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Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

OMB No 1545-0047

<u>A F</u>	or the	2010 calendar year, or tax year beginning $\mathrm{JUL}1$, 2010 and e	nding	JUN 30, 2011	
Bc	heck if pplicable.	C Name of organization BOYS & GIRLS CLUB OF ALLENTOWN		D Employer identific	ation number
	Address	E EQUADA DE CAL			
	Name change	Doing Business As		23-27	756106
	Initial return Terminated	710,000,000,000,000	Room/suite	E Telephone number	
<u> </u>	Amende			G Gross receipts \$	48,923.
H	_lreturn ∏Applica	City or town, state or country, and ZIP + 4 - ALLENTOWN, PA 18102		H(a) Is this a group re	
<u> </u>	⊥tión pending		CKSOI		Yes X No
		SAME AS "C" ABOVE	icitbo.	H(b) Are all affiliates incl	
	Fav.ava	mpt status X 501(c)(3)	r 52	⊣ `′	list (see instructions)
		Sir NWW . BGCALLENTOWN . ORG	<u>, 72</u>	H(c) Group exemption	
		organization	I Yea		State of legal domicile PA
		Summary	12 100	<u> </u>	Otato or logar dominion
	1 E	Briefly describe the organization's mission or most significant activities: TO PR	ROVID	E SUPPORT FOR	R THE BOYS
Activities & Governance	' 7	AND GIRLS CLUB OF ALLENTOWN, INC.			
rna	-	Check this box if the organization discontinued its operations or dispos	ed of mo	re than 25% of its net as	sets.
Ve	1	Number of voting members of the governing body (Part VI, line 1a)		3	9
Ğ	1	Number of independent voting members of the governing body (Part VI, line 1b)		4	7
80	1	Fotal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
ìţie		Fotal number of volunteers (estimate if necessary)		6	0
ξį	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
⋖	1	Net unrelated business taxable income from Form 990·T, line 34		7b	0.
	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Prior Year	Current Year
•	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
nŭ	i .	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		nvestment income (Part VIII, column (A), lines 3,4, and 3d)	·	31,547.	48,923.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	į-	0.	0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,547.	48,923.
_		Grants and similar amounts paid (Part Xccolumn)(A) நிர்ச் 1-3)		24,353.	35,406.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	-	0.	0.
s	1	Salaries, other compensation, employee benefits (PartiX, Column (A), lines 5-10)	 	0.	0.
Expenses	16a l	Professional fundraising fees (Part IX, Column (A)-line 1176)		0.	0.
ē	Ь	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ũ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		7,194.	13,517.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		31,547.	48,923.
	19 1	Revenue less expenses. Subtract line 18 from line 12		0.	0.
or Ses			E	Beginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		1,116,389.	1,253,098.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)		24,353.	35,406.
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20		1,092,036.	1,217,692.
P	art II	Signature Block			
Und	ler penal	Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and state	ments, and to the best of m	y knowledge and belief, it is
true	, correct	t, and complete Declaration of preparer (other than officer) is based on all information of wh	uch prepar	er has any knowledge, ,	
		Xulnah Trues-Gachen		2/14/	12
Sig	n n	Signature of officer U		Date / /	
He	re		SSION	AL OFFICER '	
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	đ	MARYSUE BULCAVAGE, CPA Mayou	CPA	2-9-12 self-employe	ed
Pre	parer	Firm's name CAMPBELL RAPPOLD & YURASITS LLP		Fırm's EIN ▶	
Use	Only	Firm's address 1033 S CEDAR CREST BLVD			440.405 -155
		ALLENTOWN, PA 18103-5443		Phone no (610)435-7489
Ма	y the IF	RS discuss this return with the preparer shown above? (see instructions)			Yes No
032	001 02-2	2-11 LHA For Paperwork Reduction Act Notice, see the separate instruction	ons.		Form 990 (2010)

Pai		Program Service Acc				<u> </u>
		O contains a response to a	ny question in thi	s Part III		
1	Bnefly describe the orga TO PROVIDE S		BOYS ANI	GIRLS CLUB	OF ALLENTOWN,	INC.
2	Did the organization und the prior Form 990 or 99	dertake any significant progr	am services durin	g the year which were n	ot listed on	Yes X No
	•	new services on Schedule () .			
3	_	ase conducting, or make sig changes on Schedule O.	nificant changes i	n how it conducts, any p	program services?	Yes X No
4		irpose achievements for eac	h of the organizat	ion's three largest progr	am services by expenses.	
		01(c)(4) organizations and se e total expenses, and reven			oort the amount of grants and	I
4a	(Code:		406 • Includ) (Revenue \$)
	TO PROVIDE S				OF ALLENTOWN,	INC.
			· ·			
4b	(Code:) (Expenses \$	ınclud	ding grants of \$) (Revenue \$)
			· · · · · ·			
				. ,		
4c	(Code) (Expenses \$	Include	ding grants of \$) (Revenue \$)
				· · · · · · · · · · · · · · · · · · ·		

