

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No 1545-0047

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

Big Sisters Fund Service Servi	Α	For the	2010 calendar year, or tax year beginning and	ending		
BIG SISTERS FUND Number and street (or P.O. box if mail is not delivered to street address) Room/suite E relephone number (401) 921-2434	В	Check if applicable	C Name of organization		D Employer identific	cation number
Debrig Business As Number and street (or P.0. box I mail is not delivered to street address) Room/suite E Telephone number (401) 921-2434 (401) 92	Г	Addres	Big Sisters Fund			
Sumber and street (or P.0. book if mall is not delivered to street address) Room/sute E Tolephone number (401) 921-2434	\vdash	Name		-	06-1	472524
State Stat	Ī	Initial		Room/suite		
City or town, state or country, and ZIP + 4 Canaston, Ri 02920	F	Termin-	1			
Cranston, RI 02920	F	Amend			†	
Fame and address of principal officer DEBORAH SAUNDERS Holp Are all affiliates and address of principal officer DEBORAH SAUNDERS Holp Are all affiliates and address of principal officer DEBORAH SAUNDERS Holp Are all affiliates and address of principal officer DEBORAH SAUNDERS Holp Are all affiliates and address of principal officer of the principal of th	F	Applica			 	
Same as C above	_	pendin	. —— :		7 ' .	
Tax-exempt status: S01(c)(3)						
Website: WrWw.Digs.Lstergri.Org	$\overline{}$	Tay.eye		or 527		
Repart Summary					-	
Barefty describe the organization's mission or most significant activities: BIG_SISTERS_FUND_IS_A_SUBSIDIARY DF_BIG_SISTERS_OF_RHODE_ISLAND. OUR_MISSION_IS_TO_COLLECT_GENTLY Check this box				I Year		
Binefly describe the organization's mission or most significant activities: BIG_SISTERS_FUND_IS_A_SUBSIDIARY OF_BIG_SISTERS_OF_RHODE_ISLAND_OUR_MISSION_IS_TO_COLLECT_GENTLY 2 Check this box				<u> L </u>	01101111a11011. 23311	Totalo or logar dormono, 202
OF BIG SISTERS OF RHODE ISLAND. OUR MISSION IS TO COLLECT GENTLY 2 Check this box	_	4 (SISTE	RS FUND IS A	SUBSIDIARY
Notine in independent of the government of the Schemics Court o	Se Se	` (
Notine in independent of the government of the Schemics Court o	na.	2				
Notine in independent of the government of the Schemics Court o	Š	3 1	- · · · · · · · · · · · · · · · · · · ·		1 1	
Standard Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 53 6 0 0 0 0 0 0 0 0 0	ၓ	4	· · · · · · · · · · · · · · · · · · ·			
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 1h) 10 Investment income (Part VIII, line 2g) 11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (most square) Part VIII, column (A), line 12) 13 Grants and similar amounts (Part VIII, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), lines 1-3) 15 Salariaes, other complexes (Part IX, column (A), lines 1-3) 16 Professional fundrating legislating (Part IX, column (A), lines 1-3) 17 Other expenses (Part IX, column (A), lines 25) 18 Total expenses. Add lines 10 (Janes 4) 19 Revenue less expenses Subtract line 18 from line 12 10 Total assets (Part IX, line 16) 20 Total assets (Part IX, line 16) 21 Total labilities (Part X, line 16) 22 Net assets or fund balances. Subtract line 21 from line 20 21 Total labilities (Part X, line 26) 22 Total labilities (Part X, line 26) 23 Repart II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. Declarate(6) of pengar (other) have a final fundration of which preparer has any knowledge. Primitype preparer is name 24 YKSM, LTD. Primitype preparer is name 25 YKSM, LTD. Providence is the form of the preparer shown above? (see instructions) Name A Signature of officer 27 Phone no. 401-273-1800 May the IRS discuss this return with the preparer shown above? (see instructions)	ళ ర					
Source S	itie				 	
Source S	ŧ	1 '	•			
B Contributions and grants (Part VIII, line 1h) 3,599 4,927	ĕ		• •		 1	
8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 1 1,378,871. 1,544,438. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 3, 64, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through 12 Liness qual Part VIII, column (A), line 12) 13 Grants and similar amounts part(Mart) McColumn (A), lines 13) 14 Benefits part to or for members Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Fart XX, column (A), lines 5-10) 16 Professional fundrating lees/Gah ix, downin (A), lines 19) 17 Other expenses (Part IX, column (A), line 2fe) 18 Total expenses, Add lines 13 Tanust equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total labshities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other/than officer) is based on all information of which preparer has any knowledge. Part II Signature of officer DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Prim Saune YKSM, LTD. Prim's admess YKSM, LTD. Firm's name YKSM, LTD. Firm's name PKSM, LTD. May the IRS discuss this return with the preparer shown above? (see instructions)	_	1 5.	tot uniciated business taxable income wom'r om 500 1, incom			
9		ا ۾ ا	Contributions and grants (Part VIII, line 1h)			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through ±1 (mist equal Part VIII, column (A), line 12) 13 Grants and similar amounts part (Mart W. Column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part X, column (A), lines 5-10) 16 Professional fundrations (eas) (Bart IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 5-10) 18 Total expenses. Add lines 13 (Lines to Gular IV, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Sign Here 27 DEBORAH SAUNDERS, EXECUTIVE DIRECTOR 28 Promition and subtract line 20 Prim's address 27 DRYDEN LANE 29 Promy perparer's name 20 Total assets Sauture Wish Mart Saunder (Saund Canada) of preparer (signature) 29 Prim's address 27 DRYDEN LANE 20 Providence (Saund Canada) of preparer shown above? (see instructions) 20 Prim's address 27 DRYDEN LANE 20 Providence (Saund Canada) of preparer shown above? (see instructions)	Σ	ا ما	•			
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue add lines 8 through ±1 (mist equal Part VIII, column (A), line 12) 13 Grants and similar amounts part (Mart W. Column (A), lines 13) 14 Benefits paid to or for members (Part IX, column (A), lines 4) 15 Salanes, other compensation, employee benefits (Part X, column (A), lines 5-10) 16 Professional fundrations (eas) (Bart IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), lines 5-10) 18 Total expenses. Add lines 13 (Lines to Gular IV, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total assets (Part X, line 26) 24 Total liabilities (Part X, line 26) 25 Net assets or fund balances. Subtract line 21 from line 20 26 Sign Here 27 DEBORAH SAUNDERS, EXECUTIVE DIRECTOR 28 Promition and subtract line 20 Prim's address 27 DRYDEN LANE 29 Promy perparer's name 20 Total assets Sauture Wish Mart Saunder (Saund Canada) of preparer (signature) 29 Prim's address 27 DRYDEN LANE 20 Providence (Saund Canada) of preparer shown above? (see instructions) 20 Prim's address 27 DRYDEN LANE 20 Providence (Saund Canada) of preparer shown above? (see instructions)	Š	10				
12 Total revenue add lines 8 through 11 (must equal Part VIII), column (A), line 12) 13 Grants and similar amounts part (MathiW bullion) (A), lines 1:3) 14 Benefits paid to or for members Part IX, column (A), lines 1:3) 15 Salaries, other compensation, employee benefits (Falt IX, column (A), lines 5:10) 16a Professional fundrations (ees) (An IX, column (D), line 25) 17 Other expenses (Part IX, column (D), line 25) 18 Total fundrations expenses (Part IX, column (D), line 25) 19 Total fundrations expenses (Part IX, column (D), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Jay 34 Jay 37 Jay 38 Jay 38 Jay 38 Jay 38 Jay 38 Jay 39	æ	110	• • • • • • • • • • • • • • • • • • • •			
