

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)

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

A For the 2011 calendar year, or tax year beginning JUL 1, 2011 and ending JUN 30, 2012

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BOYS & GIRLS CLUBS OF BOSTON, INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 50 CONGRESS STREET 730 City or town, state or country, and ZIP + 4 BOSTON, MA 02109 F Name and address of principal officer: JOSHUA KRAFT SAME AS C ABOVE	D Employer identification number 04-2103922 E Telephone number (617) 994-4700 G Gross receipts \$ 25,528,238. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.BGCB.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1893
M State of legal domicile: MA		

Part I Summary					
		1 Briefly describe the organization's mission or most significant activities: TO HELP YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, BUILD STRONG CHARACTER AND REALIZE THEIR			
		2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	60		
	4	Number of independent voting members of the governing body (Part VI, line 1b)	60		
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	541		
	6	Total number of volunteers (estimate if necessary)	2066		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	25,870.		
	7b	Net unrelated business taxable income from Form 990-T, line 34	24,870.		
	Revenue			Prior Year	Current Year
8		Contributions and grants (Part VIII, line 1h)	13,757,774.	17,616,954.	
9		Program service revenue (Part VIII, line 2g)	2,391,510.	2,615,704.	
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	320,792.	496,016.	
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-390,176.	-351,130.	
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,079,900.	20,377,544.	
Expenses		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	88,500.	82,240.
		14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
		15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,912,790.	11,865,286.
		16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	73,664.
		b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,102,167.		
		17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,321,349.	5,348,634.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	16,322,639.	17,369,824.	
19	Revenue less expenses. Subtract line 18 from line 12	-242,739.	3,007,720.		
Net Assets or Fund Balances			Beginning of Current Year	End of Year	
	20	Total assets (Part X, line 16)	71,850,177.	72,697,985.	
	21	Total liabilities (Part X, line 26)	4,048,630.	3,537,249.	
22	Net assets or fund balances. Subtract line 21 from line 20	67,801,547.	69,160,736.		

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.					
Sign Here		Signature of officer			Date
		PATRICIA GANNON, EVP FINANCE AND PLANNING, CFO Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00757336
	Firm's name ▶ MCGLADREY LLP	Firm's EIN ▶ 42-0714325			
	Firm's address ▶ 80 CITY SQUARE BOSTON, MA 02129-3742	Phone no. 617-912-9000			

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

- 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).

Part II 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	Employer identification number (EIN) or
File by the due date for filing your return. See instructions.	BOYS & GIRLS CLUBS OF BOSTON, INC.	<input checked="" type="checkbox"/> 04-2103922
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	50 CONGRESS STREET, NO. 730	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	BOSTON, MA 02109	

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 (sec. 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.

PATRICIA GANNON

- The books are in the care of **50 CONGRESS STREET, SUITE 730 - BOSTON, MA 02109**
Telephone No. **(617) 994-4700** FAX No.
- 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.

4 I request an additional 3-month extension of time until MAY 15, 2013.

5 For calendar year , or other tax year beginning JUL 1, 2011, and ending JUN 30, 2012.

6 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 REQUIRED TO FILE AN ACCURATE RETURN.

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 **TAX DIRECTOR** Date 2/13/12

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 HELP YOUNG PEOPLE, ESPECIALLY THOSE WHO NEED US MOST, BUILD STRONG CHARACTER AND REALIZE THEIR FULL POTENTIAL AS RESPONSIBLE CITIZENS AND LEADERS. WE DO THIS BY PROVIDING: A SAFE HAVEN FILLED WITH HOPE AND OPPORTUNITY, ONGOING RELATIONSHIPS WITH CARING ADULTS AND LIFE

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 \$ 2,745,208. including grants of \$) (Revenue \$ 1,873,206.) SUMMER PROGRAMS: THE SUMMER PROGRAM SERVES YOUTH AGES 6 TO 18, WITH SEPARATE PROGRAMS FOR TEENS AND FOR YOUNGER CHILDREN. ALL PROGRAMS ARE DESIGNED TO KEEP YOUNG PEOPLE OFF THE STREETS, TO EDUCATE THEM DURING THE NON-SCHOOL MONTHS, AND TO PROVIDE RECREATIONAL EXPERIENCES TO WHICH THEY MIGHT NOT OTHERWISE HAVE ACCESS. IN ADDITION, BGCB PARTNERS WITH THE CITY OF BOSTON AND THE CAMP HARBOR VIEW FOUNDATION TO OPERATE CAMP HARBOR VIEW, A SUMMER DAY CAMP FOR 11-14 YEAR OLDS, LOCATED ON LONG ISLAND IN BOSTON HARBOR.

4b (Code:) (Expenses \$ 1,873,761. including grants of \$) (Revenue \$) LIFE SKILLS: THE OVERARCHING GOAL OF THE LIFE SKILLS PROGRAM IS TO ASSIST MEMBERS IN DEVELOPING HEALTHY SELF-ESTEEM, RESILIENCE, MOTIVATION AND THE ABILITY TO MAKE GOOD CHOICES. IN 1998, BGCB DETERMINED THAT MAINTAINING FULL-TIME SOCIAL WORKERS IN ITS CLUBS IS ESSENTIAL TO ACHIEVING ITS MISSION OF PROVIDING HOLISTIC SUPPORT FOR YOUNG PEOPLE.