	Other program services	s. (Describe in Schedule O.)				
	(Expenses \$	including gran	ats of \$ 35,406.) (Revenue	\$)	
<u>4e</u>	Total program service	expenses -	33,400.			Form 990 (2010)

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)?		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?	2	Λ	X
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for		-	
•	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98·19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10	Х	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			v
_	Part VI	11a		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	442	Х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Α.	
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
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	-110		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e	Х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	١		v
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	45		X
16	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		† <u></u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20ь		
		Form	990	(2010)

ra	T IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	İ		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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? If "Yes," complete Schedule I, Parts I and III	22		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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		_X_
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			,
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified		Ì	
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
•	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u> </u>
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	1	Х
34	Was the organization related to any tax-exempt or taxable entity?			
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of	50		
_	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		†
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	"		 -
~	Note. All Form 990 filers are required to complete Schedule O	38	Х	
		_ ~		1

rar	Check if Schedule O contains a response to any question in this Part V			
	Oncor a deficione of contains a response to any question in this rait v		Voc	No
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,[Yes	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	,		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning	1		
	(gambling) winnings to prize winners?	1c	,	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a_		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c_		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			Х
	any contributions that were not tax deductible?	6a		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).	00		\vdash
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a	ļ	-
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		ļ
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
11 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	1		
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		1
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		1
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		T
_	Note. See the instructions for additional information the organization must report on Schedule O.			
ь	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Fa	000	/2010\

Form 990 (2010) .

FOUNDATION

23-2756106

Page 6

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

	Check if Schedule O contains a response to any question in this Part VI			X
900				
Sec	tion A. Governing Body and Management	₁	Van	No
4.		aF	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year Enter the number of voting members included in line 1a, above, who are independent 1b	}		
þ		4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	2	Х	
2	officer, director, trustee, or key employee?	-	Λ_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	3		Х
4	of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	-		
/a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	7.		Х
L	governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	7.5		
8				
_	by the following: The governing body?		Х	
		8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	86	Λ	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u> </u>		
Sec	tion b. Foncies (mis Section & requests information about policies not required by the internal nevertibe code.)		Yes	No
100	Does the organization have local chapters, branches, or affiliates?	10a	162	X
		103		1
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	10ь		
11.	and branches to ensure their operations are consistent with those of the organization?	11a	Х	
	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	110	**	
12a		12a	Х	
12a	, , , , ,	120		
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
C	In Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а		15a	Ì	x
	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ĺ	Х
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	1111111		
_	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure	1,02		1
17	List the states with which a copy of this Form 990 is required to be filled ▶PA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	e for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	statements available to the public.	-,,-, 11116	., , , , , , , ,	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the person who person of the person of the person who person of the pe	ation:	•	
	MRS. DEBORAH F. FRIES-JACKSON - (610) 432-9944			
	720 N. SIXTH STREET, ALLENTOWN, PA 18102			
	The state of the s		222	10015

Form **990** (2010)

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 organizatio		orga I								(D	
(A)	(B)		(C) Position					(D)	(E)	(F)	
Name and Title	Average hours per	/6				n app	k.A	Reportable compensation	Reportable compensation	Estimated amount of	
	week		Tecr	Tail	Tilat	Т	iy)	from	from related	other	
	(describe	trustae or director		İ				the	organizations	compensation	
	hours for	0.0	異	1	Ì	Safed	1	organization	(W-2/1099-MISC)	from the	
	related	tuste	individual dustes of institutional frustes Officer		шрег		(W-2/1099-MISC)		organization		
	organizations in Schedule	Individual t			gua	Highest compensated employee	5			and related organizations	
	O)	ğ	돭	Deg J	Key	돌	Former			Organizations	
JOHN BASSLER								_	_	_	
BOARD MEMBER (VP)	2.00	X	<u> </u>	X	_	_		0.	0.	0.	
RONNIE HESS		١	ŀ								
BOARD MEMBER	2.00	X	<u> </u>	-	-	-		0.	0.	0.	
DEBORAH FRIES-JACKSON	2 00	.		v				_	_	_	
BOARD MEMBER (SECRETARY)	2.00	Х	-	X	\vdash	┼	-	0.	0.	0.	
RONALD LEWIS	2.00	x						0.	0.	0.	
BOARD MEMBER H. TED LYONS	2.00	^		1	-	1	-	0.		0.	
BOARD MEMBER	2.00	X					1	0.	0.	0.	
PATRICIA JOHNSON		1			\vdash	+			•		
BOARD MEMBER (ASST TREAS)	2.00	X		X	1			0.	0.	0.	
STEVE ORNDORF					1	1					
BOARD MEMBER (TREASURER)	2.00	X		X			1	0.	0.	0.	
DIANE SCOTT											
BOARD MEMBER (CHAIR)	2.00	X		X				0.	0.	0.	
MARC KUSTER											
BOARD MEMBER	2.00	X		<u> </u>	ļ_	1	<u> </u>	0.	0.	0.	
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Form 990 (2010)

