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# Form **990**

Department of the Treasury

## **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

OMB No 1545-0047 2009

Open to Public

LOI	the 2	2009 cale	ndar vea	r, or tax year beginning 0	01-01-2009 and ending 12					inspection
			ease	C Name of organization	_			D Employer	identific	ation number
	ress ch	ange u	se IRS	BIG BROTHERS BIG SISTER	S OF AMERICA			23-1365		
Nam	ne char	nge <b>P</b>	bel or rint or	Doing Business As				E Telephone	number	
Initia	al retur		pe. See pecific	Number and street (or P.O.	box if mail is not delivered to st	treet address)	Room/suite	(215) 66	5-7728	
Terr	nınated	Ir d ti	struc- ons.	230 North 13th Street	box ii maii is not delivered to st	reet address;	Room, suite	<b>G</b> Gross receip	ots \$ 18,2	88,669
Ame	ended r	return		City or town, state or count	try, and ZIP + 4					
Арр	lication	pending		Philadelphia, PA 19107						
		·	F Nam	L ne and address of princip	al officer	$\overline{}$	W/a) Ia th		6	
			Karen M	1 athıs			affilia	s a group ret tes?		┌ Yes ┌ No
				orth 13th Street Iphia,PA 19107			11/1-> - 1			┌ Yes ┌ N
				<u> </u>			• •	laffiliates incl		instructions)
Tax	-exem	pt status	<b>7</b> 501(c)	(3) ◀ (insert no )	47(a)(1) or			p exemption		
We	ebsit e	<b>:⊢</b> bbbs o	org							
				ion Trust Association	Other -		<b>L</b> Year of fo	rmation 1977	M State	of legal domicile F
Par		Summa		o organization's mission	or most significant activity					
				_	or most significant activities promote a network of local		nroughout th	ne United Sta	tes ın o	rder to help
					ssionally supported, one-to		_			•
	2	Check this	box ►		ontinued its operations or o	disposed of	more than	25% of its ne	et asset	s
			•		g body (Part VI, line 1a)					-
			-	-	the governing body (Part V					
				nployees (Part V , line 2a					5	1
	6	Total num	ber of vo	lunteers (estimate if nec	essary)				6	
	7a	Total gros	s unrelat	ted business revenue fro	m Part VIII, column (C), li	ne 12 .			7a	
	ь	Net unrela	ted busı	ness taxable income fror	m Form 990-T, line 34 .				7b	
							Prio	r Year		Current Year
	8	Contribut	ions and	i grants (Part VIII, line 1	1h)			32,304,216		17,467,92
	9	Program	service i	revenue (Part VIII, line ?	2g)			0		
	10	Investme	ent incon	ne (Part VIII, column (A		-448,022		-60,79		
:	11	Other rev	enue (P	art VIII, column (A), lıne	es 5, 6d, 8c, 9c, 10c, and 1	l1e)		843,580		881,53
	12				ust equal Part VIII, columi			32,699,774		18,288,66
_	13							11,198,407		7,351,91
	14				column (A), line 4)			0	+	,,,,,,,,,
	15				penefits (Part IX, column (A					
earna/w		10)		, , ,		**		9,211,542		9,889,67
5	16a	Professio	nal fund	raising fees (Part IX, col	umn (A), line 11e)			0		
5	b	Total fundr	aising expe	enses (Part IX, column (D), lin	ne 25) <b>▶</b> 1,999,467					
	17	Otherex	penses (	Part IX, column (A), line	s 11a-11d, 11f-24f) .			6,962,988		5,934,14
	18				equal Part IX, column (A), li	-		27,372,937		23,175,72
	19	Revenue	less exp	enses Subtract line 18	from line 12			5,326,837		-4,887,05
Fund Bafances								g of Current ear		End of Year
eg	20	Total ass	ets (Par	t X, line 16)				30,283,562		22,308,89
물	21							6,209,673		3,122,06
∄	22	Netasse	ts or fun	d balances Subtract line	e 21 from line 20			24,073,889		19,186,83
ar	t II	Signat	ure Blo	ock					•	
		Under pena	ilties of pe	rjury, I declare that I have exa	amined this return, including acco					
		and belief,	it is true, o	correct, and complete Declara	ition of preparer (other than office	er) is based o	on all informat	on of which pre	parer has	any knowledge
							2010	05-15		
		Signatu	re of office	r			Date	03-13		
		Michael	Lewis VP I	Finance						
				e and title						
		, ,			Date	Ch€	eck if	Preparer's ide	ntıfyına r	umber
gn ere		Dropara-l- L			1 - 410			(see instruction		
ere		Preparer's signature	•			self		(See mistraction	,	
ere	rer'e	signature					polyed 🕨 🦵	(See marder		
ere nid	rer's	signature Firm's name if self-emple	or yours	· •				EIN •		
ere		signature Firm's name	or yours	<b>)</b>						

## Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of of BBBSA is to support and promote a network of local affiliates throughout the United States in order to help children reach their potential through professionally supported, one-to-one relationships with measurable impact

2	_	on undertake any signific ) or 990-EZ?			which were not listed on Ye	es 🔽 No
	If "Yes," describe	these new services on So	:hedule O			
3		on cease conducting, or r				es 🔽 No
	If "Yes," describe	these changes on Sched	ule O			
4	Section 501(c)(3)		ions and section 4	947(a)(1) trusts a	largest program services by expending required to report the amount of service reported	
4a	(Code	) (Expenses \$	2,670,325 inc	luding grants of \$	0 ) (Revenue \$	0)
		tions Includes the information oment for further BBBSA visibili		cies via conferences, n	neetings, and training sessions. Also BBBSA	supports the local staff
	(Code	) (Expenses \$	7,736,040 inc	luding grants of \$	3,675,955 ) (Revenue \$	0)
	Program Developme	nt BBBSA works with agencies	to develop programs	and tools for agency u	se This category also includes a learning a	and support function
	(Code	) (Expenses \$	9,619,627 inc	luding grants of \$	3,675,955 ) (Revenue \$	0)
	Field Services This c	category includes grants to age	ncies Also includes fie	ld-based staff that eng	aged in direct support to the agencies	
4d	Other program se	ervices (Describe in Sch	edule O )			
	(Expenses \$	0 inc	luding grants of \$		O ) (Revenue \$	0)
4e	Total program se	rvice expenses►\$	20,025,992			

Part IV	Checklist	of Red	uired	Sche	dules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 💋	2	Yes	
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		N o
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? 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		No
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		Νo
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νo
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		Νo
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasiendowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D,  Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ 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.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ĺ		•
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	İ	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II	15		No
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 U S ? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νο
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Νο
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
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		No
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? <i>If "Yes," complete Schedule L, Part III </i>	27		Νo
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			
	<i>IV</i>	28a		Νo
	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
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</i> "Yes," complete Schedule R, Part I	33		Νο
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		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
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	Yes	

orm	990 (2009)			Page
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
D	1b			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
Ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		110
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		No
b	If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? $\cdot$ .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		Νo
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9		8		
	Sponsoring organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against 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		
<b>L</b>	If "Vas " onter the amount of tax-exempt interest received or accrued during the			

year

12b

Philadelphia, PA 19107 (215) 567-7000

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

Se	ection A. Governing Body and Management			
	ction A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body 1a 21			
ь	Enter the number of voting members that are independent 1b 20			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		N o
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
-	governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		N o
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		Νο
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	4.51		
6.	ection C. Disclosure	16b		
17	List the States with which a copy of this Form 990 is required to be filed AL, AR, CA, CT, FL, GA, HI, IL, IN	МΔ	мп мі	= M T
17	MN, NC, NH, NJ, NY, OH, OR, PA, S  WA, WI			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the Big Brothers Big Sisters of America 230 North 13th Street	e orga	nızatıor	n <b>▶</b> -

