

Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 2011, **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization **BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
115 WILLIAMS AVENUE
 City, town or country State ZIP code + 4
EAST PROVIDENCE RI 02914

D Employer identification number
05-0278988

E Telephone number
(401) 434-6776

F Name and address of principal officer:
ERIN L. GILLIAT 341 SUMMER STREET REHOBOTH MA 02769

G Gross receipts \$ **966,627.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see Instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.EPBGC.ORG**

K Form of organization: Corporation Trust Association Other

L Year of Formation: **1935** **M** State of legal domicile: **RI**

H(c) Group exemption number ▶ _____

Summary

1 Briefly describe the organization's mission or most significant activities: SEE STATEMENT ATTACHED.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	42
6 Total number of volunteers (estimate if necessary)	6	13
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	751,634.	368,334.
9 Program service revenue (Part VIII, line 2g)	555,195.	562,813.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,393.	-960.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,265.	35,480.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,325,701.	965,667.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	270,909.	124,689.
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	537,302.	490,836.
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,114.	442,766.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,140,325.	1,058,291.
19 Revenue less expenses. Subtract line 18 from line 12	185,376.	-92,624.
20 Total assets (Part X, line 16)	Beginning of Current Year 2,194,698.	End of Year 2,069,647.
21 Total liabilities (Part X, line 26)	268,063.	235,636.
22 Net assets or fund balances. Subtract line 21 from line 20	1,926,635.	1,834,011.

Signature Block

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 officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
ERIN L. GILLIAT
 Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
ARTHUR LAMBI, JR, CPA _____ _____ **P00008234**

Firm's name ▶ **ARTHUR LAMBI & ASSOCIATES**
 Firm's address ▶ **2190 MENDON ROAD, SUITE TWO CUMBERLAND RI 02864**
 Firm's EIN ▶ **05-0478241**
 Phone no. **(401) 334-1700**

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

SEE STATEMENT ATTACHED.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 132,079. including grants of \$ 0.) (Revenue \$ 25,663.)

SWIM PROGRAM - RECREATIONAL AND INSTRUCTIONAL SWIMMING PROGRAM SERVING APPROXIMATELY 1,000 PEOPLE ANNUALLY.

4b (Code:) (Expenses \$ 311,656. including grants of \$ 0.) (Revenue \$ 426,210.)

DAYCARE PROGRAM - AFFORDABLE BEFORE AND AFTER SCHOOL CHILDCARE PROGRAM WHICH SERVES ABOUT 140 CHILDREN AGES 5-13 DAILY. WE ARE LICENSED FOR 188 CHILDREN. THIS CHILDCARE PROGRAM PROVIDES TRANSPORTATION TO AND FROM SCHOOL, A HEALTHY DAILY SNACK, HOMEWORK HELP, AND LEADERSHIP DEVELOPMENT FOR ITS PARTICIPANTS.

4c (Code:) (Expenses \$ 104,147. including grants of \$ 0.) (Revenue \$ 110,940.)

CAMP CROSBY - ELEVEN WEEK SUMMER CAMP WHICH SERVES AN AVERAGE OF 130 CHILDREN AGES 5-13 DAILY AND HAS A CAPACITY TO SERVE 250 CHILDREN DAILY. THE CAMP PROGRAM INCLUDES SWIMMING, NATURE, HIKES, SPORTS, AND ARTS & CRAFTS PROGRAMS.

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

(Expenses \$ 285,937. including grants of \$ 124,689.) (Revenue \$ 384,854.)

4e Total program service expenses 833,819.

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
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		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
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		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
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	X	
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		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		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		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)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III		X
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part V Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III</i>		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>		X
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, and that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I</i>		X
25b 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? <i>If 'Yes,' complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If 'Yes,' complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II</i>		X
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? <i>If 'Yes,' complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		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? <i>If 'Yes,' complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1 b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1 a	1		
1 b	0		
1 c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2 a	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		
2 a	42		
2 b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3 b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		
4 a	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)?		X
4 a			
4 b	If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5 b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5 c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
6 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7 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?		X
7 b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7 c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7 d	If 'Yes,' indicate the number of Forms 8282 filed during the year		
7 e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7 f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7 g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9 a	Did the organization make any taxable distributions under section 4966?		
9 b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10 a	Initiation fees and capital contributions included on Part VIII, line 12		
10 b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11 a	Gross income from members or shareholders		
11 b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12 b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13 a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13 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		
13 c	Enter the amount of reserves on hand		
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14 b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		

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

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

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 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1 b 13		
2 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
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
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? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director or 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 in Schedule O 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a 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. 11 b		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a	X	
b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 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 is done 12 c	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
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?		
a The organization's CEO, Executive Director, or top management official 15 a	X	
b Other officers of key employees of the organization 15 b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
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 taken steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▀** _____
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
▀ ERIN L. GILLIATT, EXEC. DIRECTOR 115 WILLIAMS STREET EAST PROVIDENCE, RI 02914 (401) 434-6776

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

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

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

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.