13 Grants and similar amounts participant (As June 4) 14 Benefits paid to or for members (Part IX, column (As June 4) 15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundrations (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (D), line 25) 18 Total expenses. Add lines 13 // (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Isignature Block 24 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other shann officer) is based on all information of which preparer has any knowledge. Pinity perpearer's name Pinity selfness 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions)				<u> </u>		
14 Benefits paid to or for members (Part IX, column (A) line 4) 15 Salaries, other compensation, employee benefits (PayIX, column (A), lines 5-10) 16a Professional fundrasing expenses (Part IX, column (A), lines 5-10) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 137 (Payi AT, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Net assets or fund balances. Subtract line 21 from line 20 24 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 26 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 25 Net assets or fund balances. Subtract line 21 from line 20 26 July 15 Net assets or fund balances. Subtract line 21 from line 20 27 Net assets or fund balances. Subtract line 21 from line 20 28 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Signature of officer 22 Net assets or fund balances. Subtract line 21 from line 20 29 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtract line 21 from line 20 21 Signature of officer 22 Net assets or fund balances. Subtract line 21 from line 20 21 Signature of officer 22 Net assets or fund balances. Subtract line 21 from line 20 20 Net assets or fund balances. Subtrac	_					
15 Salaries, other commensation, employee benefits (Fall X, column (A), lines 5-10) 615,900. 646,069. 16a Professional fundraising expenses (Part X, column (A), line 1e) 0. 0. 17 Other expenses (Part X, column (A), line 25) 982,237. 18 Total expenses. Add lines 13 7 (austrequal Part IX, column (A), line 25) 1,385,813. 1,417,518. 19 Revenue less expenses Subtract line 18 from line 12 3,343. 131,861. 20 Total assets (Part X, line 16) 257,808. 380,891. 21 Total liabilities (Part X, line 26) 257,808. 380,891. 22 Net assets or fund balances. Subtract line 21 from line 20 159,954. 291,815. Part II Signature Block Signature Block Signature of officer Date D		14	Parality and to or for members (Part IV column (Avine 4)			
16a Professional fundrating (ees) (Part IX, Column (A), life 1e) 982, 237. 17 Other expenses (Part IX, Column (A), Life 25) 982, 237. 18 Total expenses. Add lines 13 Diametre (Qual Part IX, Column (A), Line 25) 1,385,813. 1,417,518. 19 Revenue less expenses Subtract line 18 from line 12 23,343. 131,861. 20 Total assets (Part X, line 16) 257,808. 380,891. 21 Total liabilities (Part X, line 26) 97,854. 89,076. 22 Net assets or fund balances. Subtract line 21 from line 20 159,954. 291,815. Part II Signature Block Signature Block Signature of officer Date						
17 Other expenses (Part X, Journal A) Journal A Journal	Ses	160	Professional fundralized togethan By Clump (A) Intellal	 		
17 Other expenses (Part X, Journal A) Journal A Journal	Dec	loa i		37.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 20 Total assets (Part X, line 16) 20 Total liabilities (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Total liabilities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of prepager (other than officer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer Use Only Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) 1 1,385,813. 1,417,518. 13,385,813. 1,417,518. 8eginning of Current Year End of Year End of Year 257,808. 380,891. 97,854. 89,076. 259,954. 291,815. End of Year 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 97,854. 89,076. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 257,808. 380,891. 260,901. 260,901. 270,901. 280,901. 280,901. 291,815. 291,815. 291,815. 291,815. 291,815. 291,815. 201,901. 201,	Ä	17			769 913	487 412
19 Revenue less expenses Subtract line 18 from line 12						
Beginning of Current Year End of Year				·		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othershan officer) is based on all information of which preparer has any knowledge. Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	<u> </u>		nevertue less experises. Subtract life 16 from life 12	ь		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othershan officer) is based on all information of which preparer has any knowledge. Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	sts	Š ~ .	Fetal assets (Part V. Inc. 16)	В		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othershan officer) is based on all information of which preparer has any knowledge. Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	SSG	5 20		<u> </u>		
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (othershan officer) is based on all information of which preparer has any knowledge. Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	let/	2 2	, , ,			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (others than officer) is based on all information of which preparer has any knowledge. Sign BEBORAH SAUNDERS, EXECUTIVE DIRECTOR Print/Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Use Only Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				1	132,734.	471,013.
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	_			s and stater	ments, and to the hest of m	v knowledge and helief it is
Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN PTIN 06/20/11 PTIN 66/20/11 PTIN 66/20/11 PTIN 66/20/11 PTIN 66/20/11 PTIN Firm's EIN Phone no. 401-273-1800 X Yes No		•				y kiromoogo ana bollol, it is
Sign Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) Date Check PTIN PTIN 06/20/11 Self-employed Pool82252 Phone no. 401-273-1800		c, correc		mon proper	1///	111
Here DEBORAH SAUNDERS, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name	. C:					111
Type or print name and title Print/Type preparer's name JAMES A SINMAN, CPA, MST Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) Date O6/20/11 Firm's EIN Proparer's signature 06/20/11 Print's EIN Phone no. 401-273-1800 X Yes No						
Print/Type preparer's name Paid JAMES A SINMAN, CPA, MST Preparer Preparer Firm's name YKSM, LTD. Firm's address 27 DRYDEN LANE PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) Date 06/20/11 Firm's EIN Phone no. 401-273-1800 X Yes No	пе	i e				
Preparer Use Only PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) A SINMAN, CPA, MST Aum (A 06/20/11 sett-employed Pool82252 Pirm's EIN	_				Date Check	PTIN
Preparer Firm's name YKSM, LTD. Firm's EIN Use Only Provides 27 DRYDEN LANE PROVIDENCE, RI 02904 Phone no. 401-273-1800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No	P۵	id		CPA	if ∟	—JI _
Use Only Firm's address 27 DRYDEN LANE Phone no. 401-273-1800 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No				<u>~, ~, </u>		1/0-10-5-
PROVIDENCE, RI 02904 May the IRS discuss this return with the preparer shown above? (see instructions) Phone no. 401-273-1800 X Yes No		•			THIIISLIN	
May the IRS discuss this return with the preparer shown above? (see instructions)	-55	,			Phone no A	01-273-1800
	N4:	av the IC	- · · · · · · · · · · · · · · · · · · ·		prinone no. 4	
				ons.		