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

### 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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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 the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	<b>(C)</b> Position (check all that apply)						( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►18

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

### **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

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
Verizon Business PO BOX 631763 Baltimore, MD 212631763	Computer Consulting	450,258
Omicron 1500 Market Street Philadelphia, PA 19103	Computer Consulting Design	344,930
THE ADVERTISING COUNCIL INC 261 MADISON AVENUE New York, NY 100162303	Advertising	228,171
Civic Enterprises 1201 PENNSYLVANIA AVE NW SUITE 500 WASHINGTON, DC 20004	STRATEGIC PLANNING	160,000
PLANNING FACTORY INTERNATIONAL 34 GERMAY DRIVE Wilmington, DE 19804	Meeting Mangement Firm	158,390
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►7	who received more than	

Form 9							Page <b>9</b>
Part	<b>/</b> 1111	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
nts nts	1a	Federated campaigns	1a 0				
grai	Ь	Membership dues	<b>1b</b> 3,031,705				
its,	C .	Fundraising events	. 1c 0 0				
<u>ਭੂ</u>	d	Related organizations Government grants (contributions)	1d 0 1e 2,867,286				
ons sin	e f	All other contributions, gifts, grants, an					
je je Per je	-	similar amounts not included above					
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included lines 1a-1f \$	in				
Ş Ē	h	Total. Add lines 1a-1f	<sup>-</sup> ▶	17,467,928			
<u> </u>			Business Code				
went.	2a		_				
Program Serwce Revenue	b		_				
MCP	C .		_				
Š	d e		_				
ra E	f	All other program service reven	ue l				
် နိ							
	g 3	<b>Total.</b> Add lines 2a-2f Investment income (including d		0			
		and other similar amounts).		-60,792	-60,792	0	0
	4	Income from investment of tax-exemp	ot bond proceeds 🕨	0	0	0	0
	5	Royalties		0	0	0	0
	6a	(1) Real	(II) Personal				
	Ь	Less rental					
	c	expenses Rental income	0 0				
	d	or (loss)  Net rental income or (loss)					
		(ı) Securities					
	7a	Gross amount from sales of					
		assets other than inventory					
	Ь	Less cost or other basis and					
	c	sales expenses Gain or (loss)	0 0				
	d	Net gain or (loss)					
	8a	Gross income from fundraising					
Other Revenue	ь	s0 of contributions reported on line See Part IV, line 18 Less direct expenses	а				
₹	С	Net income or (loss) from fundra					
	9a	Gross income from gaming active See Part IV, line 19	vities a				
	b c	Less direct expenses Net income or (loss) from gamin					
	10a	Gross sales of inventory, less returns and allowances .	а				
	ь	Less cost of goods sold	b				
	С	Net income or (loss) from sales					
	11a	Miscellaneous Revenue	Business Code 900,099	167,029	167,029	0	ا
	b IIIa	National Conference Registration	on 900,099 900,099	714,504	714,504	0	
		AIM Web Server Hosting Fee Revenue		,	-,		
	c		_				-
	d	All other revenue Total. Add lines 11a-11d .		0	0	0	0
	e	iotai. Aud illies 11a-11d .	• [	881,533			
	12	Total revenue. See Instructions	▶	19 299 660	920 741		

820,741

18,288,669

## Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations mu				
	l other organizations must complete column (A) but are not required to		(B), (C), and (B)	(D).   (C)	(D)
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations				
	in the U.S. See Part IV, line 21	7,351,910	7,351,910		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0	1	
5	Compensation of current officers, directors, trustees, and key employees	1,847,533	1,512,534	91,152	243,847
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0
7	Other salaries and wages	6,187,545	5,058,660	186,598	942,287
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	421,244	363,955	21,483	35,806
9	Other employee benefits	832,859	719,590	42,476	70,793
10	Payroll taxes	600,496	518,829	30,625	51,042
11	Fees for services (non-employees)				_
а	Management	2,498,191	1,572,118	591,934	334,139
b	Legal	. ,	, ,	,	·
c	Accounting				
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	277,214	235,755	10,214	31,245
13	Office expenses	393,714	334,833	· · ·	44,376
14	Information technology	333,711	331,033	14,303	11,370
15	Royalties				
16	Occupancy	905,055	769,699	33,345	102,011
17	Travel	903,033	709,099	33,343	102,011
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,527,466	1,305,336	115,686	106,444
20	Interest	1,527,100	1,505,550	113,000	100,111
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	78,500	66,760	2,892	8,848
23	Insurance	156,425	133,031	5,763	17,631
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	130,423	133,031	3,703	17,031
а	Equipment Leases	97,575	82,982	3,595	10,998
b		3.,373	32,332	3,333	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	22.475.727	20.025.003	1.450.350	1 000 167
	<u> </u>	23,175,727	20,025,992	1,150,268	1,999,467
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet						
					(A)		(B)	
					Beginning of year	_	End of year	
	1	Cash—non-interest-bearing			9,114,334		11,786,301	
	2	Savings and temporary cash investments	10,000,100	2	0.570.400			
	3	Pledges and grants receivable, net	•		19,083,439		9,570,489	
	4	Accounts receivable, net			245,941	4	362,989	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key	employees, and				
		Schedule L				5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of	bles from other disqualified persons (as defined under section $4958(f)(1)$ ) and described in section $4958(c)(3)(B)$ Complete Part II of					
24.		Schedule L				6		
ssets	7	Notes and loans receivable, net	Notes and loans receivable, net			7	_	
8	8	Inventories for sale or use				8		
⋖	9	Prepaid expenses and deferred charges			291,221	9	112,211	
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	1,865,686				
	ь	Less accumulated depreciation	10b	1,388,780	503,157	10c	476,906	
	11	Investments—publicly traded securities				11		
	12	Investments—other securities See Part IV, line 11			1,045,470	12	0	
	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)			30,283,562	16	22,308,896	
	17	Accounts payable and accrued expenses .			585,000	17	780,719	
	18	Grants payable			5,624,673	18	2,341,346	
	19	Deferred revenue			0	19		
	20	Tax-exempt bond liabilities				20		
es G	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21		
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u>-</u>		persons Complete Part II of Schedule L				22		
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable to unrelated third parties				24		
	25	Other liabilities Complete Part X of Schedule D				25	0	
	26	Total liabilities. Add lines 17 through 25			6,209,673	26	3,122,065	
<u></u>		Organizations that follow SFAS 117, check here ▶ 🔽 and comp	lete li	nes 27				
Ð		through 29, and lines 33 and 34.						
an an	27	Unrestricted net assets			6,600,245	27	3,332,943	
Fund Balance	28	Temporarily restricted net assets			17,229,944	28	15,609,944	
Ξ	29	Permanently restricted net assets			243,700	29	243,944	
₫		Organizations that do not follow SFAS 117, check here 🕨 🦵 an	d com	plete				
ö		lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30		
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31		
	32	Retained earnings, endowment, accumulated income, or other fu	nds			32		
Š	33	Total net assets or fund balances			24,073,889	33	19,186,831	
	34	Total liabilities and net assets/fund balances			30,283,562	34	22,308,896	

Part XI	Financial	Statements	and I	Reporting
	i illaliciai	Statements	unu i	

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
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 consolidated basis, separate basis, or both			
	▼ 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?	3a	Yes	
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	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

## **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization BIG BROTHERS BIG SISTERS OF AMERICA

## Complete if the organization is a section 501(c)(3) organization or a section

**Public Charity Status and Public Support** 

4947(a)(1) nonexempt charitable trust.