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CAROLINA BERNAL DIRECTOR	0.00	X					0.	0.	0.	
(2) DAVID FOGERTY DIRECTOR	0.00	X					0.	0.	0.	
(3) MICHAEL SEVER DIRECTOR	0.00	X					0.	0.	0.	
(4) JOHN J. GREGORY, III DIRECTOR	0.00	X					0.	0.	0.	
(5) ASHLEY GUNN DIRECTOR	0.00	X					0.	0.	0.	
(6) NATALIA LIMA DIRECTOR	0.00	X					0.	0.	0.	
(7) LISA MEDEIROS DIRECTOR	0.00	X					0.	0.	0.	
(8) ERIN L. GILLIAT EXECUTIVE DIRECTOR	40.00			X	X	X	83,178.	0.	0.	
(9) HELEN SIRAVO DIRECTOR	0.00	X					0.	0.	0.	
(10) GREGORY TROY DIRECTOR	0.00	X					0.	0.	0.	
(11) ANDREA VASTIS DIRECTOR	0.00	X					0.	0.	0.	
(12) ANTHONY J. CLANCY DIRECTOR	0.00	X					0.	0.	0.	
(13) PATRICIA ASQUITH DIRECTOR	0.00	X					0.	0.	0.	
(14) PAUL TAVARES DIRECTOR	0.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
1 b Sub-total							83,178.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							83,178.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
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? <i>If 'Yes,' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a					
	b Membership dues	1 b	3,491.				
	c Fundraising events	1 c					
	d Related organizations	1 d	18,083.				
	e Government grants (contributions)	1 e	188,731.				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	158,029.				
	g Noncash contributions included in lns 1a-1f: \$						
	h Total. Add lines 1a-1f		368,334.				
PROGRAM SERVICE REVENUE			Business Code				
	2 a <u>SWIM PROGRAM</u>	N/A	25,663.	25,663.	0.	0.	
	b <u>DAYCARE PROGRAM</u>	N/A	426,210.	426,210.	0.	0.	
	c <u>CAMP CROSBY</u>	N/A	110,940.	110,940.	0.	0.	
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		562,813.				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	11,883.				
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)	11,883.				
	d Net rental income or (loss)		11,883.	0.	0.	11,883.	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other		0.			
		b Less: cost or other basis and sales expenses			960.		
		c Gain or (loss)		-960.			
	d Net gain or (loss)		-960.	0.	0.	-960.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less: cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11 a <u>NET INCOME FROM SPECIAL EVENTS</u>	N/A	8,128.	0.	0.	8,128.		
b <u>INSURANCE REIMBURSEMENT</u>	N/A	15,469.	0.	0.	15,469.		
c							
d All other revenue							
e Total. Add lines 11a-11d		23,597.					
12 Total revenue. See instructions		965,667.	562,813.	0.	34,520.		

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) but are not required to complete columns (B), (C), and (D).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	124,689.	124,689.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	83,178.	63,215.	19,963.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	340,343.	257,104.	83,239.	0.
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	12,631.	11,368.	1,263.	0.
9 Other employee benefits	22,635.	20,366.	2,269.	0.
10 Payroll taxes	32,049.	24,014.	8,035.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	15,136.	0.	15,136.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,174.	12,395.	779.	0.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	59,257.	58,119.	1,138.	0.
23 Insurance	50,260.	47,481.	2,779.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>REPAIRS & MAINTENANCE</u>	26,688.	23,475.	3,213.	0.
b <u>SUPPLIES</u>	19,056.	17,346.	1,710.	0.
c <u>TELEPHONE</u>	7,142.	6,191.	951.	0.
d <u>MISCELLANEOUS</u>	9,622.	8,493.	1,129.	0.
e All other expenses	242,431.	159,563.	82,868.	0.
25 Total functional expenses. Add lines 1 through 24e	1,058,291.	833,819.	224,472.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Balance Sheet

		(A) Beginning of year		(B) End of year		
ASSETS	1	Cash – non-interest-bearing	106,109.	1	101,862.	
	2	Savings and temporary cash investments	38,603.	2	601.	
	3	Pledges and grants receivable, net	186,124.	3	113,124.	
	4	Accounts receivable, net	91,684.	4	56,713.	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges	13,315.	9	11,090.	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,817,353.			
	b	Less: accumulated depreciation	10b 1,031,096.	1,758,863.	10c 1,786,257.	
	11	Investments – publicly traded securities		11		
	12	Investments – other securities. See Part IV, line 11		12		
	13	Investments – program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,194,698.	16 2,069,647.		
LIABILITIES	17	Accounts payable and accrued expenses	139,139.	17	170,237.	
	18	Grants payable	128,924.	18	65,399.	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..		25		
	26	Total liabilities. Add lines 17 through 25		268,063.	26 235,636.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.					
	27	Unrestricted net assets	1,835,504.	27	1,784,011.	
	28	Temporarily restricted net assets	91,131.	28	50,000.	
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances		1,926,635.	33 1,834,011.		
34	Total liabilities and net assets/fund balances		2,194,698.	34 2,069,647.		

BAA

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	965,667.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,058,291.
3	Revenue less expenses. Subtract line 2 from line 1	3	-92,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,926,635.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,834,011.

Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

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? Yes No

b Were the organization's financial statements audited by an independent accountant? Yes No

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? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

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? Yes No

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).
A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 05-0278988
File by the due date for filing your return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions. 115 WILLIAMS AVENUE	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST PROVIDENCE	RI 02914

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

● The books are in the care of ▶ ERIN L. GILLIATT, EXEC. DIRECTOR

Telephone No. ▶ (401) 434-6776 FAX No. ▶ (401) 431-1106

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 15, 2012, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ▶ calendar year 2011 or
- ▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 05-0278988
	Number, street, and room or suite number. If a P.O. box, see instructions. 115 WILLIAMS AVENUE	Social security number (SSN) <input type="checkbox"/>
File by the extended due date for filing the return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. EAST PROVIDENCE RI 02914	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of **ERIN L. GILLIATT, EXEC. DIRECTOR**
Telephone No. **(401) 434-6776** FAX No. **(401) 431-1106**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

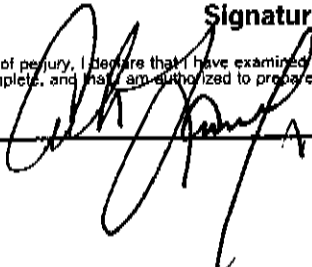
- I request an additional 3-month extension of time until **Nov 15**, 20 **12**.
- For calendar year **2011**, or other tax year beginning _____, 20____, and ending _____, 20____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension . . . **ADDITIONAL TIME IS NEEDED TO COMPLETE THE FINANCIAL STATEMENT AUDIT. NEED TO COMPLETE AUDIT BEFORE COMPLETING FORM 990.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a \$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b \$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c \$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **7-19-12**
BAA FIFZ0502 07/29/11 Form 8868 (Rev 1-2012)

Electronic Filing Client Status History

Client: BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

Client EIN: 05-0278988

Type: 990 Fed

Ret. DCN:

1st Ext. DCN:

