

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning and ending

Form header section containing: B Check if applicable, C Name of organization (GRENVILLE BAKER BOYS AND GIRLS CLUB, INC), D Employer identification number (11-1660855), E Telephone number (516-759-5437), G Gross receipts (\$3,433,363), H(a) Is this a group return for affiliates? (No), H(b) Are all affiliates included? (No), H(c) Group exemption number, I Tax-exempt status (501(c)(3)), J Website (WWW.GBBGC.ORG), K Form of organization (Corporation), L Year of formation (1950), M State of legal domicile (NY).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II 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.

Signature block section containing: Sign Here (Signature of officer: JOSEPH RYAN, PRESIDENT), Paid Preparer (S. COOPERBERG, CPA), and Firm's information (TODRES & COMPANY, LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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: TO INSPIRE AND ENABLE ALL YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS AND COMMUNITY LEADERS OF TOMORROW. WE PROVIDE A SAFE AND POSITIVE ENVIRONMENT WHERE YOUNG PEOPLE CAN PARTICIPATE IN PRODUCTIVE ACTIVITIES WHILE HAVING FUN AND

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 exempt purpose achievements for each of the organization's three largest program services 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 \$ 205,717. including grants of \$ ) (Revenue \$ 1,387.) TEEN PROGRAM - GRENVILLE BAKER BOYS & GIRLS CLUB'S TEEN CENTER CURRENTLY PROVIDES A SAFE AND POSITIVE PLACE FOR TEENAGERS TO HAVE FUN AND LEARN DURING AFTER SCHOOL, LATE EVENING AND WEEKEND HOURS - THE TIMES WHEN TEENS ARE MOSTLY LIKELY TO BE UNSUPERVISED AND ARE MOST AT RISK FOR HARMFUL BEHAVIORS AND DELINQUENCY. THE TEEN CENTER PROVIDES A ROSTER OF AWARD WINNING ACADEMIC AND NON-ACADEMIC PROGRAMS THAT HELP TEENS DEVELOP LIFE SKILLS, STRENGTHEN SOCIAL COMPETENCIES, ENHANCE POSITIVE IDENTITY, INCREASE SELF-DIRECTION AND SELF-SUFFICIENCY, AND FOSTER PERSONAL CREATIVITY AND SELF-EXPRESSION. SOME OF THE SPECIALIZED PROGRAMMING INCLUDES: SMART MOVES, A COMPREHENSIVE DRUG, ALCOHOL AND TOBACCO PREVENTION PROGRAM; COLLEGE PREP WHICH PREPARES TEENS FOR THE PSAT AND SAT TESTS, DISCUSSIONS ABOUT THE COLLEGE

4b (Code: ) (Expenses \$ 289,863. including grants of \$ 17,500.) (Revenue \$ 369.) EDUCATION - GRENVILLE BAKER BOYS & GIRLS CLUB'S EDUCATION DEPARTMENT IS COMPRISED OF THREE PROGRAM AREAS: TECHNOLOGY, ENGLISH AS A SECOND LANGUAGE (ESL), AND INCORPORATED EDUCATIONAL PROGRAMMING. THE TECHNOLOGY CENTER HAS 25 NETWORKED COMPUTERS WITH INTERNET ACCESS, ACCOMPANYING SOFTWARE AND PERIPHERALS, ALLOWING CHILDREN TO GAIN CUTTING-EDGE TECHNOLOGY SKILLS THROUGH FUN, INTERACTIVE PROJECTS AND ACTIVITIES. THE CLUB PROVIDES DAILY ACCESS TO TECHNOLOGY, NOT ONLY FOR SCHOOLWORK ASSISTANCE, BUT ALSO FOR CAREER PREPARATION AND OTHER PERSONAL ENRICHMENT ACTIVITIES, ENABLING CHILDREN TO LEARN THE NECESSARY SKILLS NEEDED TO FUNCTION EFFECTIVELY IN TODAY'S SOCIETY. THE TECHNOLOGY CENTER TEACHES BASIC SOFTWARE AND HARDWARE SKILLS THROUGH AGE-APPROPRIATE ONLINE LESSONS AND STAFF LED ACTIVITIES. THE SIGNATURE