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

Inspection **Employer identification number** 

						23-1365190			
Part :					must complete this pai		ctions		
_	_				gh 11, check only one box	)			
1 [	A church	, conventio	on of churches, or as	sociation of churches <b>s</b>	ection 170(b)(1)(A)(i).				
2	A school	described	ın <b>section 170(b)(1</b> )	(A)(ii). (Attach Schedu	le E)				
з Г	A hospita	al or a coop	perative hospital ser	vice organization descri	bed in <b>section 170(b)(1)(</b>	A)(iii).			
4 F			organization operate y, and state	ed in conjunction with a	hospital described in <b>secti</b>	on 170(b)(1)(A	)(iii). Ente	rthe	
5 F	=	-		=	y owned or operated by a ç	jovernmental un	nt describe	_ ed in	
_	-		<b>A)(iv).</b> (Complete Pa	·					
6	_		-	<u>=</u>	ribed in <b>section 170(b)(1)(</b>				
7	describe	d ın	t normally receives a <b>\)(vi)</b> (Complete Pa	·	support from a government	al unit or from t	he general	public	
8 Г	– A commi	inity trust	described in <b>section</b>	170(b)(1)(A)(vi) (Com	plete Part II )				
9	– An organ	ization tha	t normally receives	(1) more than 331/3% o	f its support from contribu	tions, members	hıp fees, aı	nd gros	3 S
·					to certain exceptions, and				
					ss taxable income (less se				
	acquired	by the orga	anızatıon after June :	30, 1975 See <b>section 5</b>	<b>09(a)(2).</b> (Complete Part :	III )			
.о Г	_			•	ublic safety See <b>section 5</b>	•			
1	An organ one or m the box t	ization org ore publicly	anızed and operated y supported organıza	exclusively for the bene tions described in secti orting organization and c	fit of, to perform the function 509(a)(1) or section 50 omplete lines 11e through - Functionally integrated	ons of, or to car 19(a)(2) See <b>se</b> 111h		a)(3).	Check
е Г	other tha	-		_	olled directly or indirectly licly supported organizatio	•	•		
f	If the org check th	janization r is box			S that it is a Type I, Type I		upporting o	rganız	ation,
g	following	persons?			or contribution from any of ogether with persons descr			Yes	No
			·	the supported organiza	•		11g(i)	1.03	
	, ,	, -	r of a person describ	• • • • •			11g(ii)		
		-	•	described in (i) or (ii) a	hove?		11g(ii)		
h				he supported organizati					
			(iii)	(iv)	(v)	(vi)			

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv) Is the organizati col (i) list your gove docume	ion in ted in rning	organizati col (1) of	(v) (vi) Is the organization in col (i) of your support? (vi) Is the organization ii col (i) organize in the U S ?		on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

## Support Schedule for Organizations Described in IRC 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.) Part II

	ection A. Public Support	ou checkeu the	box on mic s,	7, 01 0 01 1 dic 1	,		
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	24,307,87	27,118,058	26,407,355	32,304,216	17,467,928	127,605,436
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		0 0	0	0	0	0
3	The value of services or facilities furnished by a governmental unit to the organization without charge		0 0	0	0	0	0
4	Total. Add lines 1 through 3	24,307,87	79 27,118,058	26,407,355	32,304,216	17,467,928	127,605,436
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)						
6	Public Support. Subtract line 5 from line 4						127,605,436
S	ection B. Total Support			1	l l		
	endar year (or fiscal year	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	beginning in)		` '				
7	A mounts from line 4	24,307,879	39,071	26,407,355	32,304,216	17,467,928	127,605,436
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	189,005	39,071	382,897	-448,022	-60,792	102,159
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	202,615	324,958	643,956	843,580	881,533	2,896,642
11	Total support (Add lines 7 through 10)						130,604,237
12	Gross receipts from related activit	•	•			12	
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, thırd, fourth, or 1	fifth tax year as a	501(c)(3) organi	zation, ▶┌
S	ection C. Computation of Pu						
14	Public Support Percentage for 200	9 (line 6 column	(f) divided by line	11 column (f))		14	97 704 %
15	Public Support Percentage for 200	8 Schedule A, P	art II, line 14			15	97 794 %
	33 1/3% support test—2009. If the and stop here. The organization qu	alıfıes as a publi	cly supported orga	ınızatıon			<b>▶</b> ▽
b	<b>33 1/3% support test—2008.</b> If the box and <b>stop here.</b> The organization	_			oa, and line 15 is	კკ 1/3% or more,	check this
17a	10%-facts-and-circumstances test is 10% or more, and if the organization me organization	— <b>2009.</b> If the organization meets the "	ganization did not facts and circums	check a box on lır tances" test, che	ck this box and <b>st</b>	op here. Explain	. ,
b	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part IV how the organiza	nızatıon meets tl	ne "facts and circu	ımstances" test,	check this box an	d <b>stop here.</b>	,
18	supported organization  Private Foundation If the organiza instructions	tion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	►□ ►□

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(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 Gross receipts from activities that						
3	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	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts 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						
	rom line 6 ) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	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						
13	IV ) Total support (Add lines 9, 10c,						
13	11 and 12 )						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and <b>stop here</b>						<b>►</b> □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo / i / i	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV
Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Expl	ana	tion
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Other Income in 2009 includes National Conference Registration (\$167,029) and AIM Web Hosting Fees of (\$714,504)

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493162006040

OMB No 1545-0047

Open to Public Inspection

## **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.

Name of the organization

Employer identification number

G BROTHERS BIG SISTERS OF AMERICA			1265100
art I Organizations Maintaining Donor A	dvised Funds or Other Similar		1365190 <b>or Accounts.</b> Complete if th
organization answered "Yes" to Form 99			
	(a) Donor advised funds	(	<b>(b)</b> Funds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adv funds are the organization's property, subject to the	<del>-</del>	nor advı	sed Yes No
Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bei conferring impermissible private benefit	5 5	•	
art II Conservation Easements. Complete	ıf the organization answered "Yes"	to Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreat Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qual	cion or pleasure)	ı certifie	ically importantly land area d historic structure onservation
easement on the last day of the tax year			
Total number of conservation easements			Held at the End of the Year
	_	2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his	• •	2c	
Number of conservation easements included in (c) a	icquired after 8/1//06	2d	
Number of conservation easements modified, transfe the taxable year		·	5
Does the organization have a written policy regardin enforcement of the conservation easements it holds	g the periodic monitoring, inspection, ha	mdling of	violations, and <b>Yes N</b>
Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments d	uring the year ►
A mount of expenses incurred in monitoring, inspect	ing, and enforcing conservation easemen	ts during	g the year ► \$
Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of se	ection	ΓYes ΓN
In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease	the footnote to the organization's financi	•	•
rt III Organizations Maintaining Collection Complete if the organization answered		, or Otl	her Similar Assets.
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its file.	d for public exhibition, education or resea	rch ın fu	
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item	public exhibition, education, or research		
(i) Revenues included in Form 990, Part VIII, line 1	Ĺ		<b>►</b> \$
(ii) Assets included in Form 990, Part X			<b>►</b> \$
If the organization received or held works of art, hist following amounts required to be reported under SFA		for finan	
Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$