4c (Code:) (Expenses \$ 1,742,007. including grants of \$) (Revenue \$) SPORTS, FITNESS & RECREATION: PROGRAMS IN THIS AREA DEVELOP FITNESS, POSITIVE USE OF LEISURE TIME, STRESS MANAGEMENT SKILLS, ENVIRONMENTAL APPRECIATION, AND SOCIAL SKILLS. FROM LIFEGUARD TRAINING TO SUMMER BASKETBALL LEAGUES, BGCB MEMBERS HAVE ACCESS TO A WIDE VARIETY OF BOTH FUN AND CHALLENGING ACTIVITIES IN THE OUTDOORS AND THE CLUBS GYMNASIUMS, SWIMMING POOLS AND SOCIAL RECREATION AREAS. CURRENTLY THE AGENCY IS FOCUSING ON THE INTEGRATION OF NON-COMPETITIVE, NON-GENDER SPECIFIC ACTIVITIES SUCH AS KARATE AND YOGA.

4d Other program services (Describe in Schedule O.) (Expenses \$ 7,525,051. including grants of \$ 82,240.) (Revenue \$ 742,310.)

4e Total program service expenses 13,886,027.

Part IV 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)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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, 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
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d 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
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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
b 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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7) and (12) organizations.

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 (60), 1b (60), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (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 (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MA, NY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: PATRICIA GANNON - (617) 994-4700
50 CONGRESS STREET, SUITE 730, BOSTON, MA 02109

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 (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) MAUREEN ALPHONSE-CHARLES DIRECTOR	1.00	X					0.	0.	0.	
(2) JEFFREY C. BLOOMBERG DIRECTOR	1.00	X					0.	0.	0.	
(3) MICHAEL E. BRONNER DIRECTOR	1.00	X					0.	0.	0.	
(4) EMILY BROWN DIRECTOR	1.00	X					0.	0.	0.	
(5) MICHELE COURTON BROWN DIRECTOR	1.00	X					0.	0.	0.	
(6) JOSEPH P. CAMPANELLI DIRECTOR	1.00	X					0.	0.	0.	
(7) LILIAN W. CHUNG DIRECTOR	1.00	X					0.	0.	0.	
(8) LAURENCE S. CHUD DIRECTOR	1.00	X					0.	0.	0.	
(9) STEPHANIE CONNAUGHTON DIRECTOR	1.00	X					0.	0.	0.	
(10) JONATHAN G. DAVIS CHAIR	1.00	X		X			0.	0.	0.	
(11) WILLIAM A. EARON DIRECTOR	1.00	X					0.	0.	0.	
(12) SANDRA M. EDGERLEY DIRECTOR	1.00	X					0.	0.	0.	
(13) CORINNE L. FERGUSON DIRECTOR	1.00	X					0.	0.	0.	
(14) DAVID P. FIALKOW DIRECTOR	1.00	X					0.	0.	0.	
(15) KAREN M. FIRESTONE DIRECTOR	1.00	X					0.	0.	0.	
(16) JOHN F. FISH DIRECTOR	1.00	X					0.	0.	0.	
(17) SUSAN E. FLORENCE DIRECTOR	1.00	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 (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			
(18) RUTHANNE FULLER DIRECTOR	1.00	X					0.	0.	0.	
(19) ROBERT E. GALLERY DIRECTOR	1.00	X					0.	0.	0.	
(20) VICARY M. GRAHAM DIRECTOR	1.00	X					0.	0.	0.	
(21) LAWRENCE D. GREENBERG DIRECTOR	1.00	X					0.	0.	0.	
(22) DONNA K. HAZARD DIRECTOR	1.00	X					0.	0.	0.	
(23) SEAN M. HEALEY DIRECTOR	1.00	X					0.	0.	0.	
(24) RONALD A. HOMER DIRECTOR	1.00	X					0.	0.	0.	
(25) JOSEPH L. HOOLEY DIRECTOR	1.00	X					0.	0.	0.	
(26) OGDEN M. HUNNEWELL DIRECTOR	1.00	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							1,080,548.	0.	87,849.	
d Total (add lines 1b and 1c)							1,080,548.	0.	87,849.	