FOUNDATION

Par	VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd l	High	est	Compensated Employ	ees (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average hours per	(6)		Pos		i app	ЬЛ	Reportable	Reportable			imate ount o	
		week (describe hours for related organizations in Schedule O)	al trustee or director		Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	()	comp fro orga and	ount on the control of the control o	tion e on ed
							 						-	
<u>. </u>							-			<u></u>				
•														
												· · - · ·		
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												-		
				-										
			 -											
1b	Sub-total		<u> </u>	ــــــــــــــــــــــــــــــــــــــ	ــــــــــــــــــــــــــــــــــــــ		<u>,</u>	_	0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A					▶		0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)						<u> </u>		0.		0.			0.
2	Total number of individuals (including but i	not limited to th	nose	e list	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable				0
	compensation from the organization								· · · · · ·				Yes	No
3	Did the organization list any former officer			e, ke	y er	nplo	yee,	orl	highest compensated e	mployee on		3		х
4	line 1a? If "Yes," complete Schedule J for some For any individual listed on line 1a, is the sound related organizations greater than \$15	um of reportab	ole c							the organization			,	х
5	Did any person listed on line 1a receive or	accrue compe	nsa	tion	fron	n an	y un			idual for services		4	•	Х
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	nplete Schedu	ie J	tor s	uch	per	<u>rson</u>		· · · · · · · · · · · · · · · · · · ·			5_		
1	Complete this table for your five highest co	ompensated in	dep	end	ent o	cont	tract	ors	that received more than	\$100,000 of comp	ens	ation f	rom	
	(A)								(B)			(0		
	Name and business	s address							Description of	services		ompe	nsatio	n
	<u> </u>	<u>.</u>												
						-								
									,			_		
2	Total number of independent contractors	· .	not l	lmite	ed to			ste	d above) who received i	nore than				
	\$100,000 in compensation from the organ	ization P					0		. 			Form	990	2010)

Pa	rt V	411	Statement of Reve	nue			(A)	(B)	(C)	(D) Revenue
							Total revenue	Related or exempt function revenue	Unrelated business revenue	excluded from tax under sections 512, 513, or 514
nts	1	а	Federated campaigns .	Ŀ	la					
Contributions, gifts, grants and other similar amounts		b	Membership dues	[16					
am,		С	Fundraising events	Ŀ	1c					
ig'a		đ	Related organizations	Ŀ	1d					
ξË		e	Government grants (contribut	tions)	1e					
흥합		f	All other contributions, gifts, gran	its, and						
혈			similar amounts not included abo	ve [1f					
E S		g	Noncash contributions included in lines	s 1a-1f \$						
<u>5</u> <u>ē</u>		h	Total. Add lines 1a-1f			<u> </u>	<u>.</u>			
						Business Code				
8	2	а								
P 6		þ								
n S		С								
Pē ē		d	-				ļ			
Program Service Revenue		e								
-			All other program service revo	enue						
$\overline{}$		9	Total. Add lines 2a-2f			<u> </u>	<u> </u>		······	
	3		Investment income (including	j dividends	s, inter	est, and	48,923.			48,923.
			other similar amounts)				40,923.			40,923.
	4		Income from investment of ta	ıx-exempt	bona	oroceeds -				
	5		Royalties	(A) D	1	(v) Damanal				
	_	_	Crass Dants	(i) R	eai	(II) Personal				
	6	-	Gross Rents			 				
			Less: rental expenses Rental income or (loss)			 				
			Net rental income or (loss)	L		•	i	1		1
			Gross amount from sales of	(i) Secu	ırıtıce	(ii) Other				
	•	a	assets other than inventory	(I) Sect	iiiles	(ii) Other				
		h	Less: cost or other basis							
		•	and sales expenses	1						
		c	Gain or (loss)		•					
			Net gain or (loss)	-		•	1			
			Gross income from fundraisir	na events	not				······································	
Ž			including \$							
eve			contributions reported on line							
<u>۳</u>			Part IV, line 18	•	a	,				
Other Revenue		b	Less: direct expenses		t	,				
0		c	Net income or (loss) from fun	draising e	vents	>				1
	9	а	Gross income from gaming a	ctivities S	ee					
			Part IV, line 19		а	1				
		b	Less: direct expenses		t	•	_			
		c	Net income or (loss) from gar	nıng actıvi	ties					
	10	а	Gross sales of inventory, less	returns		1				
			and allowances .		a	1	1			
		b	Less: cost of goods sold		t	·				
		С	Net income or (loss) from sale	es of inver	tory	<u> </u>				
			Miscellaneous Reveni	ue		Business Code				
	11	а						ļ		
		Ь				<u> </u>				
		С		<u> </u>		ļ				
		đ	All other revenue				ļ		<u></u>	
		e	Total. Add lines 11a-11d			•	40.000			40 000
03300	12		Total revenue. See instructions				48,923.	0.	0	
03200 12-21	-10									Form 990 (2010)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must com				
	not include amounts reported on lines 6b, 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 U.S. See Part IV, line 21	35,406.	35,406.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees .				
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	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
þ	Legal _				
C	Accounting				
d	,		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	13,517.		13,517.	
g					
12	Advertising and promotion				
13	Office expenses				
14	Information technology				· .
15	Royalties .				.,,=
16	Occupancy				
17	Travel .				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other expenses themes expenses and expenses				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а					
b					
C					
ď					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	48,923.	35,406.	13,517.	0.
26	Joint costs. Check here if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				
	solicitation	I	j		

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Form **990** (2010)

Form 990 (2010) .