<u>Status</u>	<u>Status Date</u>	<u>Description</u>
1st Extension Accepted	05/10/2012	1st Extension Accepted
<u>Status</u>	<u>Status Date</u>	<u>Description</u>
1st Extension Received by Intuit	05/10/2012	1st Extension Received by Intuit
<u>Status</u>	<u>Status Date</u>	<u>Description</u>
1st Extension Transmitted	05/10/2012	1st Extension Transmitted
<u>Status</u>	<u>Status Date</u>	<u>Description</u>
1st Extension Ready to Transmit	05/10/2012	1st Extension Converted for EF
<u>Status</u>	<u>Status Date</u>	<u>Description</u>
1st Extension Ready to EF	05/10/2012	1st Extension Ready to EF

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2011

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.	Employer identification number 05-0278988
---	---

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 11, 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.)
- 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)**.
- 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.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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 June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III — Functionally integrated
 - d Type III — Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	145,433.	174,818.	1,054,711.	751,634.	368,334.	2,494,930.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	145,433.	174,818.	1,054,711.	751,634.	368,334.	2,494,930.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f)						
6 Public support. Subtract line 5 from line 4						2,494,930.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	145,433.	174,818.	1,054,711.	751,634.	368,334.	2,494,930.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,160.	22,129.	2,089.	9,819.	11,883.	71,080.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						2,566,010.
12 Gross receipts from related activities, etc (see instructions)					12	3,000,764.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	97.23%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	96.30%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test – 2011. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a 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						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lns 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

- 19a 33-1/3% support tests – 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33-1/3% support tests – 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and **see instructions**

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

2011

Name of the organization

Employer identification number

BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

05-0278988

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 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 impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part III Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- Preservation of land for public use (e.g., recreation or education)
- Protection of natural habitat
- Preservation of open space
- Preservation of an historically important land area
- Preservation of a certified historic structure

2 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	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 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)?

Yes No

9 In Part XIV, 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 conservation easements.

Part IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (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:

- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X

2 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 SFAS 116 (ASC 958) relating to these items:

- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If 'Yes,' explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |

Part VI Land, Buildings, and Equipment. 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	104,453.			104,453.
b Buildings	2,495,473.		857,508.	1,637,965.
c Leasehold improvements	0.			0.
d Equipment	104,920.		84,288.	20,632.
e Other	112,507.		89,300.	23,207.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,786,257.

Part VIII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.)		

Part IX Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part X Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part XI Other Liabilities. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part VIII Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)		965,667.
2	Total expenses (Form 990, Part IX, column (A), line 25)		1,058,291.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		-92,624.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV.)		
9	Total adjustments (net). Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		-92,624.

Part IX Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	971,544.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains on investments	2a		
	b Donated services and use of facilities	2b	5,877.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIV.)	2d		
	e Add lines 2a through 2d	2e	5,877.	
3	Subtract line 2e from line 1		3	965,667.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	b Other (Describe in Part XIV.)	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	965,667.

Part X Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	1,064,168.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	5,877.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIV.)	2d		
	e Add lines 2a through 2d	2e	5,877.	
3	Subtract line 2e from line 1		3	1,058,291.
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	4a		
	b Other (Describe in Part XIV.)	4b		
	c Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,058,291.

Part XI Supplemental Information

Complete this part to 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 X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

SCHEDULE I
(Form 990)

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

OMB No. 1545-0047

2011

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

Department of the Treasury
Internal Revenue Service

Name of the organization
BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.
Employer identification number
05-0278988

General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BOYS & GIRLS CLUB OF WARWICK 42 FREDERICK STREET WARWICK RI 02888	05-6019193	501 (C) (3)	16,111.	0.	BOOK	N/A	DLT ARRA/SMART
(2) BOYS & GIRLS CLUB OF CUMBERLAND 1 JAMES MCKEE WAY CUMBERLAND RI 02864	05-0280121	501 (C) (3)	24,215.	0.	BOOK	N/A	DLT ARRA/SMART
(3) BOYS & GIRLS CLUB OF PAWTUCKET 1 MOELLER PLACE PAWTUCKET RI 02860	05-0258924	501 (C) (3)	15,000.	0.	BOOK	N/A	DLT ARRA/SMART
(4) BOYS & GIRLS CLUB OF WOONSOCKET 72 KENDRICK AVENUE WOONSOCKET RI 02895	06-1663293	501 (C) (3)	6,857.	0.	BOOK	N/A	DLT ARRA/SMART
(5) BOYS & GIRLS CLUB OF NEWPORT 95 CHURCH STREET NEWPORT RI 02840	05-0281572	501 (C) (3)	31,505.	0.	BOOK	N/A	DLT ARRA/SMART
(6) BOYS & GIRLS CLUB OF PROVIDENCE 550 WICKENDEN STREET PROVIDENCE RI 02903	05-0258929	501 (C) (3)	15,000.	0.	BOOK	N/A	DLT ARRA/SMART
(7) GREATER PROVIDENCE YMCA 222 RICHMOND STREET, SUIT. 1 PROVIDENCE RI 02903	05-0258878	501 (C) (3)	16,000.	0.	BOOK	N/A	PROJECT LEARN
(8)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 7

3 Enter total number of other organizations listed in the line 1 table 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 THE ORGANIZATION RECEIVES REPORTS AND SUPPORTING DOCUMENTATION FROM _____

Pt I Line 2 THE GRANTEE BEFORE FUNDS ARE DISBURSED. _____

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2011

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.** Employer identification number: **05-0278988**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

05-0278988

Pt VI, Line 11a THE CHAIRMAN REVIEWS THE RETURN PRIOR TO MAILING.

Pt VI, Line 12c ADDRESSED AS NEEDED AT EACH BOARD MEETING.

Pt VI, Line 15 USE COMPENSATION GUIDELINES OF NATIONAL ORGANIZATION.