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 7

	Yes	No
3 Did the organization list any former 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. 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
RAFANELLI EVENTS 867 BOYLSTON ST., #4, BOSTON, MA 02116	EVENTS COORDINATOR	200,998.
PETERSON PARTY CENTER 36 CABOT ROAD, WOBURN, MA 01801	CATERING	189,055.
D&J SERVICES GROUP 610 MAIN STREET, WALPOLE, MA 02081	CLEANING	135,840.
DUGGAN MECHANICAL 140 WILL DRIVE, CANTON, MA 02021	HVAC & MECHANICAL	126,423.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week	(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			
(27) DURANT A. HUNTER DIRECTOR	1.00	X						0.	0.	0.
(28) DAVE E. JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(29) JEFFREY F. JONES DIRECTOR	1.00	X						0.	0.	0.
(30) DARLENE L. JORDAN DIRECTOR	1.00	X						0.	0.	0.
(31) MARILYN T. KEANE DIRECTOR	1.00	X						0.	0.	0.
(32) BRIAN J. KNEZ DIRECTOR	1.00	X						0.	0.	0.
(33) THOMAS A. KNOTT DIRECTOR	1.00	X						0.	0.	0.
(34) MICHAEL A. KRUPKA TREASURER	1.00	X		X				0.	0.	0.
(35) JOHN D. MACOMBER DIRECTOR	1.00	X						0.	0.	0.
(36) ELENA M. MATLACK DIRECTOR	1.00	X						0.	0.	0.
(37) CHRISTOPHER J. MCKOWN DIRECTOR	1.00	X						0.	0.	0.
(38) WILLIAM L. MCMAHON DIRECTOR	1.00	X						0.	0.	0.
(39) JANICE MORRIS DIRECTOR	1.00	X						0.	0.	0.
(40) BRIAN T. MOYNIHAN DIRECTOR	1.00	X						0.	0.	0.
(41) THOMAS J. NIEDERMEYER JR. DIRECTOR	1.00	X						0.	0.	0.
(42) SAUL J. PANNELL DIRECTOR	1.00	X						0.	0.	0.
(43) J. GARRETT PARKER JR. DIRECTOR	1.00	X						0.	0.	0.
(44) RANDY PEELER DIRECTOR	1.00	X						0.	0.	0.
(45) BRYAN RAFANELLI DIRECTOR	1.00	X						0.	0.	0.
(46) BERNADETTE T. REHNERT DIRECTOR	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
(47) LAURA C. REYNOLDS DIRECTOR	1.00	X						0.	0.	0.
(48) PAUL J. ROONEY DIRECTOR	1.00	X						0.	0.	0.
(49) HELEN CHIN SCHLICHTER DIRECTOR	1.00	X						0.	0.	0.
(50) MEREDITH CLARK SHACHOY DIRECTOR	1.00	X						0.	0.	0.
(51) ROBERT J. SMALL DIRECTOR	1.00	X						0.	0.	0.
(52) DANA SMITH DIRECTOR	1.00	X						0.	0.	0.
(53) TROY L. STANFIELD DIRECTOR	1.00	X						0.	0.	0.
(54) KIMBERLY STEIMLE DIRECTOR	1.00	X						0.	0.	0.
(55) R. GREGG STONE III DIRECTOR	1.00	X						0.	0.	0.
(56) MICHAEL J. SWENSON DIRECTOR	1.00	X						0.	0.	0.
(57) RICHARD A. VOKE ESG. DIRECTOR	1.00	X						0.	0.	0.
(58) HERBERT S. WAGNER III DIRECTOR	1.00	X						0.	0.	0.
(59) FRANK V. WISNESKI JR. DIRECTOR	1.00	X						0.	0.	0.
(60) STEPHEN G. WOODSUM DIRECTOR	1.00	X						0.	0.	0.
(61) MYRA H. KRAFT CHAIR EMERITA	1.00	X						0.	0.	0.
(62) ALEXANDRA FUCHS CAO	35.00			X				161,953.	0.	7,783.
(63) PATRICIA GANNON EVP. FIN./PLANNING & CFO	35.00			X				162,057.	0.	13,737.
(64) JOSHUA KRAFT PRESIDENT & CEO	35.00			X				277,762.	0.	0.
(65) GERALD STEIMEL EVP. OPERATIONS	35.00			X				146,507.	0.	23,013.
(66) REBECCA CRAWFORD DIR. IND. GIVING	35.00					X		106,847.	0.	23,775.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week	(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			
(67) JILL GOLDWEITZ SR. DIR. ANNUAL GIVING	35.00					X		117,926.	0.	9,408.
(68) EDMUND HOELL DIR. COMMUNITY RESOURCES	35.00					X		107,496.	0.	10,133.
Total to Part VII, Section A, line 1c								1,080,548.		87,849.

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	746,109.				
	b	Membership dues	1b					
	c	Fundraising events	1c	5233667.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1055955.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,581,223.				
	g	Noncash contributions included in lines 1a-1f: \$		531,518.				
	h	Total. Add lines 1a-1f			17,616,954.			
	Program Service Revenue	2 a	CAMP HARBORVIEW	Business Code 900099	1485231.	1485231.		
b		PARENT FEES/VOUCHERS	900099	531,179.	531,179.			
c		SUMMER PROGRAMS	900099	387,975.	387,975.			
d		SERVICE INCOME	561000	160,788.	160,788.			
e		MEMBERSHIP DUES & ASSE	900099	50,531.	50,531.			
f		All other program service revenue						
g		Total. Add lines 2a-2f			2615704.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		729,403.		-3,492.	732,895.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	207005.				
		b	Less: rental expenses	0.				
		c	Rental income or (loss)	207005.				
		d	Net rental income or (loss)		207,005.			207,005.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	3,712,378.				
		b	Less: cost or other basis and sales expenses	3,945,765.				
		c	Gain or (loss)	-233,387.				
		d	Net gain or (loss)		-233,387.			-233387.
	8 a	Gross income from fundraising events (not including \$ 5,233,667. of contributions reported on line 1c). See Part IV, line 18	a	200952.				
		b	Less: direct expenses	765746.				
		c	Net income or (loss) from fundraising events		-564,794.			-564794.
9 a	Gross income from gaming activities. See Part IV, line 19	a	177175.					
	b	Less: direct expenses	199878.					
	c	Net income or (loss) from gaming activities		-22,703.			-22,703.	
10 a	Gross sales of inventory, less returns and allowances	a	268667.					
	b	Less: cost of goods sold	239305.					
	c	Net income or (loss) from sales of inventory		29,362.			29,362.	
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			20,377,544.	2615704.	25,870.	119,016.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	82,240.	82,240.		
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	792,812.	339,256.	453,556.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	8,775,031.	7,178,905.	231,269.	1,364,857.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	1,646,524.	1,265,237.	139,090.	242,197.
10 Payroll taxes	650,919.	530,170.	31,932.	88,817.
11 Fees for services (non-employees):				
a Management				
b Legal	4,527.		4,527.	
c Accounting	63,085.	997.	62,088.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	73,664.			73,664.
f Investment management fees	35,460.		35,460.	
g Other	148,151.	102,670.	45,481.	
12 Advertising and promotion	325,333.	260,502.	5.	64,826.
13 Office expenses	368,094.	222,915.	56,891.	88,288.
14 Information technology	53,205.	50,351.	1,334.	1,520.
15 Royalties				
16 Occupancy	843,193.	604,228.	238,965.	
17 Travel	262,298.	241,068.	596.	20,634.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	295,828.	267,666.	14,383.	13,779.
20 Interest	767.	767.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,602,370.	1,572,235.	30,135.	
23 Insurance	212,441.	204,040.	8,401.	
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 EQUIPMENT RENTAL & MAIN	722,333.	579,984.	16,888.	125,461.
b FOOD	201,531.	194,181.	7,350.	0.
c STAFF DEVELOPMENT	64,931.	50,233.	3,279.	11,419.
d ADMISSION FEES	61,328.	54,623.	0.	6,705.
e All other expenses	83,759.	83,759.		
25 Total functional expenses. Add lines 1 through 24e	17,369,824.	13,886,027.	1,381,630.	2,102,167.
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)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	24,998.	1	24,353.	
	2 Savings and temporary cash investments	2,251,599.	2	2,254,401.	
	3 Pledges and grants receivable, net	10,737,287.	3	8,711,724.	
	4 Accounts receivable, net	282,594.	4	291,668.	
	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	1,142,319.	9	513,291.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 47,160,363.			
	b Less: accumulated depreciation	10b 20,932,200.	27,359,070.	10c	26,228,163.
	11 Investments - publicly traded securities	20,765,393.	11	25,333,650.	
	12 Investments - other securities. See Part IV, line 11	9,286,917.	12	9,340,735.	
	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)	71,850,177.	16	72,697,985.		
Liabilities	17 Accounts payable and accrued expenses	2,571,588.	17	3,146,735.	
	18 Grants payable		18		
	19 Deferred revenue	752,542.	19	390,514.	
	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	724,500.	23	0.	
	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	4,048,630.	26	3,537,249.	
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	31,132,523.	27	29,262,866.	
	28 Temporarily restricted net assets	10,223,797.	28	10,675,952.	
	29 Permanently restricted net assets	26,445,227.	29	29,221,918.	
	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	67,801,547.	33	69,160,736.	
34 Total liabilities and net assets/fund balances	71,850,177.	34	72,697,985.		