See Schedule O for Organization Mission Statement Continuation

Form	990 (2010) Big Sisters Fund	06-1472524 Page 2
Par	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	. \square
1	Briefly describe the organization's mission.	
	BIG SISTERS FUND IS A SUBSIDIARY OF BIG SISTERS OF RHODE	E ISLAND. OUR
	MISSION IS TO COLLECT GENTLY USED GOODS AND CLOTHING TO	
	SUPPORT BIG SISTERS OF RHODE ISLAND'S MENTORING PROGRAM.	
2	Did the organization undertake any significant program services during the year which were not listed on	
_	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O	Lies LAINO
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp	Denees
7	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	Jiants and
4-		1 E44 4E2 \
4a	(Code) (Expenses \$ 284,037. including grants of \$ 284,037.) (Refundralising for big sisters agency - soliciting donation)	
	GOODS AND CLOTHING SOLD THROUGH TVI STORES WITH PROCEEDS	GOING TO THE
	FUND AND THE BIG SISTERS AGENCY.	
4b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$
_		· ,
4d	Other program services (Describe in Schedule O.)	
Tu	(Expenses \$ including grants of \$) (Revenue \$	1
4e	- 004 027	
	TOTAL PLONING OF THE CAPPELLOUS BUT 1 VOIT	

Form **990** (2010)

Form 990 (2010) Big Sisters Fund
Part IV Checklist of Required Schedules

				·
			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	_	3.7	
_	If "Yes," complete Schedule A	1	_X	77
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		.
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			х
_	during the tax year? If "Yes," complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3		
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			 -
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	47	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			- v
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
U	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
.o 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		Ì	
_	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals		1	
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a		20a	-	X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	l.		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990	(2010)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			1
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			1
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			•
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
þ	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			}
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		ŀ	İ
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		1	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	Check if Schedule O contains a response to any question in this Part V			\Box
	Chock i Conocato o containo a response te any question in this hair v		Yes	No
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		165	140
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 53			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			į
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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		X
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).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	,		1
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g		
8 8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	7h_		-
0	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	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			
а	Gross income from members or shareholders	,		
b	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	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ	
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	·		
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	I	Ì

Form 990 (2010) Big Sisters Fund 06-1472524 Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI $\lfloor \mathbf{x} \rfloor$ Section A. Governing Body and Management Yes_ No 1a Enter the number of voting members of the governing body at the end of the tax year b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? b Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? X 10a b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with those of the organization? 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b X 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 Does the organization have a written whistleblower policy? X 13 Does the organization have a written document retention and destruction policy? X 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, 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 X taxable entity during the year? 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for
	public inspection. Indicate how you make these available. Check all that apply.
	Own website X Another's website X Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization
	DEBORAH SAUNDERS - (401) 921-2434
	1540 PONTIAC AVENUE, CRANSTON, RI 02920-2825

6 –			Page	

Form	990	(2010)	
------	-----	--------	--

Big Sisters Fund

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organiz	(B)			(((D)	(E)	(F)	
Name and Title	Average			Posi		ion		Reportable	Reportable	Estimated	
	hours per	(c	heck	all t	hat	арр	ly)	compensation	compensation	amount of	
	week (describe hours for related organizations in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
ANAUTHUR CTTATT I T	O)										
ANNETTE CERILLI	10.00	X						0.	0.	0.	
PRESIDENT DACUET DADDED	10.00	^						0.			
RACHEL BARBER	3.00	x						0.	0.	0.	
VICE PRESIDENT JAMES SINMAN	3.00	Α				\vdash		<u>.</u>	0.	<u> </u>	
TREASURER	3.00	x						0.	0.	0.	
JULIA ANN SLOM	3.00	^	_	-	-	-		0.	•		
SECRETARY	3.00	х						0.	0.	0.	
RACHEL BARBER	3,00										
BOARD MEMBER	3.00	X			ļ			0.	0.	0.	
ELISABETH GALLIGAN		<u></u>									
BOARD MEMBER	3.00	x						0.	0.	0.	
HENRY CUGNO											
BOARD MEMBER	3.00	x						0.	0.	0.	
CHRISTINE CUNNEEN											
BOARD MEMBER	3.00	x						0.	0.	0.	
DONNA CORVESE											
BOARD MEMBER	3.00	X						0.	0.	0 .	
JULIE MAGUIRE			-								
BOARD MEMBER	3.00	X	<u> </u>					_ 0.	0.	0 .	
JOELLE MOYER											
BOARD MEMBER	3.00	X		<u> </u>			<u> </u>	0.	0.	0.	
JEAN MURRAY								_	_	_	
BOARD MEMBER	3.00	X	_	<u> </u>	_	ļ	ļ	0.	0.	0.	
ALISON REUTER						}		_			
BOARD MEMBER	3.00	X	<u> </u>	ļ	ļ	ļ	ļ	0.	0.	0.	
ARMANDO RICCI		İ		İ							
BOARD MEMBER	3.00	X	-	-	-	 		0.	0.	0.	
DEBORAH SAUNDERS	00.00							46 445			
EXECUTIVE DIRECTOR	20.00			X		-		46,445.	0.	0.	
		<u> </u>									
			L	_		<u> </u>				Form 990 (2010	

Part	art VII Section A. Officers, Directors, Trustees, Key Employees, and Highest C												
	(A)	(B) (C)							(D)	(E)		(F)	
	Name and title	Average hours per	6	Position (check all that apply)					Reportable	Reportable	l l		
		week (describe hours for related organizations in Schedule O)	istee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC	5)	amount of other compensate from the organization and related organization	tion e on ed
								!				_	
				ļ									
			-	<u> </u>				-			1	.,	
						ļ	_				-		
	Sub-total				٠				46,445.		0.		0.
	Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							46,445.		0.		0.
	Total number of individuals (including but compensation from the organization	not limited to th	nose	e list	ed a	bov	re) w	ho r			<u></u>		0
	compensation non the organization											Yes	No
3	Did the organization list any former office line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i>			e, ke	y er	nplc	yee,	or l	highest compensated ei	mployee on		3	х
4	For any individual listed on line 1a, is the sand related organizations greater than \$15									the organization		4	Х
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor							rela	ted organization or indiv	idual for services		5	X
	tion B. Independent Contractors									£100,000 of com-			
1 —	Complete this table for your five highest c the organization. NONE	ompensated in	<u>аер</u>	ena	ent d	com	tract	ors	r	\$100,000 of comp	———		
	(A) Name and busines	s address							(B) Description of	services	C	(C) ompensatio	n
		- <u>.</u>											
										-			
	Total assertance of sadar and and analysis and	final udura hud	not !	luma et	ad *:		000	unt c	d above) who received t	nore than			
	Total number of independent contractors \$100,000 in compensation from the organ		101	mint			0			nore triair		<u>000</u> (

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from tax under sections 512, exempt function business revenue revenue 513, or 514 ifts, grants r amounts 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 10 1d Contributions, gif and other similar d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 4,927 similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 4,927 h Total, Add lines 1a-1f Business Code 423000 1,544,438.1,544,438. 2 a PROCEEDS OF DONATED GO f All other program service revenue 544,438. q Total, Add lines 2a-2f Investment income (including dividends, interest, and 14. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Secunties (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less. direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а **b** Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. . . . 549,379.1,544,452 0.