Par	tΧ·	Balance Sheet	· · ·			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			1	
	2	Savings and temporary cash investments		284,818.	2	2,772.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, du	rectors, trustees, key			
		employees, and highest compensated employee	es. 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				
		employers and sponsoring organizations of sect	tion 501(c)(9) voluntary			
y,		employees' beneficiary organizations (see instru	ctions)		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a					
		basis Complete Part VI of Schedule D	10a	-		
	l	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	831,571.	11	1,250,326.	
	12 13	Investments - other securities. See Part IV, line Investments - program-related. See Part IV, line	031,371.	13	1,230,320.	
	14	• •		14		
	15	Intangible assets Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	1,116,389.	16	1,253,098.
	17	Accounts payable and accrued expenses	ar line 04)	1/110/0051	17	2,200,000
	18	Grants payable	-		18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Ø	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, director				
abi	i	highest compensated employees, and disqualifi				
=	•	of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		24,353.		35,406.
	26	Total liabilities. Add lines 17 through 25		24,353.	26	35,406.
		Organizations that follow SFAS 117, check he	ere 🕨 🗓 and complete			
es		lines 27 through 29, and lines 33 and 34.		44 011		44 211
and	27	Unrestricted net assets		44,311.	1 1	44,311.
Bal	28	Temporarily restricted net assets		1 047 705	28	1 172 201
P	29	Permanently restricted net assets		1,047,725.	29	1,173,381.
Ę		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
SO		complete lines 30 through 34.				
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds			30	· · · · · · · · · · · · · · · · · · ·
As	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Vet	32	Retained earnings, endowment, accumulated in	come, or other funds	1,092,036.	32	1,217,692.
-	33	Total net assets or fund balances		1,116,389.		1,253,098.
	34	Total liabilities and net assets/fund balances		1,110,303.	34	1,233,030.

Form 990 (2010)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF ALLENTOWN FOUNDATION

Employer identification number 23-2756106

Part I	Reason	for Public Char	ity Status (Ali organiz	ations mu	st complet	e this part	:.) See inst	ructions.					
The organ	nization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1 🔲	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in se	ction 170	(b)(1)(A)(i)						
2 🔲			'0(b)(1)(A)(ii). (Attach Sc										
з 🗀			tal service organization of			170(b)(1)	A)(iii).						
4	•	•	operated in conjunction					(ь)(1)(А)(іі	i). Enter th	ne 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.)												
,	-												
•	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 🗌			perated exclusively to te	at for out	lia anfatu S	co postio	= E00(a)//	11					
11 X			perated exclusively for the						y out the i	ourocoo of one or			
	·		ations described in section							•			
			organization and comple				., oee sec	, (1011 505 ₁	ajtoj. One	CK the box that			
	a X Type	b L			e III - Func		egrated		d \square	Type III - Other			
e X			it the organization is not			-	_	r more die		•			
ر سید	-		han one or more publicly										
f			ten determination from t						3(a)(1) Of S	section 303(a)(z).			
•		rganization, check th		ille ino ili	atitis a Ty	pe i, Type	ii, or Type	= 111					
•			organization accepted ar		ant while it	from on.	of the fall		2				
g			lirectly controls, either al							Yes No			
			upported organization?	one or to	jetner with	persons c	iescribeu i	in (ii) and i	iii) below,				
			n described in (i) above?	ı					•				
		•	person described in (i) a	-	-02								
h		•	about the supported or	• •						11g(iii) X			
••	1 TOVICE THE I	ollowing information	about the supported on	gariization	(5)								
		<i>a</i>	(iii) Type of	Visu) to the	organization	(w) Did vo	. actric the	(vi) !s	the				
• •	e of supported anization	(iı) EIN	organization		sted in your			organizati	on in col	(vii) Amount of			
ury	ailizatioii		(described on lines 1-9		document?			(i) organiz U S	ed in the	support			
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No				
BOYS	AND		(Coo monotono),			100			 				
GTRLS	CLUB O	23-1352042	501(C)(3)	x			<u> </u>		ŀ	35,406.			
<u> </u>	0202 0	23 1332012	501(0)(3)					 	 	3374001			
				ł		ļ							
				 	 								
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	·				 	 -		-		· · · · · · · · · · · · · · · · · · ·			
					}								
				<u> </u>	†			<u> </u>		r. n.			
Total								1		35,406.			