4c (Code: ) (Expenses \$ 518,472. including grants of \$ ) (Revenue \$ 95,040.) ATHLETICS - THE PROGRAMS IN THE CLUB'S ATHLETIC DEPARTMENT LOOK TO TAKE TRADITIONAL PHYSICAL ACTIVITIES TO A HIGHER LEVEL BY PROVIDING SPORTS AND FITNESS ACTIVITIES FOR ALL YOUTH - BOYS AND GIRLS, ATHLETICALLY GIFTED AND THOSE TALENTED IN OTHER AREAS, CHILDREN AND TEENS ALIKE. DAILY FITNESS CHALLENGES GIVE YOUTH AT EVERY AGE THE CHANCE TO PLAY LONGER AND HARDER AT DIFFERENT GAMES - FROM JUMPING ROPE TO BASKETBALL AND EVEN CREATING GAMES OF THEIR OWN. SPORTS CLUBS, SPORTS LEADERSHIP CAMPS, AND INTER-CLUB COMPETITIONS IN MULTIPLE TEAM SPORTS CAN HELP KEEP INTEREST HIGH AMONG CLUB MEMBERS. CLUB STAFF MENTOR YOUTH IN ALL AREAS AND HELP THEM PARTICIPATE IN VARIOUS ACTIVITIES. THE CLUB'S BASKETBALL PROGRAM SET A RECORD FOR PARTICIPATION WITH 577 PLAYERS AND IS ONE OF THE MOST REGARDED PROGRAMS IN THE AREA. IN ADDITION TO

4d Other program services. (Describe in Schedule O.) (Expenses \$ 348,112. including grants of \$ 59,326.) (Revenue \$ 206,582.)

4e Total program service expenses 1,362,164.



Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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? (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? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Does the organization have members or stockholders? (X); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X); 13 Does the organization have a written whistleblower policy? (X); 14 Does the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," has the organization adopted 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY
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. [X] Own website [ ] Another's website [X] 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.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: RAMON REYES - 516-759-5437 135 FOREST AVENUE, LOCUST VALLEY, NY 11560

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key 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 (check all that apply)						(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			
PATRICK H. MACKAY BOARD CHAIRMAN	0.30	X		X				0.	0.	0.
ROBERT W. CHASANOFF DIRECTOR	0.30	X						0.	0.	0.
WILLIAM S. JACOBS TREASURER	0.30	X		X				0.	0.	0.
EDWARD F. VON BRIESEN ASSISTANT TREASURER	0.30	X		X				0.	0.	0.
ROBERT F. ALBERTSON DIRECTOR	0.30	X						0.	0.	0.
ROSS H. AUERBACH DIRECTOR	0.30	X						0.	0.	0.
ERIC J. CARLSTROM DIRECTOR	0.30	X						0.	0.	0.
EMILY CHAPMAN DIRECTOR	0.30	X						0.	0.	0.
JOSEPH B. RYAN PRESIDENT	0.30	X		X				0.	0.	0.
STEPHEN ELY DIRECTOR	0.30	X						0.	0.	0.
NANCY T. HAWKINS DIRECTOR	0.30	X						0.	0.	0.
BARBARA A. KING DIRECTOR	0.30	X						0.	0.	0.
SUSAN LENOIR VICE PRESIDENT	0.30	X		X				0.	0.	0.
JAMES E. MACDONALD DIRECTOR	0.30	X						0.	0.	0.
ELIZABETH MCCAUL VICE PRESIDENT	0.30	X		X				0.	0.	0.
EDWARD M. MINICOZZI DIRECTOR	0.30	X						0.	0.	0.
COLIN F. O'DONNELL DIRECTOR	0.30	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(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			
ANTONIA O'HARA DIRECTOR	0.30	X					0.	0.	0.	
JOHN T. CAMPBELL DIRECTOR	0.30	X					0.	0.	0.	
SUSAN F. CARUSI VICE PRESIDENT	0.30	X		X			0.	0.	0.	
KATHY GELFAND BOARD SECRETARY	0.30	X		X			0.	0.	0.	
THOMAS P. MOHEN DIRECTOR	0.30	X					0.	0.	0.	
GEORGE BILICIC DIRECTOR	0.30	X					0.	0.	0.	
BEATRIZ FRASCHILLA DIRECTOR	0.30	X					0.	0.	0.	
EARNEST SCALAMANDRE DIRECTOR	0.30	X					0.	0.	0.	
THOMAS HOGAN III DIRECTOR	0.30	X					0.	0.	0.	
<b>1b Sub-total</b>							0.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b>							267,065.	0.	97,149.	
<b>d Total (add lines 1b and 1c)</b>							267,065.	0.	97,149.	