Pt VI, Line 19 THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC IN PAPER OR

ELECTRONIC FORM AT THE OFFICES OF THE ORGANIZATION.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2011

Name of the organization

BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

Employer identification number

05-0278988

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, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not total to 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 of \$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 Part I, line 2, of its Form 990-PF, 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, 990EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2011)

Name of organization

Employer identification number

BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

05-0278988

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	R.I. GENERAL TREASURER STATE HOUSE, ROOM 102 PROVIDENCE RI 02903	\$ 235,644.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	CITY OF EAST PROVIDENCE CITY HALL, 145 TAUNTON AVENUE EAST PROVIDENCE RI 02914	\$ 41,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	CHAMPLIN FOUNDATION 300 CENTERVILLE ROAD, SUITE 300S WARWICK RI 02886	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	BOYS & GIRLS CLUB OF AMERICA 1275 Peachtree Street NE Atlanta GA 30309-3506	\$ 18,083.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	THE RHODE ISLAND ALLIANCE 221 THIRD STREET NEWPORT RI 02840	\$ 9,354.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	THE RHODE ISLAND FOUNDATION ONE UNION STATION PROVIDENCE RI 02903	\$ 5,227.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.	Employer identification number 05-0278988
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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
7	LISA MEDEIROS ----- 22 MORRIS LAND ----- EAST PROVIDENCE RI 02914 -----	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule O (Form 990), Supplemental Information to Form 990
Form 990, Page 2, Part III, Line 4d (continued)

Describe the exempt purpose achievements for each of the organization's other program services. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

Code: _____ Description: OTHER YOUTH SERVICES - INCLUDES ORGANIZED SPORTS
 Expenses 285,937. TEAMS, AFTER SCHOOL DROP-IN SERVICES FOR YOUTH,
 Grants Of 124,689. EVENING TEEN PROGRAMS, AND CAREER DEVELOPMENT.
 Revenue 384,854. THE DLT ARRA PROGRAM IS A WORKFORCE PARTNERSHIP
AGREEMENT THAT TRAINS YOUTH IN JOB-SEEKING SKILLS.
THE SMART LEADERS PROGRAM TRAINS 14-17 YEAR-OLDS TO TEACH 6-10
YEAR-OLDS ABOUT SUBSTANCE ABUSE PREVENTION.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
SNOW REMOVAL & LANDSCAPING	12,433.	12,433.	0.	0.
OUTSIDE SERVICES	42,714.	1,620.	41,094.	0.
EQUIPMENT RENTAL	8,401.	8,348.	53.	0.
TRANSPORTATION	20,206.	20,206.	0.	0.
PRINTING	1,786.	1,715.	71.	0.
STIPENDS	17,830.	6,422.	11,408.	0.
UTILITIES	66,399.	63,865.	2,534.	0.
UNEMPLOYMENT COMPENSATION	17,418.	0.	17,418.	0.
BAD DEBT EXPENSE	55,244.	44,954.	10,290.	0.

Miscellaneous Statement

FORM 990, PART I AND PART III - PRIMARY MISSION

TO PROVIDE SOCIAL, RECREATIONAL, AND EDUCATIONAL
ACTIVITIES AND PROGRAMS PRIMARILY SERVING THE
YOUTH OF EAST PROVIDENCE, RHODE ISLAND.

Total

EAST PROVIDENCE BOYS & GIRLS CLUB
Depreciation Schedule by Category
For the 12 Months Ended 12/31/11

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/11	Current Depreciation	Accum Depr 12/31/11
MANAGEMENT AND GENERAL									
67	AIR CONDITIONER	07/01/97	ST LINE	05/00	N	653.00	653.00	0.00	653.00
68	FURNISHINGS	05/14/98	ST LINE	05/00	N	8,744.00	8,744.00	0.00	8,744.00
69	DESK	03/22/00	200% DB	05/00	N	656.00	656.00	0.00	656.00
71	INSTALL FURN	03/16/98	ST LINE	10/00	N	975.00	975.00	0.00	975.00
72	OFFICE IMPROVEMENTS	03/03/98	SL REAL	39/00	N	1,820.00	598.95	46.59	645.54
85	(3) DESKTOP PC'S	02/08/07	ST LINE	05/00	N	2,477.79	1,734.46	495.55	2,230.01
97	LAPTOP & HARD DRIVE	03/15/08	ST LINE	05/00	N	848.54	424.27	169.71	593.98
100	LAPTOP	07/13/09	200% DB	05/00	N	549.00	285.48	105.41	390.89
107	CELL PHONE - ERIN	05/26/10	200% DB	05/00	N	379.18	75.84	121.34	197.18
110	LAPTOPS (2 - ERIN / MARTIN)	03/18/11	200% DB	05/00	N	996.00	0.00	199.20	199.20
Total for (MANAGEMENT AND GENERAL)						18,098.51	14,147.00	1,137.80	15,284.80
LAND									
1	125 WILLIAMS AVE. LAND	06/10/00	LAND	00/00	N	74,453.00	0.00	0.00	0.00
2	LAND	04/15/71	LAND	00/00	N	15,000.00	0.00	0.00	0.00
59	LAND (DEMOLITION)	07/01/02	LAND	00/00	N	15,000.00	0.00	0.00	0.00
Total for (LAND)						104,453.00	0.00	0.00	0.00
PROGRAM SERVICES									
3	POOL ADDITION	04/15/71	ST LINE	40/00	N	248,420.00	248,080.50	339.50	248,420.00
4	POOL ROOF	01/04/84	ST LINE	18/00	Y	23,400.00	23,400.00	0.00	23,400.00
5	CONSTRUCTION	02/14/85	ST LINE	19/00	N	37,815.00	37,815.00	0.00	37,815.00
6	HEATING SYSTEM	02/01/85	ST LINE	19/00	Y	5,552.00	5,552.00	0.00	5,552.00
7	ROOFING	12/01/85	ALT SL 19	19/00	Y	4,400.00	4,400.00	0.00	4,400.00
8	FENCE	05/01/86	ALT SL 19	19/00	Y	2,225.00	2,225.00	0.00	2,225.00
9	PAINT BUILDING	09/01/86	ALT SL 19	19/00	Y	5,600.00	5,600.00	0.00	5,600.00
10	NEW STEPS	06/01/89	SL REAL	31/06	N	2,800.00	1,889.26	91.46	1,980.72
11	BLOWER UNITS	06/01/89	SL REAL	31/06	N	4,160.00	2,808.55	135.71	2,944.26
12	BOYS B ROOM	06/01/89	SL REAL	31/06	N	16,520.00	11,147.50	539.50	11,687.00
13	ROOFING	01/15/90	SL REAL	31/06	N	25,137.00	16,490.90	820.18	17,311.08
14	POOL STAIRS	12/01/90	SL REAL	31/06	N	12,450.00	7,800.05	405.81	8,205.86
15	POOL EXHAUST	12/01/90	SL REAL	31/06	N	25,238.00	15,814.90	822.38	16,637.28
16	RADIONICS	07/01/94	SL REAL	39/00	N	7,921.00	3,341.75	203.15	3,544.90
17	AIR INLETS	01/01/94	SL REAL	39/00	N	820.00	354.59	21.12	375.71
18	1994 IMPROVEMENTS	10/01/94	SL REAL	39/00	N	40,000.00	16,627.45	1,025.49	17,652.94
19	BOILER	01/01/94	SL REAL	39/00	N	4,200.00	1,828.87	107.57	1,936.44
20	UPGRADE WIRIING	01/01/95	SL REAL	39/00	N	15,016.00	6,143.35	385.07	6,528.42
21	POOL DOORS	02/01/96	ST LINE	10/00	N	6,625.00	6,625.00	0.00	6,625.00
22	BOILER	04/01/96	ST LINE	20/00	N	5,143.00	3,820.05	250.01	4,070.06
23	ROOFING	03/01/97	SL REAL	39/00	N	22,200.00	7,473.05	584.21	8,057.26
24	LANDSCAPING	11/01/97	ST LINE	20/00	N	7,685.00	5,014.30	388.47	5,402.77
25	LETTERING	12/01/97	ST LINE	10/00	N	669.00	667.01	0.00	667.01
26	IMPROVEMENTS	08/15/99	ST LINE	10/00	N	10,675.00	10,675.00	0.00	10,675.00
27	IMPROVEMENTS	02/11/00	200% DB	10/00	N	4,676.00	4,676.00	0.00	4,676.00
28	CAMP BUILDING	01/01/65	150% DB	25/00	N	10,000.00	10,000.00	0.00	10,000.00
29	GAMES	05/15/99	ST LINE	05/00	N	1,032.00	1,032.00	0.00	1,032.00