Assets included in Form 990, Part X

ar	<b>Til</b> Organizations Maintaining Co	llections of Art	, Hist	toric	<u>cal Tre</u>	<u>easu</u>	res, or C	<u> the</u>	<u>r Simila</u>	<u>r Asse</u>	ts (co.	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the	e foll	owing tl	hat are	a signific	ant u	se of its co	ollection	1	
а	Public exhibition		d	Γ	Loan o	rexch	ange prog	rams				
b	Scholarly research		e	$\Gamma$	Other							
С	Preservation for future generations											
1	Provide a description of the organization's co	ollections and expla	ın how	they	furthe	r the o	rganızatıor	n's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ıılar	Г	Yes	┌ No
Pai	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fo	rm 990	,	
	Part IV, line 9, or reported an an		•									
la	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	diary	for co	ontribut	ions o	rotherass	sets i	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	/ and complete the	followi	ng ta	ıble		г					
										A mou	nt	
<b>c</b>	Beginning balance							<b>1</b> c				
d	Additions during the year						ļ	1d				
e	Distributions during the year						ļ	1e				
f	Ending balance							1f				
a	Did the organization include an amount on Fo	orm 990, Part X, line	21?							Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	1										
Pa	rt V Endowment Funds. Complete											
		(a)Current Year	(b)	Prior Y		<b>(c)</b> Tw	o Years Back	(d)	Three Years	Back (e)	Four Ye	ars Back
a	Beginning of year balance	243,700			240,842							
b	Contributions	0			2.050							
C	Investment earnings or losses	244			2,858							
d	Grants or scholarships	0			0							
e	Other expenditures for facilities and programs	U U			U							
f	Administrative expenses	0			0							
g	End of year balance	243,944			243,700							
!	Provide the estimated percentage of the yea	r end balance held a	ıs									
а	Board designated or quasi-endowment	0 % %										
_	Permanent endowment 100% %											
b	remainent endowment P											
c la	Term endowment  % % % % Are there endowment funds not in the posses	scion of the organiza	ation t	hat a	ro hold	and a	dminictoro	d for	tho			
a	organization by	ssion of the organize	acion c	nat a	ie neid	and a	ummstere	u ioi	tile		Yes	No
	(i) unrelated organizations									3a(i)		Νo
	(ii) related organizations									3a(ii)		Νo
b	If "Yes" to 3a(II), are the related organization									3b		
	Describe in Part XIV the intended uses of th											
a i	t VI Investments—Land, Buildings	s, and Equipme	nt. Se	ee Fo	orm 99	90, Pa	irt X, line	10.				
	Description of investment				Cost or o		(b)Cost or basis (oth		(c) Accur depreci		<b>(d)</b> Bo	ok value
a	Land					0		0				(
b	Buildings		•			0		0		0		(
c	Leasehold improvements		•			0	42	3,734		120,503		303,231
d	Equipment		•			0	1,44	1,952	1	,268,277		173,675
e	Other			[		0		0		0		C

476,906

Part VII Investments—Other Securities. See  (a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives	0		
Closely-held equity interests Other	0		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	• 0		
Part VIII Investments—Program Related. Se			
(a) Description of investment type	(b) Book value	(c) Metho	od of valuation
		Cost or end-o	f-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b)</b> Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		( <b>b</b> ) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Descri	ne 15. ption		(b) Book value
Part IX Other Assets. See Form 990, Part X, In (a) Descri	ne 15. ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  (5.)  (, line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2  Part X Other Liabilities. See Form 990, Part X	ne 15. ption  (5.)  (, line 25.		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line:  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	15.) (, line 25. (b) A mount		(b) Book value

XI Reconciliation of Change in Net Assets from Form 990 to Financial Stateme	nts	
Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,288,669
Total expenses (Form 990, Part IX, column (A), line 25)	2	23,175,727
	3	-4,887,058
	4	0
	5	0
	6	0
·	7	0
	8	0
·	9	0
	10	-4,887,058
Total revenue, gains, and other support per audited financial statements	1	18,288,669
Amounts included on line 1 but not on Form 990, Part VIII, line 12		
Net unrealized gains on investments		
Donated services and use of facilities	1	
Recoveries of prior year grants		
Other (Describe in Part XIV)		
Add lines 2a through 2d	2e	0
Subtract line <b>2e</b> from line <b>1</b>	3	18,288,669
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
Other (Describe in Part XIV) 4b 0		
Add lines 4a and 4b	4c	0
Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	18,288,669
	s per	
	1	23,175,727
Prior year adjustments		
Other losses	1	
Other (Describe in Part XIV) 2d 0		
Add lines <b>2a</b> through <b>2d</b>	2e	0
Subtract line <b>2e</b> from line <b>1</b>	3	23,175,727
Amounts included on Form 990, Part IX, line 25, but not on line 1:		
Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
Other (Describe in Part XIV) 4b 0		
Add lines <b>4a</b> and <b>4b</b>	4c	0
Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)		
	Total revenue (Form 990, Part VIII, column (A), line 12)  Total expenses (Form 990, Part VII, column (A), line 25)  Excess or (deficit) for the year Subtract line 2 from line 1  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other (Describe in Part XIV)  Total adjustments (net) Add lines 4 - 8  Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Total revenue, gains, and other support per audited financial statements  Amounts included on line 1 but not on Form 990, Part VIII, line 12  Net unrealized gains on investments  Accoveries of prior year grants  Questract line 2 from line 1  Amounts included on Form 990, Part VIII, line 12, but not on line 1  Investment expenses not included on Form 990, Part VIII, line 7b  Add lines 2a through 2d  Other (Describe in Part XIV)  Add lines 4a and 4b  Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)  XIII Reconciliation of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and use of facilities  Amounts included on line 1 but not on Form 990, Part IX, line 25  Donated services and use of facilities  Question of Expenses per Audited Financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements With Expenses  Total expenses and losses per audited financial Statements  Amounts included on line	Total revenue (Form 990, Part VIII, column (A), line 12)

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, 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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Annual Agency Staff Awards

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

Department of the Treasury

Internal Revenue Service

Name of the organization

DLN: 93493162006040

Employer identification number

OMB No 1545-0047

## **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

**Inspection** 

BIG BROTHERS BIG SISTERS OF AMERICA 23-1365190 **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) A mount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash (book, FMV, or government ıf applıcable assistance appraisal, other) See Additional Data Table

Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . .