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

Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2006 (c) 2008(d) 2009 (e) 2010 (f) Total **(b)** 2007 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included

6 Public support. Subtract line 5 from line 4 Section R. Total Support

organization, check this box and stop here

column (f)

on line 1 that exceeds 2% of the amount shown on line 11,

<u>oe</u>	Ction B. Total Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain		i				
	or loss from the sale of capital					1	
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, e	tc. (see instructi	ons)		•	12	
13	First five years. If the Form 990 is for t	he organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	

Se	ction C. Computation of Public Support Percentage		
14	Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	9
15	Public support percentage from 2009 Schedule A, Part II, line 14	15	9
16	1 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or m	ore,	check this box and

stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box

and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2010

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.)

Sec	ction A. Public Support	siow, piease comp	nete rait ii j				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and				1	1	
	membership fees received. (Do not						
	include any "unusual grants.")				}		
2	Gross receipts from admissions,						
	merchandise sold or services per-					İ	
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that				-		
•	are not an unrelated trade or bus-	İ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ŀ	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						
	Add lines 7a and 7b				T		
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			•			
	endar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10	Gross income from interest,						
	dividends, payments received on					1	
	securities loans, rents, royalties and income from similar sources			ļ			
	Unrelated business taxable income				 		
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b			-			
	Net income from unrelated business	· · · · · · · · · · · · · · · · · · ·				†	
	activities not included in line 10b,						
	whether or not the business is					ł	
10	regularly carried on Other income. Do not include gain			 		+	· · · · · · · · · · · · · · · · · · ·
12	or loss from the sale of capital						
	assets (Explain in Part IV.)	1			 		
	Total support (Add lines 9, 10c, 11, and 12)	<u> </u>		<u> </u>			
14	First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	tax year as a secti	on 501(c)(3) organ	ization,
_	check this box and stop here						P
	ction C. Computation of Publ						
15	Public support percentage for 2010 (-	column (f))		15	<u>%</u>
16	Public support percentage from 2009					16	%
Se	ction D. Computation of Inve					1 1	
17	' '			ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from	2009 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2010. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	e organization qua	lifies as a publicly	supported organi	zation	▶
l	b 33 1/3% support tests - 2009. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%	, and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The org	anızatıon qualıfies	as a publicly sup	oorted organizatio	n ▶ 🗌
20							<u> </u>
_	-						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB_No 1545-0047 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF ALLENTOWN FOUNDATION

Employer identification number 23-2756106

Pai	rt I Organizations	Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answ	ered "Yes" to Form 990, Part IV, line	6	
			(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of ye	ear <u>.</u>		
2	Aggregate contributions	to (during year)		
3	Aggregate grants from (d	иппg year)		
4	Aggregate value at end of	fyear		
5	Did the organization infor	m all donors and donor advisors in v	vriting that the assets held in donor adv	sed funds
	are the organization's pro	perty, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization infor	m all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes a	nd not for the benefit of the donor o	r donor advisor, or for any other purpose	e conferring
	impermissible private bei	nefit?		Yes No
Pa	rt II Conservation	Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation	on easements held by the organization	on (check all that apply).	
	Preservation of lan	d for public use (e.g., recreation or e	ducation) Preservation of an h	storically important land area
	Protection of natur	al habitat	Preservation of a ce	rtified historic structure
	Preservation of op-	en space		
2	Complete lines 2a throug	h 2d if the organization held a qualif	ed conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conserva	ation easements		2a
b	Total acreage restricted I	by conservation easements		2b
C	Number of conservation	easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation	easements included in (c) acquired a	after 8/17/06, and not on a historic struc	ture
	listed in the National Reg	ıster		2d
3	Number of conservation	easements modified, transferred, rel	eased, extinguished, or terminated by th	ne organization during the tax
	year ▶	_		
4	Number of states where	property subject to conservation eas	sement is located -	
5	Does the organization ha	ve a written policy regarding the per	iodic monitoring, inspection, handling of	
	•	ent of the conservation easements it		. Yes No
6	Staff and volunteer hour	s devoted to monitoring, inspecting,	and enforcing conservation easements	during the year ▶
7			enforcing conservation easements durin	
8			e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(. L Yes L No
9		- · · · · ·	on easements in its revenue and expens	
		·	ion's financial statements that describe	s the organization's accounting for
	conservation easements		CA A DE A CENTRAL DE LA CONTRA DEL CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DE LA CONTRA DEL CONTRA DE LA CONT	ONL - Oissil - A A
Pa		_	f Art, Historical Treasures, or (otner Similar Assets.
		ganization answered "Yes" to Form		
1a			C 958), not to report in its revenue state	
		•		ance of public service, provide, in Part XIV,
		o its financial statements that descri		
b				nt and balance sheet works of art, historical
		r assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide the following amounts
	relating to these items:			. .
		Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Fo	·		
2	-	·	asures, or other similar assets for financ	ial gain, provide
	-	•	16 (ASC 958) relating to these items:	. .
a				► \$ ► \$
b	Assets included in Form	990, Part X		> \$

