORM 199, PART II, LINE 17

OTHER EXPENSES

ACCOUNTING FEES.....	\$ 18,553.
ADVERTISING AND PROMOTION.....	774.
BANK & SERVICE CHARGES.....	10,548.
DUES & SUBSCRIPTIONS.....	916.
INSURANCE.....	14,114.
MISCELLANEOUS.....	1,169.
OFFICE EXPENSES.....	48,501.
OTHER EMPLOYEE BENEFIT.....	12,337.
OTHER FEES.....	4,292.
POSTAGE AND SHIPPING.....	1,460.
PRINTING AND PUBLICATIONS.....	327.

STATEMENT 3 (CONTINUED)
FORM 199, PART II, LINE 17
OTHER EXPENSES

REPAIRS, MAINT, & EQUIP RENTAL.....	\$	26,368.
SPECIAL EVENT EXPENSES.....		18,635.
STORAGE.....		2,719.
TAXES, LICENSES, & PERMITS.....		1,814.
TRAINING & SEMINARS.....		2,336.
TRAVEL.....		2,313.
	TOTAL \$	<u>167,176.</u>

STATEMENT 4
FORM 199, SCHEDULE L, LINE 12
OTHER ASSETS

PREPAID EXPENSES AND DEFERRED CHARGES.....		22,893.
SECURITY DEPOSITS.....		16,760.
ROUNDING.....		1.
	TOTAL \$	<u>39,654.</u>

STATEMENT 5
FORM 199, SCHEDULE L, LINE 18
OTHER LIABILITIES

DEFERRED REVENUE.....		4,488.
	TOTAL \$	<u>4,488.</u>