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

Schedule I	(Form 990) 2009
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
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	tion. Complete this part to	provide the information re	equired in Part I, line 2, ar	d any other additional information.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	To be considered, local affiliated agencies must apply for the grants that we offer If the agency is selected to receive a grant they must complete and sign a memorandum of understanding which provides specific grant requirements

**Software ID:** 09000073

**Software Version:** v1.00

**EIN:** 23-1365190

Name: BIG BROTHERS BIG SISTERS OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of (b) FIN (c) IRC Code section (d) Amount of cash (e) Amount of non- (f) Method of (g) Description of (h) Purpose of grant

(a) Name and address of organization or government	( <b>b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Alaska1057 West Fireweed Lane 202 Anchorage, AK 99503	80-0064172	501Â ©(3)	273,735	0			Capacity Building
BBBS of Greater Birmingham Inc1901 14th Avenue South Birmingham, AL 35205	63-0647080	501Â ©(3)	49,137	0			Capacity Building
BBBS South Alabama YMCA PO Box 91506 Mobile, AL 36691	63-0302187	501Â ©(3)	17,116	0			Capacity Building
BBBS of Central Arkansas 312 Pershing Blvd North Little Rock, AR 72114	71-0407117	501Â ©(3)	7,833	0			Capacity Building
BBBS of Flagstaff1338 W Forest Meadows Suite 130 Flagstaff, AZ 86001	23-7170086	501Â ©(3)	32,619	0			Capacity Building
BBBS of Central Arizona1010 East McDowell - Suite 400 Phoenix, AZ 85006	86-0205254	501Â ©(3)	85,365	0			Capacity Building
Yavapaı BBBS Inc3208 Lakesıde Vıllage Drıve Prescott, AZ 86301	86-0278776	501Â ©(3)	33,783	0			Capacity Building
BBBS of Northeastern ArizonaPO Box 1722 Show Low, AZ 85902	86-0863796	501Â ©(3)	88,357	0			Capacity Building
BBBS of Tucson Inc160 East Alameda Street Tucson, AZ 85701	86-0188050	501Â ©(3)	15,098	0			Capacity Building
BBBS of Ventura County445 Rosewood Ste Q Camarillo,CA 93010	20-3425568	501Â ©(3)	25,641	0			Capacity Building

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501Â ©(3) 94-1668376 0 BBBS of Central California Capacity Building 905 North Fulton Street 39,108 Fresno, CA 93728 95-1904857 501Â ©(3) BBBS of Greater Los Angeles 0 Capacity Building and the Inland Empire800 S 234,553 Figueroa Street Suite 620 Los Angeles, CA 90017 501©(3) Catholic BBBS1530 James M 13-5564115 0 Capacity Building Wood Blvd 2nd Fl 31,733 Los Angeles, CA 90015 501©(3) 0 BBBS of the Desert42-600 33-0683335 Capacity Building Cook Street Suite 110 12,124 Palm Desert, CA 92211 501Â ©(3) BBBS of the Greater 94-1559853 0 Capacity Building Sacramento Area Inc1540 14,904 River Park Drive Suite 214 Sacramento, CA 95815 501Â ©(3) Big Brothers Big Sisters of 95-2151526 0 Capacity Building San Diego County8515 244,103 Arions Drive Suite A San Diego, CA 92126 BBBS of the Bay Area731 77-0348487 501Â ©(3) 0 Capacity Building Market Street 6th Floor 114,068 San Francisco, CA 94103 501Â ©(3) 0 BBBS of the North Bay Inc 94-2502278 Capacity Building 1618 2nd Street 57,523 San Rafael, CA 94901 501Â ©(3) BBBS of Orange County 95-1992702 0 Capacity Building 14131 Yorba Street - Suite 121,176 200 Tustin, CA 92780 501©(3) BBBS of Colorado Inc1391 N 23-7161796 0 Capacity Building Speer Blvd - Suite 450 65,190 Denver, CO 80204

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (a) Name and address of (b) EIN (c) IRC Code section (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization if applicable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501©(3) 0 Nutmeg BBBS Inc30 Laurel 06-0850379 Capacity Building Street Suite 3 65,655 Hartford, CT 06106 501©(3) BBBS of Southeastern 06-0812978 0 Capacity Building Connecticut1595 Hartford 29,359 Turnpike Route 85 Oakdale, CT 06370 BBBS of Broward County Inc 59-1507595 501©(3) 0 Capacity Building 4101 Ravenswood Road Suite 69,402 226 Fort Lauderdale, FL 33312 59-2455513 501©(3) 0 Capacity Building BBBS of St Lucie Indian River and Okeechobee Counties 25,340 125 North 2nd Street Fort Pierce, FL 34950 501©(3) BBBS of Northeast Florida 59-0683256 0 Capacity Building 3100 University Blvd - 120 23,186 Jacksonville, FL 32216 501©(3) 0 BBBS of Pinellas County918 59-1197491 Capacity Building West Bay Drive 60,638 Largo, FL 33770 BBBS of Greater Miami 65-0639541 501©(3) 0 Capacity Building Mentoring Resource Ctr 81,096 Interamerican Plaza 701 SW 27th Ave Miami, FL 33135 501©(3) 0 BBBS of Northwest Florida 59-2996893 Capacity Building 1149 Crieghton Rd Ste 1 10,325 Pensacola, FL 32504 501©(3) BBBS of Palm Beach and 59-2078576 0 Capacity Building Martin Counties 5033 SE 21,055 Federal Highway Stuart, FL 34997 501©(3) 59-2130789 0 Capacity Building BBBS of the Big Bend Inc565 East Tennessee Street 18,310 Tallahassee, FL 32308

Form 990,Schedule I, Par	t II, Grants an	d Other Assistance	e to Governments	and Organization	s in the United Sta	tes	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Tampa Bay Inc711 S Dale Mabry Ave Suite 300 Tampa,FL 33609	59-2173085	5 501©(3)	35,495	0			Capacity Building
BBBS of the Sun Coast IncPO Box 177 Venice, FL 34285	59-1361826	501Â ©(3)	50,881	0			Capacity Building
BBBS of Central Florida807 S Orlando Ave Suite L Winter Park, FL 32789	59-6555007	7 501Â ©(3)	28,748	0			Capacity Building
BBBS of Metro Atlanta Inc 100 Edgewood Ave - 710 Atlanta, GA 30303	58-0861895	501Â ©(3)	114,932	0			Capacity Building
BBBS of the Chattahoochee ValleyPO Box 1825 Columbus,GA 31902	58-0828094	501Â ©(3)	30,482	0			Capacity Building
BBBS of Northwest Georgia Mountains IncPO Box 417 Dalton, GA 30722	58-1079202	501Â ©(3)	20,760	0			Capacity Building
BBBS of the Heart of Georgia Inc777 Walnut St Macon, GA 31201	58-0707593	3 501Â ⊚(3)	14,000	0			Capacity Building
BBBS of the Coastal Empire 428 Bull Street Suite 203 Savannah, GA 31401	26-2477067	7 501Â ©(3)	41,333	0			Capacity Building
BBBS of Honolulu Inc418 Kuwili Street - Suite 106 Honolulu, HI 96817	99-0109970	501Â ©(3)	39,802	0			Capacity Building
BBBS of Siouxland3650 Glen Oaks Blvd Sioux City, IA 51104	42-1121154	501©(3)	20,000	0			Capacity Building