Form 990 (2010) Big Sisters Fund Part IX Statement of Functional Expenses

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

			not required to complete	1 77 1 - 1-	<u>"</u>
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	284,037.	284,037.		
2	Grants and other assistance to individuals in				
	the U.S See Part IV, line 22				
3	Grants and other assistance to governments,				·
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	46,445.			46,445.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u> </u>
7	Other salanes and wages .	530,979.		92,436.	438,543.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits	13,903.		2,224.	<u>11,679.</u>
10	Payroll taxes	54,742.	_	8,759.	45,983.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting _				
d	Lobbying .				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees .				
g	Other	2.7.2			
12	Advertising and promotion	359.	- / - / - / - / - / - / - / - / - / - /	2 455	359.
13	Office expenses	4,949.		2,475.	2,474.
14	Information technology			-	
15	Royalties .	F1 022	-	05 016	05.045
16	Occupancy .	51,833.		25,916.	25,917.
17	Travel	120.			120.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings	F00			
20	Interest	502.			502.
21	Payments to affiliates	20,266.			20 266
22	Depreciation, depletion, and amortization	42,664.			20,266.
23	Other expenses, Itemize expenses not covered	42,004.			42,664.
24	above. (List miscellaneous expenses in line 24f. If line			1	
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
•	TRUCK EXPENSES	208,206.			208,206.
a b	MAILINGS	72,753.			72,753.
C	TELEPHONE	44,187.		- · <u>- </u>	44,187.
d	PROFESSIONAL FEES	19,434.		19,434.	##,T0/•
e	MARKETING & OTHER FUNDR	5,810.		<u> </u>	5,810.
f	All other expenses	16,329.			16,329.
25	Total functional expenses. Add lines 1 through 24f	1,417,518.	284,037.	151,244.	982,237.
26	Joint costs. Check here Juf following SOP		201,007.	TOT/0240	704,431.
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a			ļ	
	combined educational campaign and fundraising solicitation				

Part X | Balance Sheet (A) Beginning of year End of year 135,243, 143,605. 1 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 22,371. 159,717. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Notes and loans receivable, net 7 Inventories for sale or use 8 15,456. 13,097. Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 101,792. basis Complete Part VI of Schedule D 10a 37,320 64,472. 84,738. b Less accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 257,808. 380,891. 16 16 12,115. 13,098. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 46,258. 36,678. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 24 39,481 39,300. 25 Other liabilities Complete Part X of Schedule D 25 97,854. 89,076. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 159,954. 291,815. 27 Unrestricted net assets 27 Temporanly restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. Capital stock or trust principal, or current funds ... Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 159,954 291,815. 33 Total net assets or fund balances 33 257.808. 380,891.

Form **990** (2010)

Total liabilities and net assets/fund balances

orm	990 (2010) Big Sisters Fund	06-147	2524	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,549	, 3	<u>79.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,417	, 5	18.
3	Revenue less expenses Subtract line 2 from line 1	3	131	. , 8	<u>61.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	159	, 9	<u>54.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6_	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	291	. , 8	<u> 15.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				LX.
				Yes	No
1	Accounting method used to prepare the Form 990 Cash Accrual Other				ı
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	<u>X</u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
	separate basis, consolidated basis, or both				
	Separate basis X Consolidated basis Both consolidated and separate basis				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1		
	Act and OMB Circular A-133?		3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form 9	190 (1	2010)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Big Sisters Fund

Employer identification number 06-1472524

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives. (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h b X Type II c Type III · Functionally integrated ___ Type III - Other __ Type I e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No X the governing body of the supported organization? 11g(i) X (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s) (iii) Type of (vi) Is the organization in col. (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization organization in col. in col. (i) listed in your organization (i) organized in the support (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes Yes BIG SISTERS OF RHODE ISL 22-260694211A X X 281,110. X

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
_	ization's benefit and either paid to						
	or expended on its behalf			1	ļ.		
3	The value of services or facilities						
Ť	furnished by a governmental unit to					i	
	the organization without charge						
4	Total, Add lines 1 through 3						
	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)						
_	Public support. Subtract line 5 from line 4						
	etion B. Total Support		<u> </u>	<u>. </u>			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	(4) 2000	(5) 2001	(6) 2000	(0/255	(5) 25 : 5	(7 : 5:=
8	Gross income from interest,						
٥	dividends, payments received on					ļ	
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				<u> </u>		
9	activities, whether or not the						
	business is regularly carned on					İ	
10	Other income Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part IV)						
44	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	etc /see instructi	one)	.1		12	<u>.</u>
	First five years. If the Form 990 is for	•	•	rd fourth or fifth t	ax vear as a section		
13	organization, check this box and stor		o mac, accord, un		, 43 4 30011	55 ((5)(5)	ightharpoons
Se	ction C. Computation of Publ	ic Support Pe	rcentage	.			F
	Public support percentage for 2010 (column (f))		14	%
	Public support percentage from 2009		-	.,,	•	15	%
	33 1/3% support test - 2010.If the o			n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies						▶□
t	33 1/3% support test - 2009. If the o				I line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qua						▶□
17:	10% -facts-and-circumstances tes				e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"					. 3	ightharpoons
	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
•	more, and if the organization meets t						
	organization meets the "facts-and-cir				-		▶□
18	Private foundation. If the organization						ıs 🕨
	rate tourisation in the organization			,,	2	1 1 4 5 000	200 57) 2042

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

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

Section A. Public Support					-	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Gifts, grants, contributions, and membership fees received (Do not						<u> </u>
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			:			
Tax revenues levied for the organization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to						
the organization without charge 6 Total. Add lines 1 through 5		 				
7a Amounts included on lines 1, 2, and		 				
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6) Section B. Total Support			<u> </u>			
alendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						:
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u></u>	<u> </u>	<u></u>	<u> </u>	
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organiz	ation,
check this box and stop here						<u> </u>
Section C. Computation of Publi					 	
Public support percentage for 2010 (lii		•	column (f))	•	15	
Public support percentage from 2009			<u> </u>	•	16	
Section D. Computation of Inves				<u> </u>		=
17 Investment income percentage for 20	-	*	ne 13, column (f))		17	
18 Investment income percentage from 2					18	
19a 33 1/3% support tests - 2010. If the omore than 33 1/3%, check this box an	d stop here. The	e organization qua	lifies as a publicly	supported organ	zation	►□
b 33 1/3% support tests - 2009. If the	-					
line 18 is not more than 33 1/3%, chec			· ·		. •	▶
20 Private foundation If the greanization	did not chock a	hay an line 14 10	a or 10h chock t	his hay and sac i	netriotione	

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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.