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	20,377,544.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,369,824.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,007,720.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	67,801,547.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,648,531.
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	69,160,736.

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.	X	

Form 990 (2011)

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

2011

Open to Public Inspection

Name of the organization <p style="text-align: center; margin: 0;">BOYS & GIRLS CLUBS OF BOSTON, INC.</p>	Employer identification number <p style="text-align: center; margin: 0;">04-2103922</p>
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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	
Total									

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) 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.")	24,231,942.	9,087,601.	10,317,827.	13,757,774.	17,616,954.	75,012,098.
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	24,231,942.	9,087,601.	10,317,827.	13,757,774.	17,616,954.	75,012,098.
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 11, column (f)						8,253,047.
6 Public support. Subtract line 5 from line 4.						66,759,051.

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	24,231,942.	9,087,601.	10,317,827.	13,757,774.	17,616,954.	75,012,098.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	487,521.	367,023.	395,820.	568,941.	936,408.	2,755,713.
9 Net income from unrelated business activities, whether or not the business is regularly carried on			28,122.	33,786.	25,870.	87,778.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	316,717.	556,214.	352,464.	373,903.	378,127.	1,977,425.
11 Total support. Add lines 7 through 10						79,833,014.
12 Gross receipts from related activities, etc. (see instructions)					12	25,188,148.
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	83.62	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	83.86	%
16a 33 1/3% support test - 2011. 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	<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 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.")						
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 year 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 lines 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**

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, line 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

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF BOSTON, INC.

Employer identification number

04-2103922

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.

	(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 II 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) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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 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.

- 1a 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.

- 1a 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a 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
1a Beginning of year balance	29,927,927.	27,324,930.	29,679,902.	30,932,381.	
b Contributions	2,776,691.	99,198.	232,176.	429,495.	
c Net investment earnings, gains, and losses	-323,517.	3,384,593.	581,580.	-1,086,660.	
d Grants or scholarships					
e Other expenditures for facilities and programs	1,007,210.	880,794.	3,168,728.	595,314.	
f Administrative expenses					
g End of year balance	31,373,891.	29,927,927.	27,324,930.	29,679,902.	

- 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 93.00 %
 - c Temporarily restricted endowment 7.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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
1a Land		160,275.		160,275.
b Buildings		44,647,702.	18,975,738.	25,671,964.
c Leasehold improvements				
d Equipment		2,352,386.	1,956,462.	395,924.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,228,163.

Part VII 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) INTERNATIONAL BONDS	900.	END-OF-YEAR MARKET VALUE
(B) DOMESTIC AND		
(C) INTERNATIONAL EQUITY	3,746,226.	END-OF-YEAR MARKET VALUE
(D) ALTERNATIVE INVESTMENTS	5,593,609.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	9,340,735.	

Part VIII 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. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX 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, col (B) line 15.) ▶	

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

1. (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, col (B) line 25.) ▶	

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 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	20,377,544.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,369,824.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	3,007,720.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,648,531.
9	Total adjustments (net). Add lines 4 through 8	9	-1,648,531.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,359,189.

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	22,175,333.
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	592,860.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	592,860.
3	Subtract line 2e from line 1	3	21,582,473.
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	-1,204,929.
c	Add lines 4a and 4b	4c	-1,204,929.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	20,377,544.

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

1	Total expenses and losses per audited financial statements	1	20,816,144.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	592,860.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2,853,460.
e	Add lines 2a through 2d	2e	3,446,320.
3	Subtract line 2e from line 1	3	17,369,824.
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	17,369,824.

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 ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING

POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY ITS ENDOWMENT WHILE SEEKING TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS.