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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? If "Yes," complete Schedule J for such individual	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? If "Yes," complete Schedule J for such person		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. **NONE**

(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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII 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	1a				
	b Membership dues	1b				
	c Fundraising events	1c	364,985.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	15,700.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	471,145.			
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		851,830.			
	Program Service Revenue	2 a SUMMER DAY CAMP FEES	Business Code 624110	154,334.	154,334.	
b BASKETBALL FEES		624110	42,248.	42,248.		
c MEMBERSHIP FEES		624110	40,786.	40,786.		
d SUMMER SPORTS CAMP FEE		624110	30,782.	30,782.		
e OTHER PROGRAM FEES		624110	6,552.	6,552.		
f All other program service revenue		624110	18,145.	18,145.		
g Total. Add lines 2a-2f			292,847.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		189,998.		189,998.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		331,306.		331,306.	
	6 a Gross Rents	(i) Real	5,275.			
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)	5,275.			
	d Net rental income or (loss)		5,275.	5,275.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,390,602.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1,323,205.			
		c Gain or (loss)	67,397.			
	d Net gain or (loss)		67,397.		67,397.	
	8 a Gross income from fundraising events (not including \$ 364,985. of contributions reported on line 1c). See Part IV, line 18	a	366249.			
		b Less: direct expenses	189425.			
c Net income or (loss) from fundraising events			176,824.		176,824.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a VENDING AND OTHER	900099	5,256.	5,256.			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		5,256.				
12 Total revenue. See instructions.		1920733.	303,378.	0.	765,525.	





**Part XI 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	1,920,733.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,956,778.
3	Revenue less expenses. Subtract line 2 from line 1	3	-36,045.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,032,896.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	1,034,386.
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	14,031,237.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		X
3b	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.		

Form 990 (2010)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> GRENVILLE BAKER BOYS AND GIRLS CLUB, INC	<b>Employer identification number</b> 11-1660855
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box 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 it 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? .....	11g(i)	
(ii) A family member of a person described in (i) above? .....	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11g(iii)	
- 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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	283,089.	1,037,772.	1,145,747.	2,561,337.	851,830.	5,879,775.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	283,089.	1,037,772.	1,145,747.	2,561,337.	851,830.	5,879,775.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						5,879,775.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....	283,089.	1,037,772.	1,145,747.	2,561,337.	851,830.	5,879,775.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	125,743.	373,014.	801,064.	640,041.	526,579.	2,466,441.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	744.	3,786.	158.	250.	5,256.	10,194.
<b>11 Total support.</b> Add lines 7 through 10						8,356,410.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,645,141.

**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**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	70.36 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	72.94 %

**16a 33 1/3% support test - 2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2009.** 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

**17a 10% -facts-and-circumstances test - 2010.** 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

**b 10% -facts-and-circumstances test - 2009.** 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

**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



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

GRENVILLE BAKER BOYS AND GIRLS CLUB, INC

Employer identification number

11-1660855

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Form for Part II Conservation Easements, including questions 1-9 and a table for lines 2a-2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2.





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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,920,733.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,956,778.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-36,045.
4	Net unrealized gains (losses) on investments	4	1,034,386.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,034,386.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	998,341.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,955,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	1,034,386.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,034,386.
3	Subtract line 2e from line 1	3	1,920,733.
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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,920,733.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,956,778.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	1,956,778.
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	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,956,778.