2010
Open to Public Inspection

Name of the organization

Big Sisters Fund

Employer identification number

06-1472524

Par	t I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Fund	Is or Accounts. Complete if the					
	organization answered "Yes" to Form 990, Part IV, Iir	ne 6						
		(a) Donor advised funds	(b) Funds and other accounts					
1	Total number at end of year		-					
2	Aggregate contributions to (during year)							
3	Aggregate grants from (during year)							
4	Aggregate value at end of year							
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	ised funds					
•	are the organization's property, subject to the organization's		Yes No					
6	Did the organization inform all grantees, donors, and donors	•						
Ū	for charitable purposes and not for the benefit of the donor	· ·	•					
	impermissible private benefit?	or derior devices, or let any exiter purpose	Yes No					
Par		ganization answered "Yes" to Form 990.						
1	Purpose(s) of conservation easements held by the organization							
•	Preservation of land for public use (e.g., recreation or		istorically important land area					
	Protection of natural habitat		rtified historic structure					
	Preservation of open space							
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last					
_	day of the tax year.		are a concentration substitution and					
	day of the tax year.		Held at the End of the Tax Year					
а	Total number of conservation easements		2a					
h	Total acreage restricted by conservation easements		2b					
	Number of conservation easements on a certified historic st	nucture included in (a)	2c					
4	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure							
•	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d							
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th						
	year ▶	,g,	gg					
4	Number of states where property subject to conservation ea	asement is located >						
5	Does the organization have a written policy regarding the pe		f					
-	violations, and enforcement of the conservation easements	· · ·	Yes No					
6	Staff and volunteer hours devoted to monitoring, inspecting		during the year					
7	Amount of expenses incurred in monitoring, inspecting, and							
8	Does each conservation easement reported on line 2(d) abo							
	and section 170(h)(4)(B)(ii)?	·	Yes No					
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expens	se statement, and balance sheet, and					
	include, if applicable, the text of the footnote to the organization	·						
	conservation easements		3					
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or	Other Similar Assets.					
	Complete if the organization answered "Yes" to Forn	n 990, Part IV, line 8						
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ement and balance sheet works of art,					
	historical treasures, or other similar assets held for public ex	chibition, education, or research in further	rance of public service, provide, in Part XIV,					
	the text of the footnote to its financial statements that desc							
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue stateme	nt and balance sheet works of art, historical					
	treasures, or other similar assets held for public exhibition,	education, or research in furtherance of p	ublic service, provide the following amounts					
	relating to these items:	·	•					
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$					
	(ii) Assets included in Form 990, Part X		\$					
2	If the organization received or held works of art, historical tr							
-	the following amounts required to be reported under SFAS		g, p					
а	Revenues included in Form 990, Part VIII, line 1	, ,	▶ \$					
b	Assets included in Form 990, Part X		S					

		cers runa	4 11:-4			O4b -				Page Z
Par										
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	following that	t are a sig	gnificant i	use of its	collection	rtems
	(check all that apply)									
а	Public exhibition	d			nange progra					
b	Scholarly research	е	\Box \circ	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explain	n how the	y further th	ie organizatio	on's exen	npt purpo	se in Parl	XIV	
5	During the year, did the organization solicit of	r receive donations of	of art, hist	toncal treas	sures, or othe	er sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	t IV Escrow and Custodial Arrang	-	ete if the d	organızatıoı	n answered "	'Yes" to I	Form 990	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Par		_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontribution	s or other as	sets not	ıncluded		-	
	on Form 990, Part X?							L	Yes	∟ No
b	if "Yes," explain the arrangement in Part XIV $$	and complete the fo	llowing ta	able:						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year .						1e			
f	Ending balance						1f		=	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes	L∐ No
	If "Yes," explain the arrangement in Part XIV									
Par	t V Endowment Funds. Complete	f the organization an	swered "	Yes" to For	m 990, Part	-			1	
		(a) Current year	(b) Pr	or year	(c) Two year	s back	(d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions .									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships								ļ	
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the year	r end balance held a	as							
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Term endowment >	%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	t are held a	nd administe	red for th	ne organiz	zation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
þ	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sched	ule R?					3b	
4	Describe in Part XIV the intended uses of the					_				
Pa	rt VI Land, Buildings, and Equipm	nent. See Form 990	0, Part X,	line 10				1		
	Description of investment	(a) Cost or o			or other (other)		ccumulate oreciation		(d) Book	value
1a	Land						_			
b	Buildings									
С	Leasehold improvements									
d	Equipment			9	7,292.		35,4		61	1,847.
е	Other				4,500.		1,8	75.		2,625.
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part	X, colum	n (B), line 1	0(c).)					4,472.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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

FIN 48 (ASC 740)

(9) (10) (11)

	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audited Ei	nancial State	omont	L4/2524 Page 4
	······································	o Auditeu Fi	1	ement	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,549,379.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		<u>1,417,518.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		. 3		131,861.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		<u> </u>
6	Investment expenses		6		·
7	Pnor period adjustments .		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		0.
10 Dai	Excess or (deficit) for the year per audited financial statements. Combine lines 3 at XII Reconciliation of Revenue per Audited Financial Statements.		10	Poturn	131,861.
		ients with n	svenue per r		
1	Total revenue, gains, and other support per audited financial statements			1	1,549,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	0-		1 1	
a	Net unrealized gains on investments	2a		-	
D	Donated services and use of facilities	2b		-	
С.	Recovenes of prior year grants	2c		-	
d	Other (Describe in Part XIV)	2d		┥. │	0
e	Add lines 2a through 2d			2e	1 540 270
3	Subtract line 2e from line 1			3	1,549,379.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		-	•
С	Add lines 4a and 4b			4c	1.540.350
<u>5</u>	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) It XIII Reconciliation of Expenses per Audited Financial Stater	nonte With F	vnoncoc no	5 Dotui	1,549,379.
		HEHRS AAITH E	xpenses per	T	
1	Total expenses and losses per audited financial statements			1	1,417,518.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما		1	
a	Donated services and use of facilities	2a		-	
D	Prior year adjustments	2b		-	
С.	Other losses	2c		-	
d	Other (Describe in Part XIV)	. 2d		- _	0
e	Add lines 2a through 2d			2e	1,417,518.
3	Subtract line 2e from line 1			3	1,41/,518.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
	Other (Describe in Part XIV.)	4b		┥.	0
c	Add lines 4a and 4b Total averages Add lines 2 and 4a (This must equal form 900 Part I line 19)			4c	0. 1,417,518.
Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) rt XIV Supplemental Information			5	1,417,510.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also cor				
_					

Schedule I (Form 990) (2010) ° ⊠ Employer identification number 06 - 1472524Open to Public OMB No 1545-0047 2010 EUNDING FOR MENTORING FUNDING FOR MENTORING Inspection (h) Purpose of grant or assistance Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any PROGRAM PROGRAM recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed and address of organization (b) EIN (c) IRC section or government o 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Ö o Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. 2,927. 281,110 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3)501 (c) (3) Enter total number of section 501(c)(3) and government organizations 22-2606942 General Information on Grants and Assistance Big Sisters Fund criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization BIG SISTERS/BIG BROTHERS OF SE CT BIG SISTERS OF RHODE ISLAND BRIDGEPORT, CT 06605 1540 PONTIAC AVENUE 2470 FAIRFIELD AVE Name of the organization CRANSTON, RI 02920 Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Part I Part

Page 2 Schedule I (Form 990) (2010) (f) Description of non-cash assistance 06-1472524 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Big Sisters Fund (a) Type of grant or assistance Schedule I (Form 990) (2010) 032102 01-13-11 Part III

SCHEDULE J (Form 990)

Compensation Information

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

 Complete if the organization answered "Yes" to Form 990, Part IV. line 23. 2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Attach to Form 990.

See separate instructions.