EAST PROVIDENCE BOYS & GIRLS CLUB
Depreciation Schedule by Category
For the 12 Months Ended 12/31/11

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/11	Current Depreciation	Accum Depr 12/31/11
PROGRAM SERVICES									
30	CAMP IMPROVEMENTS	04/01/93	SL REAL	31/06	N	88,500.00	49,412.65	2,834.13	52,246.78
31	SHED	11/15/00	200% DB	05/00	N	2,969.00	2,969.00	0.00	2,969.00
32	LANDSCAPING	08/15/00	150% DB	15/00	N	6,850.00	5,061.85	397.37	5,459.22
33	POOL	07/15/00	SL REAL	39/00	N	129,740.00	34,910.46	3,322.50	38,232.96
34	FENCE	10/22/99	ST LINE	15/00	N	20,580.00	15,778.00	1,372.00	17,150.00
35	LANDSCAPING	04/22/98	ST LINE	10/00	N	6,620.00	6,565.08	0.00	6,565.08
36	IMPROVEMENTS	03/31/98	SL REAL	39/00	N	8,956.00	2,939.75	229.55	3,169.30
37	CARPETING	05/15/98	ST LINE	10/00	N	12,140.00	12,140.00	0.00	12,140.00
38	POOL HEATER	10/11/00	200% DB	05/00	Y	2,683.00	2,683.00	0.00	2,683.00
39	REFRIGERATOR	02/11/00	200% DB	10/00	N	1,970.00	1,970.00	0.00	1,970.00
40	98 DODGE RAM	12/18/98	ST LINE	05/00	N	37,070.00	37,070.00	0.00	37,070.00
41	DODGE RAM	06/15/99	ST LINE	05/00	N	19,596.00	19,596.00	0.00	19,596.00
42	COMPUTERS	07/22/99	ST LINE	05/00	Y	5,087.00	5,087.00	0.00	5,087.00
43	FURNISHINGS	09/08/99	ST LINE	10/00	N	3,835.00	3,835.00	0.00	3,835.00
44	APPLIANCES	09/13/99	ST LINE	10/00	N	700.00	700.00	0.00	700.00
45	RENOVATE BASEMENT	10/15/01	SL REAL	39/00	N	61,101.00	14,427.35	1,566.67	15,994.02
46	CAMP SHELTER	07/15/01	SL REAL	39/00	N	36,300.00	8,804.65	930.73	9,735.38
47	CAMP IMPROVEMENTS	08/15/01	ST LINE	15/00	N	9,240.00	5,852.00	616.00	6,468.00
48	CAMP IMPROVEMENTS	11/07/01	SL REAL	39/00	N	67,988.00	15,906.55	1,743.31	17,649.86
49	COMPUTERS	02/09/01	ST LINE	05/00	Y	10,644.00	10,644.00	0.00	10,644.00
50	FURNISHINGS	09/15/01	ST LINE	15/00	N	9,808.00	6,212.05	653.81	6,865.86
51	HOCKEY GAME	04/12/01	ST LINE	05/00	N	726.00	726.00	0.00	726.00
52	DODGE WAGON	09/26/01	ST LINE	05/00	N	20,015.00	20,015.00	0.00	20,015.00
53	POOL ROOM DEHUMIDIFIER	08/01/02	ST LINE	25/00	N	104,716.00	35,604.02	4,188.60	39,792.62
54	3 AIR CONDITIONERS	08/01/02	ST LINE	07/00	N	1,400.00	1,400.00	0.00	1,400.00
55	IMPROVEMENTS	08/01/02	ST LINE	10/00	N	6,898.00	5,863.46	689.69	6,553.15
56	CAMP LANDSCAPING	07/01/02	ST LINE	15/00	N	12,197.00	6,911.65	813.13	7,724.78
57	FURNISHINGS	05/01/02	ST LINE	07/00	N	15,227.00	15,227.00	0.00	15,227.00
58	OFFICE	06/01/02	ST LINE	05/00	N	1,787.00	1,787.00	0.00	1,787.00
60	IMPROVEMENTS	07/01/03	ST LINE	25/00	N	4,700.00	1,410.00	188.00	1,598.00
61	CAMP IMPROVEMENTS	07/01/03	ST LINE	15/00	N	14,585.00	7,292.00	972.40	8,264.40
62	FURNISHINGS	07/01/03	ST LINE	07/00	N	8,036.00	8,036.00	0.00	8,036.00
63	GOLF CART	07/01/03	ST LINE	05/00	N	2,100.00	2,100.00	0.00	2,100.00
64	CARPETING	02/01/04	200% DB	07/00	N	2,905.00	2,775.34	129.23	2,904.57
65	FURNISHINGS	04/01/04	200% DB	07/00	N	522.00	498.75	23.25	522.00
66	FIRE SYSTEM	07/18/05	ST LINE	15/00	N	4,500.00	1,650.00	300.00	1,950.00
73	REWIRE NEW LIGHTS IN POOL	01/10/06	200% DB	07/00	N	500.00	388.44	44.62	433.06
74	POOL STEPS	06/08/06	200% DB	07/00	N	2,256.10	1,752.71	201.36	1,954.07
75	NEW BUILDING	05/31/11	SL REAL	39/00	N	50,038.52	0.00	801.90	801.90
80	DESKTOP COMPUTER/MONITOR	02/20/06	200% DB	05/00	N	839.82	791.45	48.37	839.82
81	TWO DEFRIBULATORS	01/27/06	200% DB	07/00	N	3,790.00	2,944.36	338.26	3,282.62
84	BUILDING	04/15/71	ST LINE	25/00	N	155,382.00	155,382.00	0.00	155,382.00
86	NEW BUILDING COSTS	05/31/11	SL REAL	39/00	N	17,578.00	0.00	281.70	281.70
87	NEW BUILDING COSTS	05/31/11	SL REAL	39/00	N	65,027.10	0.00	1,042.10	1,042.10