**Part XIV 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.

**PART V, LINE 4: THE RESOURCE DEVELOPMENT ENDOWMENT WAS CREATED WITH**  
**THE INTENT OF PROVIDING FOR THE CLUB'S FUNDRAISING EFFORTS. THE PURPOSE**  
**OF THE DIRECTOR OF EDUCATION ENDOWMENT IS TO GENERATE ANNUAL INCOME TO**  
**HELP DEFER A PORTION OF THE SALARY EXPENSE OF THE EDUCATION DEPARTMENT.**  
**THE SCHOLARSHIP ENDOWMENT WAS ESTABLISHED TO PROVIDE OPPORTUNITIES FOR**  
**DESERVING CLUB MEMBERS.**





- 11** Does the organization operate gaming activities with nonmembers?  Yes  No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13** Indicate the percentage of gaming activity operated in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Director/officer       Employee       Independent contractor

**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

\_\_\_\_\_

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**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
SCHOLARSHIPS - COLLEGE	12	17,500.	0.		
SCHOLARSHIPS - IN HOUSE PROGRAMS	155	0.	59,326.	THE SCHOLARSHIP VALUE IS EQUAL TO THE RELEVANT PROGRAM ADMISSION FEE.	RECIPIENTS OF IN-HOUSE SCHOLARSHIPS ARE ABLE TO JOIN THE CLUB'S PROGRAMS AT A REDUCED PRICE, OR FREE OF

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

SCHEDULE I, PART I, LINE 2: STUDENTS WHO HAVE BEEN AWARDED SCHOLARSHIPS  
 CONTACT THE CLUB ANNUALLY TO MAKE A REQUEST FOR THE FUNDS. PAYMENTS ARE  
 THEN MADE DIRECTLY TO THE INSTITUTIONS. WHEN APPLICABLE, STUDENTS SUPPLY  
 TRANSCRIPTS.

(F) DESCRIPTION OF NON-CASH ASSISTANCE: RECIPIENTS OF IN-HOUSE  
 SCHOLARSHIPS ARE ABLE TO JOIN THE CLUB'S PROGRAMS AT A REDUCED PRICE, OR  
 FREE OF CHARGE.



**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 RAMON REYES	(i)	142,904.	0.	0.	17,104.	48,329.	208,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JOHN DECRISTOFORO	(i)	124,161.	0.	0.	14,572.	17,144.	155,877.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III** Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 1A: HIGHEST COMPENSATED EMPLOYEE RAMON REYES WAS PROVIDED HOUSING VALUED AT \$30,000 AS A CONDITION OF EMPLOYMENT.



**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JAMES MACDONALD	BOARD MEMBER	11,047.	INDEPENDENT		X
EDWARD MINICOZZI	BOARD MEMBER	6,202.	INDEPENDENT		X

**Part V Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

**SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:**

(A) NAME OF PERSON: JAMES MACDONALD

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

(A) NAME OF PERSON: EDWARD MINICOZZI

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR ARRANGEMENT

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

Name of the organization **GRENVILLE BAKER BOYS AND GIRLS CLUB, INC** Employer identification number **11-1660855**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art .....				
2	Art - Historical treasures .....				
3	Art - Fractional interests .....				
4	Books and publications .....				
5	Clothing and household goods .....	X		124,746.	FAIR MARKET VALUE
6	Cars and other vehicles .....				
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	3	25,562.	FAIR MARKET VALUE
10	Securities - Closely held stock .....				
11	Securities - Partnership, LLC, or trust interests .....				
12	Securities - Miscellaneous .....				
13	Qualified conservation contribution - Historic structures .....				
14	Qualified conservation contribution - Other .....				
15	Real estate - Residential .....				
16	Real estate - Commercial .....				
17	Real estate - Other .....				
18	Collectibles .....				
19	Food inventory .....				
20	Drugs and medical supplies .....				
21	Taxidermy .....				
22	Historical artifacts .....				
23	Scientific specimens .....				
24	Archeological artifacts .....				
25	Other ▶ ( _____ )				
26	Other ▶ ( _____ )				
27	Other ▶ ( _____ )				
28	Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