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

Schedule D (Form 990) 2010

10 0 (101111000) 20 10 1 1 0 0 1 1 1 1 1 1	lle	D ((Form 990)	2010		FOUNDATIO)
--	-----	-----	------------	------	--	-----------	---

Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or Ot	her Sir	nilar Asse	ts (contir	nued)
3	Using the organization's acquisition, accessi	on, and other record	s, check	any of the	following that are a	significa	ant use of its	collection	ıtems
	(check all that apply):								
а	Public exhibition	d		Loan or excl	hange programs				
b	Scholarly research	е		Other					
c	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organization's e	kempt p	urpose in Par	t XIV.	
5	During the year, did the organization solicit o	r receive donations o	of art, his	stoncal treas	sures, or other sim	lar asset	ts		
	to be sold to raise funds rather than to be ma	aintained as part of t	he orgai	nization's co	llection?			Yes	No_
Par	Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered "Yes"	to Form	990, Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod on Form 990, Part X?	an or other intermed	lary for	contribution	s or other assets n	ot includ	led	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	Ilowina t	table:	-	-			
						Γ		Amount	
С	Beginning balance					1	c		
d	Additions during the year						d		
e	Distributions during the year						e		
f	Ending balance						lf		
	Did the organization include an amount on F	orm 990 Part X line	212				<u>'' </u>	Yes	No
	If "Yes," explain the arrangement in Part XIV	, ,	21:				<u> </u>	_ 1es	
Par			swered	"Yes" to Fo	rm 990 Part IV line	- 10			
<u> </u>	The state of the s	(a) Current year		nor year	(c) Two years back		ree years back	(a) Four	years back
1a	Beginning of year balance	1,047,725.		,011,818.	(c) Two years back	100	ice years back	(6) 1 001	years back
	Contributions	1,017,725.		,011,010.		-4		************	
b		161 062		60 260			•••••	 	
ا- 5	Net investment earnings, gains, and losses	161,062.		60,260.		- 		 • • • • • • • • • • • • • • • • • • •	111 1 - 1111
d	Grants or scholarships					-}		 	
е	Other expenditures for facilities								
_	and programs	<35,406.	>	<24,353.	>	 	······		
f	Administrative expenses		_			+			
9	End of year balance	1,244,193.		,096,431.				1	
2	Provide the estimated percentage of the year								
а	Board designated or quasi-endowment	3.78	_%						
b	Permanent endowment ► 96.22	%							
C	Term endowment	%							
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	nd administered fo	r the org	janization	_	
	by:								Yes No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
þ	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	dule R?				3ь	
4	Describe in Part XIV the intended uses of the								
Pa	t VI Land, Buildings, and Equipm	nent. See Form 990), Part X	, line 10.					
	Description of investment	(a) Cost or o basis (investr			1	Accumi deprecia		(d) Book	: value
1a	Land								
b	Buildings								
С	Leasehold improvements								
d	Equipment					_			
	Other								
	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X, colur	nn (B). line 1	10(c).)	•	•		0.
	2								

Schedule D (Form 990) 2010

FOUNDATIO

Part VII Investments - Other Securities. Se	e Form 990, Part X, line 1:	2.	
(a) Description of security or category (including name of security)	(b) Book value		nod of valuation: -of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) INVESTMENTS	1,250,326.	END-OF-YEAR I	MARKET VALUE
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	1 250 226		
Total. (Coi (b) must equal Form 990, Part X, coi (B) line 12)	1,250,326.		
Part VIII Investments - Program Related. Se	ee Form 990, Part X, line ⁻	· · · · · · · · · · · · · · · · · · ·	
(a) Description of investment type	(b) Book value	1	hod of valuation. i-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 X Other Assets. See Form 990, Part X, line	15		
the state of the s	Description		(b) Book value
(1)	2000111211011		(2) 5551 14.55
(2)			
(3)		······································	
(4)	·		
(5)			
(6)			
(7)			
(8)	•		
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15)		>
Part X Other Liabilities. See Form 990, Part X,	line 25.		
1. (a) Description of liability		(b) Amount	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(1) Federal income taxes			
(2) INTER-ORGANIZATION PAYABL	E	35,406.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col (B) line FIN 48 (ASC 740) Footnote in Part XIV, provide the text of the footnote to EIN 48 (ASC 740)	the organization's financial states	35,406.	bility for uncertain tax positions under

Schedule D (Form 990) 2010

	BOYS & GIRLS CLUB OF ALLEN	TOWN			
Sche	dule D (Form 990) 2010 FOUNDATION			23-27	756106 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finar	ncial State		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
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		
9	Total adjustments (net). Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9	10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		nue per l	Return	
1	Total revenue, gains, and other support per audited financial statements		,	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				-
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b		7	
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b		7	
С	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Pa	TXIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses pe	r Returr	1
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		_	
ь	Other (Describe in Part XIV.)	4b	_		
c	Add lines 4a and 4b			4c	
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
Pa	t XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com				
		·			
			-		
				· · · · · · · · · · · · · · · · · · ·	
				Sahadu	le D (Form 990) 2010