Big Sisters Fund

Employer identification number 06-1472524

Questions Regarding Compensation Part I Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, 2 trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply. Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations X Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment from the organization or a related organization? 4a X Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: X a The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments X not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the X initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

Schedule J (Form 990) 2010

Schedule J (Form 990) 2010

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

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

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	9	Q	(E)	(£)
		(-)			Retirement and	Nontaxable	Total of columns	Compensation
(А) Лате		(i) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990 EZ
	8							
•	€							
	ε							
2	Œ							
	(i)							
3	∷≘							
	€ (
4	≘ ∈							
ĸ	€ €							
	ε							
9	: <u>E</u>							
	Ξ							
7	(ii)							
	Ξ							
8	Œ							
	Ξ							= ::
6	(ii)							
	Ξ							
10	Œ							
	Ξ							
11	(
ç	3 3							
	9							
13	: E							
	Θ							
14	Ξ							
	Ξ							
15	3							
	Ξ							
16	(ii)							
							Schedul	Schedule J (Form 990) 2010

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

Internal Revenue Service

Name of the organization

Big Sisters Fund

Employer identification number 06-1472524

Form 990, Part I, Line 1, Description of Organization Mission:
USED GOODS AND CLOTHING TO RAISE FUNDS TO SUPPORT BIG SISTERS OF RHODE
ISLAND'S MENTORING PROGRAM.
Form 990, Part VI, Section B, line 11: THE FORM 990 IS PREPARED BY THE
BOARD TREASURER, TAKING INFORMATION FROM THE AUDITED FINANCIAL STATEMENTS
WITH INPUT FROM THE STAFF, AND IS REVIEWED AND SIGNED BY THE AGENCY
DIRECTOR. A COPY OF THE FORM 990 IS AVAILABLE TO ANYONE WHO REQUESTS IT.
•
Form 990, Part VI, Section B, Line 12c: THE POLICY IS DISTRIBUTED TO BOARD
OF DIRECTORS AND STAFF PERIODICALLY AND THEY ARE ASKED TO DISCLOSE ANY
CONFLICTS OF INTEREST OR ETHICAL CONCERNS.
Form 990, Part VI, Section C, Line 19: A STATMENT IS PUBLISHED IN OUR
ANNUAL REPORT, WHICH IS ALSO POSTED ON OUR WEBSITE, THAT THE FINANCIAL
STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE FINANCE COMMITTEE SELECTS THE INDEPENDENT AUDITOR, PERIODICALLY
PUTTING OUT THE ENGAGEMENT FOR BID. IT REVIEWS THE FINANCIAL STATEMENTS
INCLUDING A PRESENTATION FROM THE AUDITORS EACH YEAR.

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

Name of the organization

Part

Related Organizations and Unrelated Partnerships

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 06 - 1472524

Big Sisters Fund

Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33)

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

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ε End-of-year assets **e** Total income ਉ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part II

(a)	(q)	(0)	(g)	(e)	9	(6)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section		Direct controlling entity	Section 512(bX13) controlled entity?	((b, 13) ed ?
				501(c)(3))		Yes	N _o
BIG SISTERS OF RHODE ISLAND - 22-2606942							
1540 PONTIAC AVENUE	MENTORING AGENCY FOR YOUNG						
CRANSTON, RI 02920	CHILDREN AT RISK	Rhode Island	501(c) (3)	Line 11b, II			×
		i	·				
						_	

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

Schedule R (Form 990) 2010

06-1472524 Page 2

Schedule R (Form 990) 2010 Big Sisters Fund

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

(a)	(p)	<u></u>	<u> </u>	(e)		9	(<u>6</u>)	Ξ	Ξ	9	3
Name, address, and EIN of related organization	ctivity	Legal domicile (state or foreign country)	trolling /	Predominant income (related, unrelated, excluded from tax under sections 512-514)	it income irelated, tax under 12-514)	Share of total income	Share of end-of-year assets	Disproportionate allegations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership pariner?
					!						
							-			_	
								-	:		
Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)	ganizations Taxable as poration or trust during	a Corpo	ration or Trust (Cor ear)	mplete if the	organizatio	in answered "Yes"	to Form 990, Par	rt IV, line 34	because it had o	ne or mor	e related
(a) Name, address, and EIN of related organization	Z c		(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) of total Share of end-of-year assets		(h) Percentage ownership
032162 12-21-10									Schedule	R (Form	Schedule R (Form 990) 2010

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				_	Yes	ş
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed	ın Parts II:IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1		×
b Gift, grant, or capital contribution to other organization(s)				15	×	
c Gift, grant, or capital contribution from other organization(s)				10	,	X
d Loans or loan guarantees to or for other organization(s)				14		×
e Loans or loan quarantees by other organization(s)				16		×
f Sale of assets to other organization(s)				14		×
g Purchase of assets from other organization(s)				1g	^	×
				ŧ	^	×
i Lease of facilities, equipment, or other assets to other organization(s)				ï		×
j Lease of facilities, equipment, or other assets from other organization(s)				1j		×
k Performance of services or membership or fundraising solicitations for other organization(s)	ization(s)			4	×	
l Performance of services or membership or fundraising solicitations by other organization(s)	zation(s)			=	×	
m Sharing of facilities, equipment, mailing lists, or other assets				1m	×	
				ţ	X	
o Reimbursement paid to other organization for expenses				9		×
p Reimbursement paid by other organization for expenses				1p	_	×
 Qther transfer of cash or property to other organization(s) 				19	_	×
				+		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	tho must complete the	is line, including covered	relationships and transaction thresholds		,	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved			
(1) BIG SISTERS OF RHODE ISLAND	В	0	281110			}
(2) BIG SISTERS OF RHODE ISLAND	К	0.	0		:	
(3) BIG SISTERS OF RHODE ISLAND	L	0.0	0			
(4) BIG SISTERS OF RHODE ISLAND	М	0	0			
(5) BIG SISTERS OF RHODE ISLAND	N	0.0	0		:	

Schedule R (Form 990) 2010

06-1472524 Page 4

Schedule R (Form 990) 2010 Big Sisters Fund

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

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

(a)	(q)		(b)	(e)		(6)	(F)
Name, address, and EIN of entrty	Primary activity	eg ug	Are all partners section 501(c)(3) organizations?	Share of end-of- year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?
		country)	Yes No			(Form 1065)	Yes No
							-
							_
							_
							-
			_				
					_		
							-
					_		

Schedule R (Form 990) 2010

Schedule R	(Form 990) 2010	Big Sisters Fund	06-14/2524 Page 5
Part VII	(Form 990) 2010 Supplemental Info	rmation	
		ovide additional information for responses to questions on Schedule R (see instr	uctions)
_	··		
		· · · · · · · · · · · · · · · · · · ·	
		<u> </u>	
-			
		······································	