organization or government or grant cash assistance or as	Form 990,Schedule I, Par	I, Part II, Grants ar	nd Other Assistanc	e to Governments	and Organization	is in the United Sta	ıtes	
6400 West Main - Suite 1G Belleville, IL 62223  BBBS of Metropolitan Chicago 560 W Lake Street 5th Floor Chicago, IL 60661  BBBS of Central Illinois117 North Main Street Decatur, IL 62523  BBBS of Lake County 3701-G Grand Ave Gurnee, IL 60031  BBBS of Central Indiana Inc 2960 N Meridian Street Suite 150 Indianapolis, IN 46208  BBBS of Delaware County Inc 220 N Walnut St Muncie, IN 47305  Kansas BBBS Inc310 E 2nd Street  Decative Build  15,245  0 48,000  Capacity Build 19,745  0 Capacity Build 51,164	organization	s of (b) EIN	` '	, ,	cash	valuation (book, FMV, appraisal,	non-cash assistance	(h) Purpose of grant or assistance
Street   Steel   Ste	6400 West Maın - Suite 1G		501Â ⊚(3)	·				Capacity Building
North Main Street   Decatur, IL 62523	560 W Lake Street 5th Floor		501Â ©(3)					Capacity Building
Grand Ave Gurnee, IL 60031       19,745         BBBS of Central Indiana Inc 2960 N Meridian Street Suite 150 Indianapolis, IN 46208       35-1323831       501Â ⊚ (3)         BBBS of Delaware County Inc 220 N Walnut St Muncie, IN 47305       35-1276651       501Â ⊚ (3)         Kansas BBBS Inc310 E 2nd 	North Main Street	37-1348685	501Â ©(3)	·				Capacity Building
2960 N Meridian Street Suite 150 Indianapolis, IN 46208  BBBS of Delaware County Inc 220 N Walnut St Muncie, IN 47305  Kansas BBBS Inc310 E 2nd Street  5,392  0 Capacity Build 79,794	Grand A ve	/01-G 36-3078109	501Â ©(3)	'	_			Capacity Building
220 N Walnut St Muncie, IN 47305  Kansas BBBS Inc310 E 2nd 23-7056717 501©(3) Street 79,794	2960 N Meridian Street Suite 150	et Suite	501Â ©(3)	·				Capacity Building
Street 79,794	220 N Walnut St	ıty Inc 35-1276651	501Â ⊚(3)		_			Capacity Building
wichita, KS 67202		i 2nd 23-7056717	501Â⊚(3)	·				Capacity Building
BBBS of South Central 31-0944769 501Â © (3) KentuckyPO Box 9646 Bowling Green, KY 42102 Capacity Build	KentuckyPO Box 9646	5	501Â ⊚(3)					Capacity Building
BBBS of Kentuckiana Inc 1519 Gardiner Lane Suite B Louisville, KY 40218  61-6057856  501©(3) 30,101	1519 Gardiner Lane Suite B		501Â ⊚(3)					Capacity Building
BBBS of Southeast Louisiana       72-1377387       501©(3)       0       Capacity Build         2626 Canal Street Suite 203       32,529       32,529         New Orleans, LA 70119       32,529       32,529	2626 Canal Street Suite 203	ite 203	501Â ©(3)	<b>'</b>				Capacity Building

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization

(b) EIN (c) IRC Code section of if applicable grant cash (e) A mount of non-cash assistance organization organiza

or government		п аррпсавте	grant	assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Big Brothers Big Sisters of Massachusetts Bay75 Federal Street 8th Floor Boston, MA 02110	04-2074462	501Â ⊚(3)	41,470	0			Capacity Building
Big Sister Association of Greater Boston Inc161 Massachusetts Ave – 2nd Floor Boston, MA 02115	04-2150651	501Â ©(3)	19,105	0			Capacity Building
Jewish Big Brothers Big Sisters of Greater Boston333 Nahanton Street Newton, MA 02459	22-3283364	501Â ⊚(3)	12,126	0			Capacity Building
BBBS of Hampden County101 State Street - Suite 601 Springfield, MA 01103	04-2800998	501©(3)	13,692	0			Capacity Building
BBBS of Central MassMetrowest Inc484 Main Street - Suite 360 Worcester, MA 01608	04-2317926	501Â ⊚(3)	20,372	0			Capacity Building
BBBS of Central Maryland Inc 3600 Clipper Mill Road - 250 Baltimore, MD 21211	52-0631265	501©(3)	206,745	0			Capacity Building
BBBS of the National Capital Area10210 Greenbelt Road Suite 900 Washington, DC 20009	53-0190849	501Â ⊚(3)	17,370	0			Capacity Building
BBBS of Washtenaw County 2890 Carpenter Road Suite 1400 Ann Arbor, MI 48108	26-0344984	501Â ⊚(3)	44,147	0			Capacity Building
BBBS of Metropolitan Detroit 7700 Second Avenue Suite 602 Detroit, MI 48202	38-6112533	501Â ⊚(3)	14,517	0			Capacity Building
BBBS of the Greater Twin Cities2550 University Avenue - Suite 410N St Paul, MN 55114	32-0017737	501Â ⊚(3)	167,669	0			Capacity Building

(h) Purpose of grant

orassistance

Form 990,Schedule I, Part	t II, Grants an	ıd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Eastern Missouri Inc 501 North Grand Blvd Saint Louis, MO 63103	43-0669085	5 501Â ⊚(3)	43,291	0			Capacity Building
BBBS of the Ozarks Inc3372 W Battlefield Springfield, MO 65807	43-0971303	3 501Â ⊚(3)	11,408	0			Capacity Building
BBBS of Mississippi175 E Capitol Str- Suite 222 Jackson, MS 39201	64-0930671	1 501Â ⊚(3)	36,500	0			Capacity Building
BBBS of Yellowstone County Inc504 B North 20th St Billings, MT 59101	23-7451775	5 501Â ⊚(3)	19,200	0			Capacity Building
BBBS of Great Falls Inc18 Sixth Street North Suite 26 Great Falls, MT 59401	51-0187877	7 501Â ⊚(3)	14,200	0			Capacity Building
BBBS of Lake County and The Flathead ReservationPO Box 12 Ronan, MT 59864	81-0362546	5 501©(3)	5,010	0			Capacity Building
BBBS of Western North Carolina Inc50 South French Broad - 213 Asheville, NC 28801	58-1505917	7 501©(3)	46,042	0			Capacity Building
BBBS of Greater Charlotte 3801 E Indepencence Boulevard Charlotte, NC 28205	56-2264009	501©(3)	77,625	0			Capacity Building
BBBS of Greater Greensboro 510 Summit Avenue Greensboro, NC 27405	53-0190849	501©(3)	10,355	0			Capacity Building
BBBS of the Central Piedmont PO Box 627 High Point, NC 27261	20-4648395	5 501©(3)	34,854	0			Capacity Building

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501Â ©(3) 56-2109717 0 BBBS of the Triangle 1001 Capacity Building Navaho Drive GL 150 420,000 Raleigh, NC 27609 501Â ©(3) BBBS of the Midlands 10831 47-0466144 0 Capacity Building Old Mill Road Ste 400 9,570 Omaha, NE 68154 501Â ©(3) 0 BBBS of Monmouth County 22-2115416 Capacity Building Inc174 Main Street 10,503 Eatontown, NJ 07724 501©(3) 22-3676931 0 Capacity Building BBBS of Essex Hudson and Union Counties 494 Broad 93,997 Street Suite 103 Newark, NJ 07102 501Â ©(3) BBBS of Morris Bergen and 11-3675554 0 Capacity Building Passaic1259 Rt 46 East 33,179 Bldg 3 Parsippany, NJ 07054 501Â ©(3) BBBS of Central New Mexico 85-0271207 0 Capacity Building Inc5400 Phoenix NE - Suite 239,714 200 Albuquerque, NM 87110 BBBS of San Juan County Inc 85-0295346 501Â ©(3) 0 Capacity Building 4800 College Blvd Suite 104 79,007 Farmington, NM 87402 501Â ©(3) 0 BBBS of Southwestern New 85-0347573 Capacity Building MexicoPO Box 15091 18,897 Las Cruces, NM 88005 501Â ©(3) BBBS of Northern New 85-0276498 0 Capacity Building Mexico Inc1229 St Francis 53,875 Drive Suite C Santa Fe, NM 87505 501©(3) BBBS of Southern Nevada Inc 51-0136847 0 Capacity Building 4065 E Post Road 15,185 Las Vegas, NV 89120