EAST PROVIDENCE BOYS & GIRLS CLUB
Depreciation Schedule by Category
For the 12 Months Ended 12/31/11

10/31/12
10:02AM

Asset No.	Asset Description	Date Acquired	Method	Life	Sold?	Cost	Accum Depr 01/01/11	Current Depreciation	Accum Depr 12/31/11
PROGRAM SERVICES									
88	FENCE	07/06/07	ST LINE	15/00	N	1,242.00	289.80	82.80	372.60
90	FOOZEBALL TABLE	07/01/07	ST LINE	10/00	N	300.00	105.00	30.00	135.00
91	PING PONG TABLE	07/01/07	ST LINE	10/00	N	300.00	105.00	30.00	135.00
92	POOL TABLE DONATION	07/01/07	ST LINE	10/00	N	500.00	175.00	50.00	225.00
93	BUILDING COSTS	05/31/11	SL REAL	39/00	N	9,137.06	0.00	146.43	146.43
94	NEW BUILDING COSTS	05/31/11	SL REAL	39/00	N	222,246.49	0.00	3,561.64	3,561.64
95	DONATED POOL TABLE	07/01/08	ST LINE	10/00	N	500.00	125.00	50.00	175.00
96	10 COMPUTERS (COX DONATIOI	07/01/08	ST LINE	05/00	N	35,000.00	17,500.00	7,000.00	24,500.00
98	FENCE INSTALLATION	06/05/09	150% DB	15/00	N	1,303.10	188.95	111.42	300.37
99	BACKFLOW PREVENTERS	11/30/09	200% DB	10/00	N	1,782.48	499.10	256.68	755.78
101	POOL DEHUMIDIFIER	02/02/09	200% DB	10/00	N	2,260.00	632.80	325.44	958.24
102	NEW BUILDING COSTS	05/31/11	SL REAL	39/00	N	380,132.48	0.00	6,091.87	6,091.87
103	BUILDING ADDITION COSTS	05/31/11	SL REAL	39/00	N	413,110.23	0.00	6,620.36	6,620.36
104	BOILER FOR POOL	02/15/10	200% DB	10/00	N	5,300.00	530.00	954.00	1,484.00
105	NEW PUMP FOR POOL	07/26/10	200% DB	10/00	N	4,000.00	400.00	720.00	1,120.00
106	RECORD BOARD - POOL	09/02/10	200% DB	07/00	N	2,185.00	312.14	535.10	847.24
108	BUILDING ADDITION COSTS	05/31/11	SL REAL	39/00	N	82,850.18	0.00	1,327.73	1,327.73
109	POOL TABLE REPAIRS	09/01/11	200% DB	10/00	N	650.00	0.00	65.00	65.00
111	GYM BACKBOARD	05/06/11	200% DB	10/00	N	3,113.39	0.00	311.34	311.34
Total for (PROGRAM SERVICES)						2,754,393.95	1,017,284.44	58,118.12	1,075,402.56
Client Subtotal Before Sales						2,876,945.46	1,031,431.44	59,255.92	1,090,687.36
Less Assets Sold						59,591.00			59,591.00
Total						2,817,354.46	1,031,431.44	59,255.92	1,031,096.36

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2011

For calendar year 2011 or other tax year beginning _____, 2011,
and ending _____, _____

▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.	D Employer identification number (Employees' trust, see instructions.) 05-0278988
		Number, street, and room or suite number. If a P.O. box, see instructions. 115 WILLIAMS AVENUE	
		City or town State ZIP code EAST PROVIDENCE RI 02914	

C Book value of all assets at end of year: **2,069,647.**

F Group exemption number (See instructions.) ▶

G Check organization type: 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity.
▶ **FILING TO RECEIVE FORM 8941 CREDIT ONLY.**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
If 'Yes,' enter the name and identifying number of the parent corporation . . . ▶

J The books are in care of ▶ **ERIN L. GILLIATT** Telephone number ▶ **(401) 434-6776**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a	Gross receipts or sales			
b	Less returns and allowances			
1 c	Balance ▶			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4 a	Capital gain net income (attach Schedule D)			
4 b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4 c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)			
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Sch G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule.)			
13	Total. Combine lines 3 through 12	0.		