GRENVILLE BAKER BOYS AND GIRLS CLUB, INC

Employer identification number

11-1660855

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO INSPIRE AND ENABLE ALL YOUNG PEOPLE TO REALIZE THEIR FULL POTENTIAL AS PRODUCTIVE, RESPONSIBLE AND CARING CITIZENS AND COMMUNITY LEADERS OF TOMORROW. WE PROVIDE A SAFE AND POSITIVE ENVIRONMENT WHERE YOUNG PEOPLE CAN PARTICIPATE IN PRODUCTIVE ACTIVITIES WHILE HAVING FUN AND DEVELOPING A SENSE OF BELONGING. WE PROVIDE THE OPPORTUNITY TO DEVELOP MEANINGFUL RELATIONSHIPS WITH PEERS AND ADULTS. THE CLUB EXPECTS MEMBERS TO DEVELOP A MORAL CHARACTER THAT ALLOWS THEM TO KNOW RIGHT FROM WRONG AND TO BEHAVE IN AN ETHICAL MANNER. A STRONG SENSE OF HIGH EXPECTATIONS IS CONSISTENTLY COMMUNICATED AND REINFORCED BY STAFF.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPING A SENSE OF BELONGING. WE PROVIDE THE OPPORTUNITY TO DEVELOP MEANINGFUL RELATIONSHIPS WITH PEERS AND ADULTS. THE CLUB EXPECTS MEMBERS TO DEVELOP A MORAL CHARACTER THAT ALLOWS THEM TO KNOW RIGHT FROM WRONG AND TO BEHAVE IN AN ETHICAL MANNER. A STRONG SENSE OF HIGH EXPECTATIONS IS CONSISTENTLY COMMUNICATED AND REINFORCED BY STAFF.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ADMISSION PROCESS, HOW TO OBTAIN FINANCIAL AID, PREPARING RESUMES AND HOW TO OBTAIN SCHOLARSHIPS; AND KEYSTONE CLUB WHICH IS OUR CHARACTER AND LEADERSHIP CLUB FOR TEENS. THE KEYSTONE CLUB GIVES TEENS THE OPPORTUNITY TO ELECT THEIR OWN CLUB OFFICERS AND PLAN THEIR OWN ACTIVITIES. THEY EXPLORE COMMUNITY ISSUES OF THEIR CHOICE (SUCH AS TEEN VALUES OR DISCRIMINATION), SHARE POSSIBLE SOLUTIONS, AND THEN ACTIVELY SEEK TO MAKE A DIFFERENCE IN THE COMMUNITY THROUGH SERVICE AND

Name of the organization GRENVILLE BAKER BOYS AND GIRLS CLUB, INC	Employer identification number 11-1660855
--	--

VOLUNTEERISM. THE CLUB HAS 12 MEMBERS. TO ADDRESS THE NEEDS OF OUR GROWING PRE-TEEN POPULATION WE IDENTIFIED A DEDICATED SPACE AND SPECIALIZED PROGRAMMING FOR THESE YOUTH; A PLACE WHERE THEY CAN GO FOR EVERYTHING FROM ACADEMIC SUPPORT AND CAREER GUIDANCE TO SPORTS, THE ARTS AND TECHNOLOGY. IN SEPTEMBER OF 2008, THE CLUB CELEBRATED THE GRAND OPENING OF ITS TWEEN (PRE-TEEN) ROOM IN THE FLORENCE AUERBACH TEEN CENTER. THE TWEEN ROOM IS A BRIGHTLY DECORATED, WELCOMING PLACE THAT FEATURES A GAME AREA THAT INCLUDES A PING-PONG TABLE, FOOSBALL, POOL TABLES, NINTENDO WII, I-POD DOCKING STATION, COMPUTERS, TWO BIG SCREEN TV'S AND A STUDY ROOM/COLLEGE PREP LIBRARY. OVERALL THE TEEN CENTER SAW 422 TEENAGERS IN 2010.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

TECHNOLOGY PROGRAM CALLED DIGITAL ARTS SUITE ALLOWED 92 CHILDREN TO LEARN WEB AND GRAPHIC DESIGN, PHOTO ILLUSTRATION, MUSIC COMPOSITION AND MOVIE MAKING AND ENABLED THEM TO COMPETE IN VARIOUS CONTESTS ON LOCAL, REGIONAL AND NATIONAL LEVELS. ENGLISH AS A SECOND LANGUAGE PROGRAM CONSISTS OF HOMEWORK HELP, LANGUAGE DEVELOPMENT CLASSES AND FUN! THE CLUB'S DEVELOPMENTAL COURSES UTILIZE A CONTENT-BASED CURRICULUM PROMOTING FOUR FACETS OF LANGUAGE: LISTENING, SPEAKING, READING AND WRITING. 75 MEMBERS WERE ENROLLED IN THE PROGRAM IN 2010 AND WE SERVE 40 KIDS DAILY. MEMBERS ARE EXPOSED TO HANDS-ON, INTERACTIVE ACTIVITIES AND TRIPS TO THEATRE, MUSEUMS, SPORTS, AND A VARIETY OF OTHER RECREATIONAL ACTIVITIES. IN COLLABORATION WITH OUR LOCAL PUBLIC LIBRARY A MENTOR LED READING PROGRAM WAS SET UP FOR OUR ESL MEMBERS, SERVING 25 MEMBERS THROUGHOUT THE SCHOOL YEAR. OUR DAILY POWER HOUR HOMEWORK HELP AND TUTORIAL PROGRAM SERVED 300 YOUTH LAST YEAR AND ALMOST 100 MEMBERS DAILY IN TWO LEARNING CENTERS. ENRICHMENT PROGRAMS WERE OFFERED THAT