PART X, LINE 2: THE ORGANIZATION HAS IMPLEMENTED THE GUIDANCE FOR INCOME TAXES IN ACCORDANCE WITH ASC TOPIC 740, AS IT RELATES TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE TREATMENT OF THE

Part XIV Supplemental Information (continued)

ORGANIZATION'S POSITION OF ACCOUNTING FOR INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS. THE GUIDANCE ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURN. IN ADDITION, IT PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE ORGANIZATION HAS NO UNCERTAIN TAX POSITIONS AT JUNE 30, 2012.

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR FISCAL YEARS BEFORE 2009. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN INCOME TAX EXPENSE.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

UNREALIZED LOSS	-846,461.
PENSION LIABILITY ADJUSTMENT	-802,070.
TOTAL TO SCHEDULE D, PART XI, LINE 8	-1,648,531.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, LINE 8B	-765,746.
COGS REPORTED ON FORM 990, PART VIII, LINE 10B	-239,305.
GAMING EXPENSES REPORTED ON FORM 990, PART VIII, LINE 9B	-199,878.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,204,929.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES REPORTED ON FORM 990, PART VIII, LINE	
--	--

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public
Inspection

Name of the organization: **BOYS & GIRLS CLUBS OF BOSTON, INC.** Employer identification number: **04-2103922**

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
THE WAYLAND GROUP - 323 POST ROAD, SUDBURY, MA 01776	CONSULTING ON NEW CAMPAIGN		X	0.	73,664.	0.
Total				▶	73,664.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
NY, MA

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		HOUSE PARTY (event type)	ANNUAL DINNER (event type)	18 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	2,925,419.	1,837,680.	671,520.	5,434,619.
	2	Less: Charitable contributions	2,844,119.	1,785,180.	604,368.	5,233,667.
	3	Gross income (line 1 minus line 2)	81,300.	52,500.	67,152.	200,952.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs		91,614.		91,614.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	455,506.	47,404.	171,222.	674,132.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(765,746)
	11	Net income summary. Combine line 3, column (d), and line 10				-564,794.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue	177,175.		
Direct Expenses	2	Cash prizes	147,534.			147,534.
	3	Noncash prizes				
	4	Rent/facility costs	43,745.			43,745.
	5	Other direct expenses	8,599.			8,599.
	6	Volunteer labor	<input checked="" type="checkbox"/> Yes 40.00 % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				(199,878)	
8	Net gaming income summary. Combine line 1, column d, and line 7				<22,703.>	

9 Enter the state(s) in which the organization operates gaming activities: MA
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 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:
- | | |
|--------------------------------------|---------------------|
| a The organization's facility | 13a 100.00 % |
| b An outside facility | 13b % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► **DAVID LIBBY**

Address ► **50 CONGRESS STREET, STE 730 - BOSTON, MA 02109**

- 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 ► **PATRICIA MCCORMICK**

Gaming manager compensation ► \$ _____

Description of services provided ► **PATRICIA MCCORMICK IS PART OF THE STAFF AT THE SOUTH BOSTON BOYS AND GIRLS CLUB. MANAGING THE WEEKLY BEANO GAME IS PART OF HER REGULAR JOB DUTIES.**

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).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

BOYS & GIRLS CLUBS OF BOSTON, INC.

Employer identification number

04-2103922

Part I 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.

Part II 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

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

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

Schedule I (Form 990) (2011)

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	150	82,240.	0.		

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: COLLEGE SCHOLARSHIPS ARE GRANTED TO MEMBERS THROUGH AN APPLICATION PROCESS IN WHICH THE ORGANIZATION DETERMINES THE QUALIFICATIONS OF THE INDIVIDUAL APPLICANTS. IN ADDITION THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR MEMBERS TO ATTEND SPORT CAMPS DURING THE YEAR.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUBS OF BOSTON, INC.

Employer identification number

04-2103922

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a	X								
	4b	X								
	4c	X								
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</p> <p>5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5a	X								
	5b	X								
<p>6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6a	X								
	6b	X								
<p>7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	X								
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X								
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

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

Schedule J (Form 990) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ALEXANDRA FUCHS	(i)	146,713.	15,000.	240.	3,239.	4,544.	169,736.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 PATRICIA GANNON	(i)	146,663.	15,034.	360.	3,241.	10,496.	175,794.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSHUA KRAFT	(i)	231,622.	45,900.	240.	0.	0.	277,762.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 GERALD STEIMEL	(i)	131,221.	13,702.	1,584.	2,930.	20,083.	169,520.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

**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 **BOYS & GIRLS CLUBS OF BOSTON, INC.** Employer identification number **04-2103922**

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		108,433.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	93,267.	FMV
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 ▶ (<u>EVENT TICKETS</u>)	X	177	216,678.	FMV
26 Other ▶ (<u>COMPUTER HARD</u>)	X	7	61,400.	FMV
27 Other ▶ (<u>SOCIAL RECREA</u>)	X	88	51,740.	FMV
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

2011

Open to Public
Inspection

Name of the organization

BOYS & GIRLS CLUBS OF BOSTON, INC.

Employer identification number

04-2103922

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

FULL POTENTIAL AS RESPONSIBLE CITIZENS AND LEADERS. WE DO THIS BY
PROVIDING: A SAFE HAVEN FILLED WITH HOPE AND OPPORTUNITY, ONGOING
RELATIONSHIPS WITH CARING ADULTS, AND LIFE ENHANCING PROGRAMS.