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Open to Public OMB No 1545-0047 2010

Inspection

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

% × Employer identification numbèr SUPPORT THE OPERATIONS OF 23-2756106 (h) Purpose of grant or assistance THE ORGANIZATION Yes 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 ame and address of organization

(c) IRC section or government

(d) Amount of non-cash arsistance or government

(e) Amount of non-cash assistance or government

(a) Amount of non-cash assistance other) 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 O FINA Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 35,406, ALLENTOWN LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of section 501(c)(3) and government organizations BOYS & GIRLS CLUB OF 23-1352042 General Information on Grants and Assistance criteria used to award the grants or assistance? FOUNDATION Enter total number of other organizations 1 (a) Name and address of organization ALLENTOWN, INC. - 720 N. SIXTH STREET - ALLENTOWN, PA 18102 THE BOYS AND GIRLS CLUB OF Name of the organization Part Part #

Schedule I (Form 990) (2010)

BOYS & GIRLS CLUB OF ALLENTOWN

FOUNDATION

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. Schedule I (Form 990) (2010)
Part III Grants and Other

Page 2

23-2756106

Schedule I (Form 990) (2010) (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 22 (b) Number of recipients (a) Type of grant or assistance 032102 01-13-11

SCHEDULE Q (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service 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.

2010 Open to Public Inspection

Name of the organization

BOYS & GIRLS CLUB OF ALLENTOWN FOUNDATION

Employer identification number 23-2756106

FORM 990, PART VI, SECTION A, LINE 2: DEBORAH FRIES-JACKSON, FOUNDATION
SECRETARY, AND PATRICIA JOHNSON, FOUNDATION ASST. TREASURER, HAVE A
BUSINESS RELATIONSHIP WITH ONE ANOTHER. BOTH BOARD MEMBERS ARE EMPLOYED BY
THE BOYS AND GIRLS CLUB OF ALLENTOWN, INC., A RELATED PARTY.
FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE REVIEWED BY THE
FINANCE COMMITTEE AND PRESENTED TO THE BOARD FOR FINAL APPROVAL BEFORE
FILING.
FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, PRINCIPAL OFFICER
AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS SHALL ANNUALLY SIGN A
STATEMENT WHICH AFFIRMS THAT SUCH PERSON - 1) HAS RECEIVED A COPY OF THE
CONFLICT OF INTEREST POLICY; 2) HAS READ AND UNDERSTANDS.
FORM 990, PART VI, SECTION C, LINE 18: FORM 990 IS MADE AVAILABLE FOR
PUBLIC INSPECTION THROUGH GUIDESTAR AND UPON REQUEST.
FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY AND FINANCIAL STATEMENTS ARE ALL AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:
NET UNREALIZED GAINS ON INVESTMENTS: 125,656.
FORM 990, PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED FROM THAT OF THE PRIOR YEAR.

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

Schedule O (Form 990 or 990-EZ) (2010)

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ▶ Attach to Form 990.

2010 Open to Public Inspection.

OMB No 1545-0047

CLUB OF ALLENTOWN GIRLS FOUNDATION BOYS &

Employer identification number 23-2756106 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Name of the organization Parti

Direct controlling entity End-of-year assets Total Income Ð Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(b) (c) Primary activity Legal domicile	(c Legal domic	(c) (c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)) 12(b)(13) olled
	?	foreign country)	section	status (if section	entity	entity?	3 CA
				501(c)(3))		Yes	S N
TO ENABLE ALL	YOUNG PEOPLE						
TO REACH THEIR	EIR FULL						
POTENTIAL		PENNSYLVANIA	501(C)(3)	170(B)(1)(A)			×
		i					

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

032161 12-21-10 LHA

Schedule R (Form 990) 2010

BOYS & GIRLS CLUB OF ALLENTOWN

Schedule R (Form 990) 2010 FOUNDATION

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

Page 2

23-2756106

Percentage ownership Seneral or Percentage managing ownership Schedule R (Form 990) 2010 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Yes No 9 Share of end-of-year assets Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of total Income ate allocations? Disproportion-Yes No Ξ Type of entity (C corp, S corp, or trust) Share of end-of-year assets **e** (d)
(Direct controlling entity Share of total income Legal domicile (state or foreign country) Predominant income (related, unrelated, excluded from tax under sections 512-514) Û <u>e</u> 25 Primary activity Direct controlling entity 9 চ (c)
Legal
domicile
(state or
foreign Primary activity ê Name, address, and EIN of related organization Name, address, and EIN of related organization 032162 12-21-10 Part IV

BOYS & GIRLS CLUB OF ALLENTOWN Schedule R (Form 990) 2010 FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Page 3