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)		14
15	Salaries and wages		15
16	Repairs and maintenance		16
17	Bad debts		17
18	Interest (attach schedule)		18
19	Taxes and licenses		19
20	Charitable contributions (See instructions for limitation rules.)		20
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22 a	22 b
23	Depletion		23
24	Contributions to deferred compensation plans		24
25	Employee benefit programs		25
26	Excess exempt expenses (Schedule I)		26
27	Excess readership costs (Schedule J)		27
28	Other deductions (attach schedule)		28
29	Total deductions. Add lines 14 through 28		29
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30
31	Net operating loss deduction (limited to the amount on line 30)		31
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 0.
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		33
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 0.

Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation.
 Controlled group members (sections 1561 and 1563) check here . See instructions and:
 a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
 (1) \$ _____ (2) \$ _____ (3) \$ _____
 b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____
 (2) Additional 3% tax (not more than \$100,000) \$ _____
 c Income tax on the amount on line 34 **35c** _____
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount
 on line 34 from: Tax rate schedule or Schedule D (Form 1041) **36** _____
37 Proxy tax. See instructions **37** _____
38 Alternative minimum tax **38** _____
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies **39** _____

Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a** _____
40b Other credits (see instructions) **40b** _____
40c General business credit. Attach Form 3800 (see instructions) **40c** _____
40d Credit for prior year minimum tax (attach Form 8801 or 8827) **40d** _____
40e Total credits. Add lines 40a through 40d **40e** _____
41 Subtract line 40e from line 39 **41** _____
42 Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866
 Other (attach schedule) **42** _____
43 Total tax. Add lines 41 and 42 **43** _____ 0.
44a Payments: A 2010 overpayment credited to 2011 **44a** _____ 0.
44b 2011 estimated tax payments **44b** _____
44c Tax deposited with Form 8868 **44c** _____
44d Foreign organizations: Tax paid or withheld at source (see instructions) **44d** _____
44e Backup withholding (see instructions) **44e** _____
44f Credit for small employer health insurance premiums (Attach Form 8941) **44f** _____ 2,222.
44g Other credits and payments: Form 2439 _____
 Form 4136 _____ Other _____ Total ... **44g** _____
45 Total payments. Add lines 44a through 44g **45** _____ 2,222.
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached **46** _____
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed **47** _____
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** _____ 2,222.
49 Enter the amount of line 48 you want: **Credited to 2012 estimated tax** 0. **Refunded** **49** _____ 2,222.

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2011 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here **Yes** **No** **X**
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? ... If YES, see instructions for other forms the organization may have to file. **Yes** **No** **X**
3 Enter the amount of tax-exempt interest received or accrued during the tax year. \$ _____ **Yes** **No** **X**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach sch)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X
5 Total. Add lines 1 through 4b	5				

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.

Sign Here

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? **Yes** **No**

Paid Preparer Use Only

Print/Type preparer's name: **ARTHUR LAMBI, JR, CPA** Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P00008234**
 Firm's name: **ARTHUR LAMBI & ASSOCIATES** Firm's EIN: **05-0478241**
 Firm's address: **2190 MENDON ROAD, SUITE TWO CUMBERLAND RI 02864** Phone no.: **(401) 334-1700**

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		
(1)		
(2)		
(3)		
(4)		
2 Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				
(2)				
(3)				
(4)				
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

Total dividends-received deductions included in column 8

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A).	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			

Credit for Small Employer Health Insurance Premiums

► Information about Form 8941 and its instructions is available at www.irs.gov/form8941.
► Attach to your tax return.

Name(s) shown on return

Identifying number

BOYS & GIRLS CLUB OF EAST PROVIDENCE, INC.

05-0278988

1	Enter the number of individuals you employed during the tax year who are considered employees for purposes of this credit (see instructions)	1	42
2	Enter the number of full-time equivalent employees you had for the tax year (see instructions). If you entered 25 or more, skip lines 3 through 11 and enter -0- on line 12	2	14
3	Average annual wages you paid for the tax year (see instructions). If you entered \$50,000 or more, skip lines 4 through 11 and enter -0- on line 12	3	30,000.
4	Premiums you paid during the tax year for employees included on line 1 for health insurance coverage under a qualifying arrangement (see instructions)	4	18,933.
5	Premiums you would have entered on line 4 if the total premium for each employee equaled the average premium for the small group market in which you offered health insurance coverage (see instructions)	5	16,677.
6	Enter the smaller of line 4 or line 5	6	16,677.
7	Multiply line 6 by the applicable percentage: • Tax-exempt small employers, multiply line 6 by 25% (.25) • All other small employers, multiply line 6 by 35% (.35)	7	4,169.
8	If line 2 is 10 or less, enter the amount from line 7. Otherwise, see instructions	8	3,056.
9	If line 3 is \$25,000 or less, enter the amount from line 8. Otherwise, see instructions	9	2,222.
10	Enter the total amount of any state premium subsidies paid and any state tax credits available to you for premiums included on line 4 (see instructions)	10	
11	Subtract line 10 from line 4. If zero or less, enter -0-	11	18,933.
12	Enter the smaller of line 9 or line 11	12	2,222.
13	If line 12 is zero, skip lines 13 and 14 and go to line 15. Otherwise, enter the number of employees included on line 1 for whom you paid premiums during the tax year for health insurance coverage under a qualifying arrangement (see instructions)	13	4
14	Enter the number of full-time equivalent employees you would have entered on line 2 if you only included employees included on line 13	14	3
15	Credit for small employer health insurance premiums from partnerships, S corporations, cooperatives, estates, and trusts (see instructions)	15	
16	Add lines 12 and 15. Cooperatives, estates, and trusts, go to line 17. Tax-exempt small employers, skip lines 17 and 18 and go to line 19. Partnerships and S corporations, stop here and report this amount on Schedule K. All others, stop here and report this amount on Form 3800, line 4h	16	2,222.
17	Amount allocated to patrons of the cooperative or beneficiaries of the estate or trust (see instructions)	17	
18	Cooperatives, estates, and trusts, subtract line 17 from line 16. Stop here and report this amount on Form 3800, line 4h	18	
19	Enter the amount you paid in 2011 for taxes considered payroll taxes for purposes of this credit (see instructions)	19	32,049.
20	Tax-exempt small employers, enter the smaller of line 16 or line 19 here and on Form 990-T, line 44f	20	2,222.