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

ENHANCING PROGRAMS. WE SERVE APPROXIMATELY 15,000 CHILDREN AND TEENS,
AGES 6 TO 18, IN OUR CLUBS, AND THROUGH OUR PROGRAMS AND PARTNERSHIPS.
OUR APPROACH FOCUSES ON SIX CORE INITIATIVES: ARTS; EDUCATION;
LEADERSHIP; LIFE SKILLS; SPORTS, FITNESS AND RECREATION; AND
TECHNOLOGY. DURING THE SUMMER, MANY OF OUR CLUBS RUN SUMMER CAMP
PROGRAMS FOR CHILDREN AND LEADERSHIP PROGRAMS FOR TEENS. OUR 10 CLUBS
IN BOSTON AND CHELSEA REFLECT THE COMMUNITIES IN WHICH THEY ARE
LOCATED: CHARLESTOWN (CHARLESTOWN CLUB), CHELSEA (JORDAN CLUB),
DORCHESTER (BLUE HILL CLUB AND THE FRANKLIN HILL CLUB AT THE FRANKLIN
HILL HOUSING DEVELOPMENT), ROSLINDALE (THE CLUB AT THE CHARLES SUMNER
ELEMENTARY SCHOOL), TO BE CONTINUED ON PAGE 46.

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

SHARED SPACE CLUBS: BGCB OPERATES SEVERAL SHARED SPACE CLUBS (SSCS)
LOCATED IN THE BOSTON PUBLIC SCHOOLS OR HOUSING COMPLEXES. THE SSCS
PROVIDES THE OPPORTUNITY TO SERVE MORE YOUTH WHERE THEY LIVE OR GO TO
SCHOOL VIA QUALITY AFTER-SCHOOL PROGRAMS THAT ARE BASED ON THE CORE
PROGRAM ELEMENTS USED IN OUR FREE-STANDING CLUBS. SSCS TYPICALLY TARGET
POCKETS OF NEED WITHIN COMMUNITIES AND SERVE SELECT AGE GROUPS.

EXPENSES \$ 1,391,021. INCLUDING GRANTS OF \$ 0. REVENUE \$ 160,600.

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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EDUCATION: THE EDUCATION CORE PROGRAM FOCUSES ON SUPPLEMENTING THE SCHOOL CURRICULUM, INCREASING HOMEWORK COMPLETION RATES, DECREASING SCHOOL ABSENTEEISM, IMPROVING CLASSROOM PERFORMANCE, AND INCREASING MEMBER'S PREPAREDNESS FOR ENTRY INTO COLLEGE AND/OR THE WORKFORCE.

EXPENSES \$ 1,140,916. INCLUDING GRANTS OF \$ 82,240. REVENUE \$ 0.

YOUTH CONNECT: YOUTH CONNECT IS AN ADVOCACY AND INTERVENTION PROGRAM OF BGCB WHOSE MISSION IS TO HELP THE MOST AT-RISK YOUNG PEOPLE MAKE POSITIVE LIFE CHOICES THROUGH TRUSTING RELATIONSHIPS WITH SKILLED AND COMPASSIONATE SOCIAL WORKERS. WE DO THIS BY INTERVIEWING (BEING PRESENT) AT CRITICAL MOMENTS WHEN YOUNG PEOPLE ARE EITHER ENGAGED OR AT RISK OF ENGAGING IN DELINQUENT ACTIVITY; PLACING MASTERS-LEVEL, LICENSED, CLINICAL SOCIAL WORKERS AT POLICE STATIONS THROUGH AN INNOVATIVE PARTNERSHIP WITH THE BOSTON POLICE DEPARTMENT; AND CONNECTING YOUNG PEOPLE AND THEIR FAMILIES WITH THE MOST EFFECTIVE SOCIAL SERVICES FOR THEIR INDIVIDUAL SITUATIONS.

EXPENSES \$ 1,121,139. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MISCELLANEOUS MEMBER SERVICES: MISCELLANEOUS MEMBER PROGRAMS FOCUS ON ENSURING MEMBER PARTICIPATION IN THE CORE PROGRAMS. THE MEMBERSHIP DEPARTMENT DEALS DIRECTLY WITH OUTREACH TO THE COMMUNITY TO CONTINUE OUR MEMBER BASE. THEY MANAGE THE MEMBERSHIP DATABASE AND KEEPS CURRENT PERTINENT INFORMATION ON ALL OF THE MEMBERS.

EXPENSES \$ 950,654. INCLUDING GRANTS OF \$ 0. REVENUE \$ 50,531.

TECHNOLOGY: THE PRIMARY GOAL OF BGCB'S TECHNOLOGY CORE PROGRAM IS TO ENABLE LOW-INCOME CHILDREN TO ACHIEVE A LEVEL OF COMFORT AND

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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FAMILIARITY WITH TECHNOLOGY SO THAT THE COMPUTER BECOMES A USEFUL TOOL FOR INFORMATION, COMMUNICATION AND PROBLEM SOLVING. MEMBERS HAVE THE OPPORTUNITY TO COMPOSE AND RECORD DIGITAL MUSIC, PRODUCE DIGITAL ARTWORK AND PHOTOGRAPHY, USE THE INTERNET TO RESEARCH HOMEWORK TOPICS, AND TO EXPLORE ENGINEERING AND DESIGN CONCEPTS.

EXPENSES \$ 901,367. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

THE ARTS: MEMBERS ARE EXPOSED TO A WIDE RANGE OF ARTS EDUCATION ACTIVITIES AND ARE CONTINUALLY ENCOURAGED TO DEVELOP NEW SKILLS AND TALENTS, TO EXPRESS THEMSELVES, AND TO EXPAND INDIVIDUAL CREATIVITY. PARTICIPATION IS NOT LIMITED TO THE OBVIOUSLY TALENTED BUT INCLUDES EVERY CHILD WHO INDICATES AN INTEREST IN THE ARTS. AT THE CLUBS, WHERE ARTS EDUCATION INCLUDES ACTIVITIES FROM MUSIC AND DANCE TO VISUAL ARTS AND CREATIVE WRITING, THE ARTS HAVE BECOME A VEHICLE FOR CROSS-CULTURAL UNDERSTANDING AND TOLERANCE.