Name of the organization GRENVILLE BAKER BOYS AND GIRLS CLUB, INC	Employer identification number 11-1660855
--	--

COME FROM THREE DIFFERENT CORE PROGRAM AREAS: CHARACTER AND LEADERSHIP, HEALTH AND LIFE SKILLS, AND EDUCATION AND CAREER DEVELOPMENT. SOME OF THESE PROGRAMS INCLUDED DRUG AND ALCOHOL AWARENESS, HYGIENE, SAFETY AWARENESS, COOKING AND LANGUAGE. OVERALL THE EDUCATION DEPARTMENT SERVED 520 CHILDREN IN 2010.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BASKETBALL, THE CLUB OFFERS BASEBALL, SOFTBALL, SOCCER, TENNIS AND A VARIETY OF OTHER ORGANIZED AND RECREATIONAL PROGRAMS. OVERALL THE ATHLETIC DEPARTMENT SERVED 680 CHILDREN IN 2010.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CLUB ENGAGES IN VARIOUS PROGRAMS THAT BUILD CHARACTER, EDUCATION, AND MORALE IN THE YOUNGER MEMBERS OF THE COMMUNITY.

EXPENSES \$ 348,112. INCLUDING GRANTS OF \$ 59,326. REVENUE \$ 206,582.

FORM 990, PART VI, SECTION A, LINE 2: BOARD MEMBERS JAMES MACDONALD AND BARBARA KING ARE SIBLINGS.

FORM 990, PART VI, SECTION A, LINE 6: THE CLUB'S BOARD MEMBERS MEET THE DEFINITION OF "MEMBERS" FOR THE PURPOSES OF FORM 990, PART VI.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE CLUB'S BOARD OF DIRECTORS AND INDEPENDENT AUDITORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS MUST REVIEW THE CONFLICT OF INTEREST POLICY AND ATTEST TO THEIR ACCEPTANCE AND COMPLIANCE WITH THE POLICY ON AN ANNUAL BASIS.

Name of the organization GRENVILLE BAKER BOYS AND GIRLS CLUB, INC	Employer identification number 11-1660855
--	--

FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION USED INFORMATION FROM THE BOYS AND GIRLS CLUB OF AMERICA AND FROM WWW.GUIDESTAR.ORG TO DETERMINE THE SALARY FOR THE EXECUTIVE DIRECTOR. ANY SUBSEQUENT CHANGES IN COMPENSATION HAVE BEEN DETERMINED BY THE MEMBERS OF THE BOARD AFTER A PERFORMANCE REVIEW. THE EXECUTIVE DIRECTOR DETERMINES THE COMPENSATION FOR KEY EMPLOYEES, WITHIN THE BOARD-APPROVED ANNUAL BUDGET, AFTER AN ANNUAL PERFORMANCE REVIEW.

FORM 990, PART VI, SECTION C, LINE 19: THE CLUB'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE FOR PUBLIC INSPECTION AT THE CLUB'S OFFICES.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:  
NET UNREALIZED GAINS ON INVESTMENTS: 1,034,386.

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**GRENVILLE BAKER BOYS AND GIRLS CLUB, INC**

**11-1660855**

Name and title of officer

**JOSEPH RYAN  
PRESIDENT**

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

<b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>1920733</u>
<b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>	<b>b</b> Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	<b>5b</b> _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize **TODRES & COMPANY, LLP.** to enter my PIN **11590**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**11286511590**  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form To the IRS Unless Requested To Do So**