rt II, Grants ar	ıd Other Assistanc	e to Governments	and Organization	s in the United Sta	₁tes	
(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
11-2422452	501©(3)	42,810	_			Capacity Building
23-2260248	3 501Â ⊚(3)	32,799				Capacity Building
16-1106399	501©(3)	31,242	_			Capacity Building
13-5600383	3 501Â ⊚(3)	26,980	0			Capacity Building
16-0997229	501Â ⊚(3)	60,700	0			Capacity Building
16-0997229	501Â ⊚(3)	22,797	0			Capacity Building
31-0577668	501Â ⊚(3)	9,214	_			Capacity Building
34-1039700	501Â ⊚(3)	39,268	_			Capacity Building
31-0846147	7 501Â ⊚(3)	12,089				Capacity Building
31-0959450	501©(3)	8,569				Capacity Building
	(b) EIN  11-2422452  23-2260248  16-1106399  13-5600383  16-0997229  16-0997229  31-0577668  34-1039700  31-0846147	(b) EIN (c) IRC Code section if applicable  11-2422452 501Â ©(3)  23-2260248 501Â ©(3)  16-1106399 501Â ©(3)  13-5600383 501Â ©(3)  16-0997229 501Â ©(3)  31-0577668 501Â ©(3)  31-0577668 501Â ©(3)  31-0846147 501Â ©(3)	(b) EIN       (c) IRC Code section if applicable       (d) A mount of cash grant         11-2422452       501Â ⊚(3)       42,810         23-2260248       501Â ⊚(3)       32,799         16-1106399       501Â ⊚(3)       31,242         13-5600383       501Â ⊚(3)       26,980         16-0997229       501Â ⊚(3)       60,700         16-0997229       501Â ⊚(3)       22,797         31-0577668       501Â ⊚(3)       9,214         34-1039700       501Â ⊚(3)       39,268         31-0846147       501Â ⊚(3)       12,089         31-0959450       501Â ⊚(3)       12,089	(b) EIN       (c) IRC Code section if applicable       (d) Amount of cash grant       (e) Amount of noncash assistance         11-2422452       501Â © (3)       42,810       0         23-2260248       501Â © (3)       32,799       0         16-1106399       501Â © (3)       31,242       0         13-5600383       501Â © (3)       26,980       0         16-0997229       501Â © (3)       60,700       0         16-0997229       501Â © (3)       22,797       0         31-0577668       501Â © (3)       9,214       0         34-1039700       501Â © (3)       39,268       0         31-0846147       501Â © (3)       12,089       0         31-0959450       501Â © (3)       0       0	(b) EIN         (c) IRC Code section if applicable         (d) Amount of cash grant         (e) Amount of noncash assistance         (f) Method of valuation (book, FMV, appraisal, other)           11-2422452         501Â © (3)         42,810         0           23-2260248         501Â © (3)         32,799         0           16-1106399         501Â © (3)         31,242         0           13-5600383         501Â © (3)         26,980         0           16-0997229         501Â © (3)         60,700         0           16-0997229         501Â © (3)         22,797         0           31-0577668         501Â © (3)         9,214         0           34-1039700         501Â © (3)         39,268         0           31-0846147         501Â © (3)         12,089         0           31-0959450         501Â © (3)         0         0	If applicable   grant   cash   assistance   (book, FMV, appraisal, other)   con-cash assistance   (book, FMV, appraisal, other)   con-cash assistance   cash   cother)   cother)   cother)   cother)   cother)   cother)   cother   cother

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applıcable grant cash valuation non-cash assistance or assistance (book, FMV, appraisal, or government assistance other) 501Â ©(3) 0 BBBS of Oklahoma Inc 5840 73-1226237 Capacity Building S Memorial Drive Suite 105 100,509 Tulsa, OK 74145 93-0677650 501Â ©(3) BBBS of Central Oregon2125 0 Capacity Building NE Daggett Lane 14,550 Bend, OR 97701 501Â ©(3) 0 Capacity Building BBBS Columbia Northwest 93-1303640 1827 NE 44th Avenue Suite 106,983 100 Portland, OR 97213 501©(3) 0 BBBS Southeastern 23-1352034 Capacity Building Pennsylvania123 South 56,621 Broad Street Suite 2180 Philadelphia, PA 19109 501Â ©(3) 25-6074707 0 BBBS of Greater Pittsburgh Capacity Building Inc5989 Penn Circle South 33,413 Pittsburgh, PA 15206 501©(3) BBBS of Greater Columbia 57-0570422 0 Capacity Building IncPO Box 2559 30,733 Columbia, SC 29202 501Â ©(3) 20-4243553 0 BBBS of the Upstate620 N Capacity Building Main St 102 39,296 Greenville, SC 29601 501©(3) BBBS of Carolina Youth 57-0669877 0 Capacity Building Development Ctr5055 40.889 Lackawanna Boulevard North Charleston, SC 29405 501Â ©(3) BBBS of the Black Hills 425 46-0282706 0 Capacity Building Kansas City Street 15,308 Rapid City, SD 57701 501Â ©(3) 0 Capacity Building BBBS of East Tennessee 62-0842531 4928 Homberg Drive - Suite 9,114 B1-3 Knoxville, TN 37919

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
BBBS of Greater Memphis81 Tillman Memphis,TN 38111	23-7113070	501Â ⊚(3)	115,978	0			Capacity Building					
BBBS of Middle Tennessee 1704 Charlotte Avenue Suite 130 Nashville, TN 37203	23-7056024	501©(3)	81,324	0			Capacity Building					
BBBS of Central Texas Inc 1400 Tillery Street Austin, TX 78721	74-1678586	5 501Â ⊚(3)	38,688	0			Capacity Building					
Gulf Coast BB & BS Inc1413 Tremont St Galveston, TX 77550	51-0163281	1 501Â ⊚(3)	43,533	0			Capacity Building					
BBBS of Greater Houston 6437 High Star Drive Houston,TX 77074	74-1148915	501Â ©(3)	111,905	0			Capacity Building					
BBBS of North Texas450 E John Carpenter Freeway Irving,TX 75062	75-0800632	2 501Â ⊚(3)	247,717	0			Capacity Building					
BBBS of Lubbock Inc1409 19th Street Suite 204 Lubbock,TX 79401	23-7041917	7 501Â ⊚(3)	40,932	0			Capacity Building					
BBBS of South Texas202 Baltımore San Antonio, TX 78215	74-1897630	501Â ©(3)	56,403	0			Capacity Building					
BBBS of Utah Inc151 East 5600 So Suite 200 Murray, UT 84107	87-0336168	3 501Â ⊚(3)	103,030	0			Capacity Building					
Rappahannock BBBS Inc325- A Wallace Street Fredericksburg, VA 22401	54-0848850	501©(3)	18,644	0	'		Capacity Building					