23-2756106

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	slated organizations listed	ın Parts II·IV?	125
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				+
 Gift, grant, or capital contribution to other organization(s) 				1b X
c Gift, grant, or capital contribution from other organization(s)				1c X
d Loans or loan guarantees to or for other organization(s)				Td X
e I pans or loan guarantees by other organization(s)				1e X
f Sale of assets to other organization(s)				1f X
g Purchase of assets from other organization(s)				X X
				+ ×
i Lease of facilities, equipment, or other assets to other organization(s)				1i X
j Lease of facilities, equipment, or other assets from other organization(s)				1j X
k Performance of services or membership or fundraising solicitations for other organization(s)	zation(s)			1k X
I Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			
m Sharing of facilities, equipment, mailing lists, or other assets				T X
n Sharing of paid employees				1n X
 Reimbursement paid to other organization for expenses 				10 X
				T _p
 Qther transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) 				1 ₄ X
ns for inform	tho must complete the	is line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	ļ
(1) THE BOYS AND GIRLS CLUB OF ALLENTOWN, INC.	В	35,406.		
(2)				
(2)				
(4)				
(5)				
197				
10/ 032163 12-21-10	26		Schedule	Schedule R (Form 990) 2010

BOYS & GIRLS CLUB OF ALLENTOWN

23-2756106

Page 4

Schedule R (Form 990) 2010 FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Usion for certain investment partners	sulps.					
(a)	(a)		9	(e)	€	(6)	
Name, address, and EIN	Primary activity		Are all partners	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity			organizations?	year assets	allocations?	of Schedule K-1	
		country)	Yes No		Yes No	(Form 1065)	Yes No
						-	
			-				•
						•	-
							_
						_	

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Schedule R (Form 990) 2010

BOYS & GIRLS CLUB OF ALLENTOWN

Schedule R (Form 990) 2010	FOUNDATION	23-2756106 Page 5
Schedule R (Form 990) 2010 Part VII Supplemental Inf	ormation	
Complete this part to p	provide additional information for responses to questi	ions on Schedule R (see instructions)
		
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Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

If yo Do not Electron require of time Person visit www.	u are filing for an Automatic 3-Month Extension, complete u are filing for an Additional (Not Automatic) 3-Month Extension (Complete Part II unless you have already been granted a conc filing (e-file). You can electronically file Form 8868 if y d to file Form 990-T), or an additional (not automatic) 3-monto file any of the forms listed in Part I or Part II with the extensional Benefit Contracts, which must be sent to the IRS in paper www.rs.gov/efile and click on e-file for Chanties & Nonprofits	tension, c in automa you need a nth extens ception of er format	complete only Part II (on page 2 of this tic 3-month extension on a previously fia 3-month automatic extension of time to soon of time. You can electronically file Form 8870, Information Return for Transcee instructions). For more details on the	led Fo o file (l orm 8 osfers	rm 8868 5 months for a corp 868 to request an e Associated With Ce	xtension rtain	
Part							
Part I c	oration required to file Form 990-T and requesting an autor only or corporations (including 1120-C filers), partnerships, REM income tax returns			•	sion of time		
Туре о	r Name of exempt organization		*	Emp	loyer identification	number	
print							
due date	for Number, street, and room or suite no. If a P.O box, so						
filing you return Se instructio	e /ZO M. DIXIII DIKEEI	oreign add	ress, see instructions				
Enter ti	ne Return code for the return that this application is for (file	a separa	te application for each return)			03	
Application			Application		Return		
ls For			Is For			Code	
Form 9		01	Form 990-T (corporation)			07	
Form 9		02	Form 1041-A			08	
Form 9		03	Form 4720				
Form 9		04	Form 5227				
	90-T (sec 401(a) or 408(a) trust) 90-T (trust other than above)	05 06	Form 6069 Form 8870			11	
1 01111 3	MRS. DEBORAH F						
• The	books are in the care of ▶ 720 N. SIXTH ST			02			
	phone No ► (610) 432-9944		FAX No ▶				
If the lf the box ▶	e organization does not have an office or place of business is is for a Group Return, enter the organization's four digit (If it is for part of the group, check this box	Group Exe	nited States, check this box emption Number (GEN) If th ch a list with the names and EINs of all	memb	r the whole group, c	- 1	
_	request an automatic 3-month (6 months for a corporation FEBRUARY 15, 2012 , to file the exempt for the organization's return for. Calendar year or X tax year beginning JUL 1, 2010	t organiza			The extension	j	
2 lf	the tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reas	on. Initial return Ena	al retur	n		
	this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			•	
_	onrefundable credits See instructions			3a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,					^	
	stimated tax payments made. Include any prior year overp			3b	\$	<u> </u>	
	lalance due. Subtract line 3b from line 3a. Include your pa				(e	0.	
	y using EFTPS (Electronic Federal Tax Payment System) S n. If you are going to make an electronic fund withdrawal w			8870.	S FO for payment inst		
_HA	For Paperwork Reduction Act Notice, see Instructions		onn 5500, 566 Form 6405-CO and Porm	3013	Form 8868 (Re		
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