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No 1545-1709

 $\triangleright \mathbf{x}$

If you	are filing for an Additional (Not Automatic) 3-Month E	xtension, c	complete only Part II (on page 2 of this	form)			
Do not o	complete Part II unless you have already been granted	an automa	tic 3-month extension on a previously f	iled For	m 8868		
Electron	nic filing (e-file). You can electronically file Form 8868 if	you need a	a 3-month automatic extension of time	:o file (6	6 months for a	corporation	
required	to file Form 990-T), or an additional (not automatic) 3-me	onth extens	sion of time. You can electronically file f	orm 88	368 to reques	t an extension	
of time t	o file any of the forms listed in Part I or Part II with the ex	xception of	Form 8870, Information Return for Train	nsfers A	Associated Wi	th Certain	
Persona	l Benefit Contracts, which must be sent to the IRS in pa	per format	(see instructions) For more details on t	he elec	tronic filing of	this form,	
visit ww	w.irs.gov/efile and click on e-file for Chanties & Nonprofit	ts.					
Part I	Automatic 3-Month Extension of Tim	e. Only su	bmit original (no copies needed).				
A corpo	ration required to file Form 990-T and requesting an auto	omatic 6-mo	onth extension - check this box and cor	nplete			
Part I on	ily .						
	corporations (including 1120-C filers), partnerships, REI come tax returns.	MICs, and t	rusts must use Form 7004 to request a	n exten	sion of time		
Type or print	Name of exempt organization			Empl	loyer identific	cation number	
print	Big Sisters Fund			06-1472524			
File by the due date for		see instruc	tions.	, , , , , , , , , , , , , , , , , , , ,			
filing your							
return See instruction:							
	Cranston, RI 02920	g					
	,						
Enter th	e Return code for the return that this application is for (fi	ile a separa	te application for each return)			0 1	
Applica	tion	Return	Application			Return	
Is For		Code	Is For			Code	
Form 99	 N	01	Form 990-T (corporation)	07			
Form 99		02	Form 1041-A			08	
Form 99		03	Form 4720			09	
Form 99		04	Form 5227	10			
	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11			
	0-T (sec 40 f(a) of 400(a) trust)	06	Form 8870	12			
1 01111 93	DEBORAH SAUNDE		1 6/11/ 6676				
	books are in the care of \triangleright 1540 PONTIAC Appropriate No. \triangleright (401) 921-2434		- CRANSTON, RI 0292	20-2	825		
-	organization does not have an office or place of busines	ss in the Ur	nited States, check this box			ightharpoons	
	s is for a Group Return, enter the organization's four digr			is is fo	r the whole gr	oup, check this	
box 🕨	If it is for part of the group, check this box	_	ach a list with the names and EINs of al		=		
	equest an automatic 3-month (6 months for a corporation						
		•	ition return for the organization named		The extension	1	
IS	for the organization's return for:		J .				
•	X calendar year 2010 or						
•	tax year beginning	, an	nd ending				
			<u> </u>	-			
2 If	the tax year entered in line 1 is for less than 12 months, Change in accounting period	check reas	son Initial return Fin	al retur	n 		
	this application is for Form 990-BL, 990-PF, 990-T, 4720 onrefundable credits. See instructions	, or 6069, e	enter the tentative tax, less any	3a	\$	0.	
_	this application is for Form 990-PF, 990-T, 4720, or 6069	9, enter any	refundable credits and				
estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$						0.	
	alance due. Subtract line 3b from line 3a Include your p						
by using EFTPS (Electronic Federal Tax Payment System) See instructions					\$	0.	
	. If you are going to make an electronic fund withdrawal		• •		EO for payme		
	For Paperwork Reduction Act Notice, see Instruction					68 (Rev. 1-2011)	

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY

CONSOLIDATED FINANCIAL STATEMENTS
AND SUPPLEMENTARY INFORMATION
YEARS ENDED DECEMBER 31, 2010 AND 2009
WITH
REPORT OF INDEPENDENT AUDITORS

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY

DECEMBER 31, 2010 AND 2009

TABLE OF CONTENTS

	Page(s)
Report of Independent Auditors	1
Consolidated Financial Statements:	
Consolidated Statements of Financial Position	2
Consolidated Statements of Activities	3
Consolidated Statements of Changes in Net Assets	4
Consolidated Statements of Cash Flows	5
Notes to Consolidated Financial Statements	6 – 17
Supplementary Information:	
Consolidating Statements of Financial Position at December 31, 2010	18
Consolidating Statement of Activities for the year December 31, 2010	19
Consolidating Statement of Changes in Net Assets for the year ended December 31, 2010	20
Consolidating Statement of Cash Flows for the year ended December 31, 2010	21
Statement of Functional Expenses – Big Sisters of Rhode Island for the year ended December 31, 2010	22
Statement of Functional Expenses – Big Sisters Fund for the year ended December 31, 2010	23
Consolidating Statements of Financial Position at December 31, 2009	24
Consolidating Statement of Activities for the year ended December 31, 2009	25
Consolidating Statement of Changes in Net Assets for the year ended December 31, 2009	26
Consolidating Statement of Cash Flows for the year ended December 31, 2009	27
Statement of Functional Expenses - Big Sisters of Rhode Island for the year ended December 31, 2009	28
Statement of Functional Expenses Big Sisters Fund for the year ended December 31, 2009	20



REPORT OF INDEPENDENT AUDITORS

Board of Directors Big Sisters of Rhode Island and Subsidiary

We have audited the accompanying consolidated statements of financial position of Big Sisters of Rhode Island (a non-profit organization) and subsidiary (a non-profit organization) as of December 31, 2010 and 2009, and the related consolidated statements of activities, changes in net assets, and cash flows for the years then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated financial statements. An audit also includes assessing the accounting principles used and the significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Big Sisters of Rhode Island and Subsidiary as of December 31, 2010 and 2009, and the changes in their net assets and cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The accompanying supplementary schedules on pages 18-29 are presented for purposes of additional analysis and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bions PC

Providence, Rhode Island May 12, 2011

Boston

Newton

Taunton

Concord

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATED STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2010 AND 2009

ASSETS

		<u>2010</u>		2009			
Current Assets: Cash and cash equivalents Investments Accounts receivable Total current assets	\$	354,453 619,665 165,646 1,139,764	\$	219,557 611,833 37,094 868,484			
Other assets: Other assets Total other assets		20,834 20,834	_	34,088 34,088			
Property and equipment, net		92,054		122,947			
TOTAL ASSETS	\$	1,252,652	<u>\$</u>	1,025,519			
LIABILITIES AND NET ASSETS							
Current liabilities: Accounts payable and accrued expenses Accrued payroll Current portion of long term debt Line of credit Deferred rent Deferred revenue Total current liabilities	\$	37,221 48,957 11,916 - 9,334 29,325 136,753	\$	26,438 32,888 10,291 24,828 16,800 18,637			
Long-term debt		29,697		42,315			
TOTAL LIABILITIES		166,450		172,197			
Net assets: Unrestricted Temporarily restricted Permanently restricted Total net assets TOTAL LIABILITIES AND NET ASSETS		984,175 39,798 62,229 1,086,202		753,883 37,210 62,229 853,322 1,025,519			

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATED STATEMENTS OF ACTIVITIES YEARS ENDED DECEMBER 31, 2010 AND 2009

	2010	2009
Changes in unrestricted net assets:		
Support and Revenue:		
Proceeds of donated goods	\$ 1,544,438	\$ 1,378,871
Fundraising	78,229	67,580
Sponsorships	6,900	61,335
Grant income	135,411	74,458
Contributions	36,557	43,665
Net realized and unrealized gain on investments	53,549	79,419
Investment income	18,381	19,849
Other revenue	7,205	16,050
Total unrestricted support and revenue	1,880,670	1,741,227
Net assets released from restrictions:		
Satisfaction of scholarships	3,000	4,500
Satisfaction of program expenses	3,500	13,000
Investment income released from restrictions	•	20,734
Total net assets released from restrictions	6,500	38,234
Expenses:		
Program Services	429,809	545,228
Fundraising	1,019,986	990,802
Management and general	207,083	202,186
Total expenses	1,656,878	1,738,216
Increase in unrestricted net assets	230,292	41,245
Changes in temporarily restricted net assets:		
Contributions	9,060	6,540
Investment income	28	37
Net assets released from restrictions	(6,500)	(17,500)
Increase (decrease) in temporarily restricted net assets	2,588	(10,923)
Changes in permanently restricted net assets:		
Contributions	•	2,500
Investment income released from restrictions	-	(20,734)
Decrease in permanently restricted net assets	•	(18,234)
Increase in net assets	\$ 232,880	\$ 12,088