Form 990,Schedule I, Par	rt II, Grants ar	nd Other Assistanc	e to Governments	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BBBS of Harrisonburg- Rockingham CountyPO Box 81 Harrisonburg, VA 22803	51-0209104	501Â ©(3)	62,855	0			Capacity Building
BBBS Services Inc5511 Staples Mill Road Richmond, VA 23228	54-0702502	501Â ©(3)	149,946	0			Capacity Building
BBBS of Southwest Virginia Inc124 Wells Ave NW Roanoke, VA 24016	54-0837136	501Â ©(3)	18,941	0			Capacity Building
BBBS of Greater Williamsburg 312 Waller Mill Road - Suite 200 Williamsburg,VA 23185	54-1153403	501Â ©(3)	47,395	0			Capacity Building
BBBS of Southwest Washington1802 Black Lake Blvd 102 Olympia, WA 98512	91-1225443	501Â ©(3)	34,378	0			Capacity Building
BBBS of Puget Sound1600 South Graham Street Seattle, WA 98108	91-0673185	5 501Â ©(3)	83,346	0			Capacity Building
BBBS of the 7 Rivers Region 1707 Main Street - 438 La Crosse, WI 54601	39-1762460	501Â ©(3)	12,875	0			Capacity Building
BBBS of Metro Milwaukee Inc 788 N Jefferson St Ste 600 Milwaukee, WI 53202	39-1239687	7 501Â ©(3)	15,179	0			Capacity Building
BBBS International1315 Walnut Street Suite 502 Philadelphia, PA 19107	23-1365190	501Â ©(3)	325,000	0			Capacity Building

DLN: 93493162006040

Employer identification number

OMB No 1545-0047

### Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

BIG	BROTHERS BIG SISTERS OF AMERICA		23-1365190			
Pa	rt I Questions Regarding Compensation		23-1303190			
					Yes	Νο
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to					
	First-class or charter travel	Ī	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Γ	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the orga reimbursement orprovision of all the expenses describ		, , , , ,	1b		
2	Did the organization require substantiation prior to reli officers, directors, trustees, and the CEO/Executive D			2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that		У			
	Compensation committee	   	Written employment contract Compensation survey or study			
	Independent compensation consultant Form 990 of other organizations	V	Approval by the board or compensation committee			
	, Tomisso of other organizations	,	Approval by the board of compensation committee			
4	During the year, did any person listed in Form 990, Pa or a related organization	rt VI	I, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-control pa	ymer	nt?	4a		No
ь	Participate in, or receive payment from, a supplementa	al non	iqualified retirement plan?	4b	Yes	
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and prov	ıde th	ne applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must	com	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ie 1a,	, did the organization pay or accrue any			
а	The organization?			5a	Yes	
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a,	, did the organization pay or accrue any			
а	The organization?			6a	Yes	
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, li payments not described in lines 5 and 6? If "Yes," des			7		No
8	Were any amounts reported in Form 990, Part VII, pai subject to the initial contract exception described in R in Part III			8		No
9	If "Yes" to line 8, did the organization also follow the re	ebutt	able presumption procedure described in Regulations			<del>                                  </del>

section 53 4958-6(c)?

## Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

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

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base (ii) Bonus & incentive compensation compensation		(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
V redenburgh Judy	(I) (II)	258,788 0	50,000	21,615	0 0	1	3 337,666 0 0	6 381,294 0 (	
Koonce Stanley	(ı) (ıı)	244,302	0	17,101	0 0	,	8 275,041 0 0	266,13:	
Booth Nick	(ı) (ıı)	183,610 0	0	12,853	0 0	•	6 210,779 0 0	9 161,484	
Lewis Michael	(ı) (ıı)	171,602 0	0	12,012	0 0		3 191,867 0 0	7 188,092	
Radelet Joseph	(ı) (ıı)	158,735 0	0	11,111	0 0	1	6 182,722 0 0	2 177,06	
Keenan Kay	(ı) (ıı)	153,826 0	0 0	10,768		•	5 172,679 0 0	9 167,41	
Maguire Diane	(ı) (ıı)	147,891 0	0	10,352	0 0	1	5 166,328 0 0	8 160,22	
Mesko Cındy	(ı) (ıı)	147,842 0	0	10,349	0 0		9 166,240 0 0	0 160,34	
Zeiger Stuart	(I) (II)	145,200	0	10,164	0 0	1		167,07	
		<u> </u>	<del> </del> '						
		-							
			<del></del> '						
			<del></del> '	<del> </del>	<u> </u>	<del></del>			
		!	1'	1	'				

## Part III Supplemental Information

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

Ident if ier	Return Reference	Explanation
	Schedule J, Part I, Line 4	The CEO participates in 457b plan
	Schedule J, Part I, Line 5	CEO's target bonus is partially based on BBBSA revenue as well as BBBS network revenue
	Schedule J, Part I, Line 6	The CEO's target bonus is partially based BBBSA net earnings

Schedule J (Form 990) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493162006040

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**SCHEDULE 0** 

Department of the Treasury
Internal Revenue Service

(Form 990)

**Supplemental Information to Form 990** 

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public

Inspection Employer identification number

Name of the organization BIG BROTHERS BIG SISTERS OF AMERICA

23-1365190

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11	Form 990, Part VI, Section B, Line 11	The IRS Form 990 is reviewed by the CEO, VP of Finance and chair of the audit commitee. The document is also shared with the full audit and finance committees and our external auditors.
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	Our officers, directors, and key employees must complete conflict of interest document annually listing all of their external relations with other companies and organizations. They must also disclose and resolve potential conflicts that occur throughout the year.
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	Regarding the process for determing CEO compensation, the Board's Human Resource and Compensation Committee reviews the comparability data and seeks independent objective input
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. The financial statements are also available on our wiebsite at bbbs org

## Software ID: Software Version:

**EIN:** 23-1365190

Name: BIG BROTHERS BIG SISTERS OF AMERICA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee <i>o</i> r director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Benz Treuille Beverly Board Director	1 00	X						0	0	0	
Bilney Jody Board Director	1 00	X						0	0	0	
Bracken Frank Board Director	1 00	Х						0	0	0	
Carty Donald Board Director	1 00	Х						0	0	0	
Garrett Thomas Board Director	1 00	Х						0	0	0	
Hanna William Board Director	1 00	Х						0	0	0	
William Hybl Board Director	1 00	Х						0	0	0	
Jackson Brian Board Director	1 00	Х						0	0	0	
O Brien James Board Director	1 00	Х						0	0	0	
Page Greg Board Chair	2 00	Х		Х				0	0	0	
Rubacha Frances Board Director	1 00	Х						0	0	0	
Paul Pressler Board Director	2 00	Х						0	0	0	
Rudner Edward Board Director	1 00	X						0	0	0	
Schwartz Steven Board Director	1 00	Χ						0	0	0	
Singleton James Board Director	1 00	X						0	0	0	
Smith Liz Board Director	1 00	Χ						0	0	0	
Snow Kate Board Director	1 00	Χ						0	0	0	
Swann Lynn Board Director	1 00	Χ						0	0	0	
Taylor Robert Board Director	1 00	X						0	0	0	
Vıgıl Fernando Board Dırector	1 00	Χ						0	0	0	
Wood Robert Board Director	1 00	X						0	0	0	
Warren Kevin Board Director	1 00	X						0	0	0	
Mathis Karen President/CEO	50 00	X		X	X	Х		124,500	0	0	
V redenburgh Judy President/CEO	50 00	X		Х	X	X	Х	308,788	0	21,615	
Koonce Stanley Exe V P/C O O	50 00				X			244,302	0	30,739	

## Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	1	(C) Position (check all that apply)					(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
Booth Nick VP Philanthropy	50 00				X			183,610	0	27,169
Lewis Michael VP Finance	50 00				X			171,602	0	12,012
Radelet Joseph VP Mentoring	50 00				X			158,735	0	23,987
Maguire Diane VP Human Resources	50 00				X			147,891	0	10,352
Keenan Kay VP Marketing & Communications	50 00				X			153,826	0	10,768
Mesko Cındy VP Agency Development	50 00				X			147,842	0	10,349
Zeiger Stuart VP Information Technology	50 00				X			145,200	0	25,224