BAA For Paperwork Reduction Act Notice, see separate instructions.

Worksheet 1. Information Needed to Complete Line 1 and Worksheets 2 and 3

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid
1 GERMAINE BRITO	2,080	29,973.
2 MARTIN DECOSTA	2,080	43,298.
3 MARGARET FARIA	560	15,987.
4 ERIN GILLIATT	2,080	83,178.
5 RANDIE KING	2,080	25,800.
6 GLORIA LYNCH	1,164	17,634.
7 GERALD BRANCO	322	3,376.
8 MAYRA CABALLERO	156	1,635.
9 JACINTO DIAZ	2,080	31,132.
10 BIANCA GONSALVES	1,427	12,827.
11 MICHAEL JOHNSTON	890	10,229.
12 STEPHANIE SIRAVO	635	5,072.
13 KRISTEN VALLES	857	7,278.
14 SHUMAEN WAITE	1,367	11,622.
15 KATHERINE COYNE	67	670.
16 JULIA DELEO	97	968.
17 LIAM FISHER	164	1,556.
18 BRUNA REBELO	209	2,090.
19 KEVIN SALEEBA	540	14,210.
20 SHAKIRUDEEN ALLI-OWE	276	2,044.
21 FELICIA BROWN	837	6,201.
22 SIDNEI CARVALHO	1,440	13,051.
23 BRANDAN MARTINEZ	1,249	10,678.
24 NATALIA MEDEIROS	398	4,946.
25 See Form 8941 Worksheets	7,615	69,234.
Totals:	30,670	424,689.

Worksheet 2. Full-Time Equivalent Employees (FTEs)

1	Enter the total employee hours of service from Worksheet 1, column (b)	1	<u>30,670</u>
2	Hours of service per FTE	2	<u>2,080.</u>
3	Full-time equivalent employees. Divide line 1 by line 2. If the result is not a whole number (0, 1, 2, etc), generally round the result down to the next lowest whole number. However, if the result is less than one, enter 1. Report this amount on Form 8941, line 2	3	<u>14</u>

Worksheet 3. Average Annual Wages

1	Enter the total employee wages paid from Worksheet 1, column (c)	1	<u>424,689.</u>
2	Enter FTEs from Worksheet 2, line 3	2	<u>14</u>
3	Average annual wages. Divide line 1 by line 2. If the result is not a multiple of \$1,000 (\$1,000, \$2,000, \$3,000, etc), round the result down to the next lowest multiple of \$1,000. Report this amount on Form 8941, line 3	3	<u>30,000.</u>

Worksheet 4. Information Needed to Complete Lines 4 and 5 and Worksheet 7

If you need more rows, use a separate sheet and include the additional amounts in the totals below.

(a) Enrolled Individuals Considered Employees	(b) Employer Premiums Paid	(b) Employer State Average Premiums	(c) Enrolled Employee Hours of Service
1 GERMAINE BRITO	5,347.	5,301.	2,080
2 MARTIN DECOSTA	5,368.	5,301.	2,080
3 JACINTO DIAZ	7,177.	5,241.	2,080
4 MARGARET FARIA	1,041.	834.	560
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
Totals:	18,933.	16,677.	6,800

Worksheet 5. FTE Limitation

1	Enter the amount from Form 8941, line 7	1	<u>4,169.</u>
2	Enter the amount from Form 8941, line 2	2	<u>14.</u>
3	Subtract 10 from line 2	3	<u>4.</u>
4	Divide line 3 by 15. Enter the result as a decimal (rounded to at least 3 places) ..	4	<u>0.267</u>
5	Multiply line 1 by line 4	5	<u>1,113.</u>
6	Subtract line 5 from line 1. Report this amount on Form 8941, line 8	6	<u>3,056.</u>

Worksheet 6. Average Annual Wage Limitation

1	Enter the amount from Form 8941, line 8	1	<u>3,056.</u>
2	Enter the amount from Form 8941, line 7	2	<u>4,169.</u>
3	Enter the amount from Form 8941, line 3	3	<u>30,000.</u>
4	Subtract \$25,000 from line 3	4	<u>5,000.</u>
5	Divide line 4 by \$25,000. Enter the result as a decimal (rounded to at least 3 places)	5	<u>0.200</u>
6	Multiply line 2 by line 5	6	<u>834.</u>
7	Subtract line 6 from line 1. Report this amount on Form 8941, line 9	7	<u>2,222.</u>

Worksheet 7. FTEs Enrolled in Coverage

1	Enter the total enrolled employee hours of service from Worksheet 4, column (d)	1	<u>6,800</u>
2	Hours of service per FTE	2	<u>2,080.</u>
3	Divide line 1 by line 2. If the result is not a whole number (0, 1, 2, etc), generally round the result down to the next lowest whole number. However, if the result is less than one, enter 1. Report this amount on Form 8941, line 14	3	<u>3</u>

Form 8941 Worksheets

Form 8941 Worksheets

(a) Individuals Considered Employees	(b) Employee Hours of Service	(c) Employee Wages Paid
DENISE MORRIS	727	7,263.
MARTIN SIMAS	1,634	15,509.
JOSEPH TETI, III	378	3,018.
ERIC ALMEIDA	995	8,915.
MICHAEL DEANGELIS	4	30.
ESTHEL MENA	1,264	13,267.
LIANA ASCOLESE	30	298.
JEFFREY MIKSIS	228	2,568.
ERICA BARRATT	1,065	8,512.
KATRINA VALLES	341	2,896.
SHANNON MOONEY	128	944.
KEVIN PEREIRA	108	796.
CELINA RODRIGUEZ	120	888.
FATIMA SANNI-THOMAS	120	888.
ANDREW SUNDERLAND	120	833.
BRANDY TINGLE	113	833.
BIANCA VAILS	120	888.
ANDREW VANNER	120	888.
Total	<u>7,615</u>	<u>69,234.</u>