EXPENSES \$ 813,005. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

SCHOOL AGE CHILD CARE: THE OVERARCHING GOAL OF THE OCCS LICENSED PRE AND SCHOOL AGE CHILD CARE IS TO PROVIDE A SAFE, STRUCTURED ENVIRONMENT FOR CHILDREN AGES 6-12. THE AGENCY TRIES TO PROVIDE A SENSE OF FAMILY AND COMMUNITY WHILE EMPHASIZING RESPECT FOR SELVES AND OTHERS.

EXPENSES \$ 640,209. INCLUDING GRANTS OF \$ 0. REVENUE \$ 531,179.

LEADERSHIP AND CHARACTER DEVELOPMENT: ACTIVITIES IN THIS CORE PROGRAM AREA OCCUR WITHIN A SMALL-GROUP FORMAT THAT ENCOURAGES TRUST AND COOPERATION AND THAT ALLOWS MEMBERS TO PRACTICE AND IMPROVE THEIR DECISION-MAKING SKILLS. THE HALLMARK PROGRAMS ARE YOUTH LEADERSHIP

GROUPS BASED IN EACH CLUBHOUSE: THE NATIONALLY CHARTERED TORCH CLUB

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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(FOR YOUTH AGES 11-13) AND KEYSTONE CLUB (FOR TEENS AGES 14-18).

EXPENSES \$ 566,740. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 2: JOSHUA KRAFT (PRESIDENT & CEO) AND MYRA KRAFT (CHAIR EMERITA) HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION'S OVERSEERS HAVE AND MAY EXERCISE THE POWERS AND DUTIES OF MEMBERS AS DESCRIBED IN THE BY-LAWS AND ARTICLES OF ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION'S OVERSEERS HAVE AND MAY EXERCISE THE POWERS AND DUTIES OF MEMBERS AS DESCRIBED IN THE BY-LAWS AND ARTICLES OF ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: THE BOARD OF OVERSEERS ANNUALLY APPROVES NEW MEMBERS OF THE BOARD OF DIRECTORS, THE BOARD OF OVERSEERS AND THE OFFICERS THAT ARE RECOMMENDED BY THE GOVERNANCE COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 WILL BE COMPLETED ANNUALLY BY MANAGEMENT AND THE OUTSIDE ACCOUNTANTS, AND A DRAFT WILL BE REVIEWED WITH THE AUDIT COMMITTEE. THE AUDIT COMMITTEE WILL HAVE THE AUTHORITY TO APPROVE THE FINAL FORM 990 FOR FILING WITH THE IRS. A FULL COPY OF THE FINAL FORM 990 WILL BE PROVIDED TO EACH VOTING MEMBER OF THE BOARD, EITHER ELECTRONICALLY OR IN PAPER FORM, PRIOR TO ITS FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR AND ADMINISTRATION OFFICIAL OF BGC B FILE AN ANNUAL DISCLOSURE STATEMENT LISTING ALL THOSE

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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RELATIONSHIPS HE OR SHE, OR A RELATED PARTY, MAINTAINS WITH ANY PERSON OR ORGANIZATION THAT DOES BUSINESS WITH BGCB AND WHICH CONSTITUTE, OR WHICH OTHERWISE COULD BE CONSTRUED AS, MATERIAL AFFILIATIONS POTENTIALLY AFFECTING HIS OR HER INDEPENDENT, UNBIASED JUDGMENT IN LIGHT OF HIS OR HER DECISION-MAKING AUTHORITY OR RESPONSIBILITY, AND LISTING ANY CONFIDENTIAL INFORMATION FROM WHICH HE OR SHE, OR ANY RELATED PARTY TO WHOM HE OR SHE WOULD DISCLOSE IT, RECEIVES OR WOULD ANTICIPATE RECEIVING ANY SUBSTANTIAL FINANCIAL OR OTHER BENEFIT. ALL DISCLOSURE STATEMENTS SHOULD BE COMPLETED, SIGNED AND PRESENTED TO THE PRESIDENT'S OFFICE NOT LATER THAN OCTOBER 1ST OF EACH YEAR.

ALL DIRECTORS AND ADMINISTRATION OFFICIALS DISCLOSE TO THE PRESIDENT'S OFFICE (1) AS THEY ARISE, ALL MATERIAL AFFILIATIONS ARISING AFTER THE FILING OF THEIR MOST RECENT DISCLOSURE STATEMENT AND ANY CONFIDENTIAL INFORMATION FROM WHICH THEY HAVE RECEIVED OR ANTICIPATE RECEIVING ANY SUBSTANTIAL FINANCIAL OR OTHER BENEFIT, AND (2) UPON REQUEST, ALL AMOUNTS KNOWN BY THEM TO HAVE BEEN PAID TO PERSONS OR ORGANIZATIONS WITH WHOM THEY HAVE MATERIAL AFFILIATIONS.

AFFILIATIONS BETWEEN DIRECTORS AND ADMINISTRATION OFFICIALS RESPONSIBLE FOR BGCB'S INVESTMENTS OR DEPOSITS AND THE COMPANIES IN WHICH SUCH INVESTMENTS OR DEPOSITS ARE MADE NEED NOT BE DISCLOSED WHEN THE INVESTMENT IS MADE BY AN INVESTMENT MANAGER OR ADVISOR, OR WHEN THE DEPOSIT IS MADE BY AN OFFICER OR EMPLOYEE WITH A PREAUTHORIZED DEPOSITORY, BUT SUCH AFFILIATIONS SHALL BE DISCLOSED (AND THE POLICY ON NON-PARTICIPATION SHALL APPLY) IN CONNECTION WITH ANY INVESTMENT OR DEPOSIT IN A PARTICULAR COMPANY DIRECTLY TO BE MADE OR AUTHORIZED BY SUCH DIRECTOR OR ADMINISTRATION OFFICIAL OR BY A COMMITTEE ON WHICH HE OR SHE SERVES.

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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THE PRESIDENT MAINTAINS A RECORD OF ALL MATERIAL AFFILIATIONS, BENEFITS FROM CONFIDENTIAL INFORMATION AND PAYMENTS TO AFFILIATED PERSONS OR ORGANIZATIONS DISCLOSED PURSUANT TO THIS POLICY, RECOMMENDS TO THE CHAIRMAN OF THE BOARD ANY SUCH AFFILIATIONS, BENEFITS OR PAYMENTS WHICH SHOULD BE BROUGHT TO THE ATTENTION OF THE BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE, AND DETERMINES THE EXTNT TO WHICH THE PERSONS OR ORGANIZATIONS WITH WHICH ANY SUCH AFFILIATIONS EXIST SHOULD BE MADE KNOWN TO THOSE DEALING WITH SUCH PERSONS OR ORGANIZATIONS ON BGC'B'S BEHALF.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION COMMITTEE OF THE BOARD OF DIRECTORS, CHAIRED BY THE CHAIR OF THE BOARD, REVIEWS BENCHMARK DATA TO ESTABLISH THE COMPENSATION FOR THE PRESIDENT AND CEO. THE DATA IS DEVELOPED FROM SOURCES SUCH AS 990'S FROM BOSTON AREA NONPROFIT, SALARYEXPERT.COM, GUIDESTAR, COMPARABLE BOYS AND GIRLS CLUBS AND OTHER SURVEYS AS AVAILABLE. DATA FROM PRIOR YEARS MAY BE INFLATED BY AN ANNUAL AMOUNT IN ORDER TO SET THE NEW SALARY.

IN ADDITION, THE COMPENSATION COMMITTEE REVIEWS THE CEO'S ANNUAL SELF-EVALUATION AND PERFORMANCE ACHIEVEMENTS IN ORDER TO APPROVE PERFORMANCE BONUS. THE EXECUTIVE COMMITTEE APPROVES THE BONUS, BASED ON THE RECOMMENDATION OF THE COMPENSATION COMMITTEE.

COMPENSATION FOR VP-LEVEL EMPLOYEES IS ESTABLISHED THROUGH THE ANNUAL PERFORMANCE APPRAISAL PROCESS CONDUCTED BY THE CEO. THE CEO REVIEWS PERFORMANCE AND COMPENSATION FOR EACH VP WITH THE APPROPRIATE BOARD COMMITTEE CHAIR BASED ON THE VP AREA OF RESPONSIBILITY. THE CEO ALSO REVIEWS MARKET MINIMUM, MIDPOINT AND MAXIMUMS BASED ON THE WORK OF BGC'B'S

Name of the organization BOYS & GIRLS CLUBS OF BOSTON, INC.	Employer identification number 04-2103922
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COMPENSATION CONSULTANT IN 2007. THE SALARIES ARE PRESENTED TO THE
COMPENSATION COMMITTEE AFTER IMPLEMENTATION.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. IN ADDITION, THE
ORGANIZATION'S FORM 990 IS AVAILABLE VIA GUIDESTAR AND THE MASSACHUSETTS
ATTORNEY GENERAL'S WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

UNREALIZED LOSS	-846,461.
PENSION LIABILITY ADJUSTMENT	-802,070.
TOTAL TO FORM 990, PART XI, LINE 5	-1,648,531.

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

ROXBURY (YAWKEY CLUB AND ORCHARD GARDENS CLUB AT THE ORCHARD GARDENS
COMMUNITY CENTER), SOUTH BOSTON (SOUTH BOSTON CLUB AND THE CLUB AT THE
CONDON ELEMENTARY SCHOOL) AND MATTAPAN (THE CLUB AT THE MATTAHUNT
ELEMENTARY SCHOOL).

OUR YOUTHCONNECT PROGRAM PLACES LICENSED CLINICAL SOCIAL WORKERS AT
POLICE STATIONS TO PROVIDE PREVENTION AND INTERVENTION SERVICES AND
REFERRALS TO THE CITY'S HIGH-RISK YOUTH AND THEIR FAMILIES. SINCE 1996,
OUR YOUTHCONNECT SOCIAL WORKERS HAVE BEEN DEVELOPING RELATIONSHIPS WITH
YOUTH WHO ARE AT RISK FOR ARREST, AS WELL AS THOSE WHO ARE ALREADY PART
OF THE JUVENILE JUSTICE SYSTEM, TO HELP YOUNG PEOPLE DEVELOP MORE
TRUSTING RELATIONSHIPS AND OFFER THEM CHOICES.

BGCB OPERATES CAMP HARBOR VIEW, LOCATED ON LONG ISLAND IN BOSTON
HARBOR. THE CAMP WAS CREATED IN 2007 BY THE CAMP HARBOR VIEW FOUNDATION

Name of the organization
BOYS & GIRLS CLUBS OF BOSTON, INC.

Employer identification number
04-2103922

TO PROVIDE A FUN AND SAFE ENVIRONMENT WHERE YOUTH COULD CHALLENGE
THEMSELVES, MAKE NEW FRIENDS AND EXPERIENCE A WORLD BEYOND THEIR
NEIGHBORHOODS, WHERE VIOLENCE HAS BEEN ON THE RISE. PROGRAMMING FOCUSES
ON FOUR AREAS: SPORTS & FITNESS, THE ARTS, LEADERSHIP DEVELOPMENT AND
ENVIRONMENTAL EDUCATION.