The accompanying notes are an integral part of the consolidated financial statements

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>			2009
Unrestricted net assets:				
Balance beginning of year	\$	753,883	\$	712,638
Increase in unrestricted net assets		230,292		41,245
Unrestricted net assets at end of year		984,175		753,883
Temporarily restricted net assets:				
Balance beginning of year		37,210		48,133
Increase (decrease) in temporarily restricted net assets		2,588		(10,923)
Temporarily restricted net assets at end of year		39,798		37,210
Permanently restricted net assets:				
Balance beginning of year		62,229		80,463
Decrease in permanently restricted net assets		-		(18,234)
Permanently restricted net assets at end of year		62,229		62,229
Total net assets	\$	1,086,202	\$	853,322

The accompanying notes are an integral part of the consolidated financial statements

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATED STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u> 2010</u>	2009
Cash flows from operating activities:		
Change in net assets	\$ 232,880	\$ 12,088
Adjustments to reconcile change in net assets to	7 202,000	
net cash provided by operating activities.		
Donated fixed assets in contributions	<u>-</u>	(11,028)
Depreciation	30.893	24,988
Net realized and unrealized gain on investments	(53,549)	(79,419)
(Increase) decrease in:	(55,515)	(10,110)
Accounts receivable	(128,552)	69,537
Other assets	13,254	(1,811)
Increase (decrease) in:	,0,20	(1,01.)
Accounts payable and accrued expenses	10.784	(40,409)
Accrued payroll	16,069	(8,399)
Deferred revenue	10,688	5,618
Deferred rent	(7,466)	16,800
Net cash provided (used) by operating activities	125,001	(12,035)
, 10, 100, p. 11,000 (2000) by open dailing addition		(12,000)
Cash flows from investing activities:		
Purchase of property and equipment	-	(13,196)
Proceeds of investments	111,622	296,711
Purchase of investments	(65,906)	(280,704)
Net cash provided by investing activities	45,716	2,811
Cash flows from financing activities:		
Proceeds from issuance of line of credit	_	24,828
Principal payments on line of credit	(24,828)	2-,020
Principal payments on lease	(10,993)	(7,666)
Net cash provided (used) by financing activities	(35,821)	17,162
Net increase in cash and cash equivalents	134,896	7,938
Cash and cash equivalents at beginning of year	219,557	211,619
Cash and cash equivalents at end of year	\$ 354,453	\$ 219,557
Supplemental Disclosure of Cash Flow Information		
Cash paid for interest		
Casti paid for interest	\$ 1,581	\$ 2,230
Noncash investing and financing transactions:		
Acquisition of property and equipment	\$ -	\$ 45,048
Equipment loan	• •	(45,048)
Cash down payment for equipment	•	
Obtaining of property and equipment by receiving contribution	\$ -	\$ 11,028
2		,020

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

1. ORGANIZATION

Big Sisters of Rhode Island

The Big Sisters of Rhode Island is a non-profit corporation established to provide guidance and companionship to girls through individual relationships with adult women volunteers.

Big Sisters Fund

The Big Sisters Fund was formed in 1997 to collect used household items and clothes to raise funds to enable the Agency to further its mission. The By-Laws and Articles of Incorporation provide that the Agency shall be the sole member of the net earnings of the Fund. In the event that the Fund is liquidated or dissolved, all property and assets of the Fund remaining after providing for all debts and other expenses shall be distributed to the Agency. The Fund received approximately 99.7% of its revenue from one customer.

The Internal Revenue Service has determined that both the Agency and the Fund are exempt from federal income tax under the provisions of Section 501(c) (3) of the Internal Revenue Code as other than private foundations.

2. SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The accompanying consolidated financial statements include the Big Sisters of Rhode Island (the Agency) and its' subsidiary the Big Sisters Fund (the Fund) which are collectively referred to as the Organization. The combining financial statements are presented to eliminate all significant inter-organization balances and transactions and to provide a more meaningful presentation of the economic activity of these Organizations.

Cash and Cash Equivalents

For financial statement purposes, the Organization considers all highly liquid debt instruments purchased with an original maturity of three months or less to be cash equivalents, except those funds that the Board has designated for investment.

Investments

Investments are recorded in accordance with generally accepted accounting principles under Fair Value Measurements. Accordingly, investments in marketable securities are recorded at their fair value in the statement of financial position. Fair value is established by quoted market values. The unrealized gain or loss on investments is reflected in the statement of activities as part of investment income. Investment costs of \$6,260 and \$5,899 related to investment income is netted with investment income for the years ended December 31, 2010 and 2009, respectively. See Note 4 for discussion of fair value measurements. The Organization has a formal investment policy which provides for sufficient liquidity of assets. The investments must utilize a diversified approach including cash equivalents, bonds and various equity securities. The policy also provides for the usage of fixed income investments to provide a source of current income, to serve as a hedge against deflation and to reduce the variability of the total market value of the endowment.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounts and Notes Receivable

The Organization uses the reserve method for uncollectible accounts. Accordingly, the Organization has estimated the allowance reserve to be zero based on experience and review of current receivables at December 31, 2010 and 2009.

Property, Equipment and Depreciation

Property and equipment is stated at cost. The cost and accumulated depreciation of assets sold or retired are removed from the respective accounts and any gain or loss is recorded in earnings. Maintenance and repairs are charged to expense when incurred. Depreciation is provided on the straight-line basis over the estimated useful lives of the assets as follows:

1 15-

Assets	LIIE
Equipment	5 – 10 years
Furniture and fixtures	5 – 7 years
Computer hardware and software	5 years

Capital assets are defined by the Organization as assets with an initial individual cost of \$600 or more and an estimated useful life in excess of one year.

In accordance with Accounting Standards Codification ("ASC") 360 "Property, Plant and Equipment", the Organization reviews long-lived assets and all intangible assets for impairment whenever events or changes in circumstances indicate that the carrying amount of such assets may not be recoverable. Any long-lived assets held for disposal are reported at the lower of their carrying amounts or fair value less cost to sell. Recoverability of these assets is determined by comparing the forecasted undiscounted net cash flows of the operation to which the assets relate to the carrying amount. If the operation is determined to be unable to recover the carrying amount of its assets, then intangible assets are written down to fair value first, followed by the other long-lived assets of the operation. Fair value is determined based on discounted cash flows or appraised values, depending on the nature of the assets. Management's review of such assets of the Organization has not indicated any material adverse effect on the Organization's consolidated financial position or results of operations.

Net Assets

The financial statement presentation follows generally accepted accounting principles for Financial Statements of Not-for-Profit Organizations. The Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

The Organization reports gifts of cash and other assets as temporarily restricted support if they are received with donor stipulations that limit their use. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are released and reclassified to unrestricted net assets. Donor restricted contributions and support whose restrictions are met in the same reporting period are reported as unrestricted contributions.

Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long-lived assets must be maintained, the Organization reports expirations of donor restrictions when donated or purchased long-lived assets are placed in service.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Net Assets (Continued)

Net assets are classified as follows:

Unrestricted Net Assets consists of the net resources available to support normal operations.

Temporarily Restricted Net Assets consist of amounts given with donor specified purposes for which expenditures satisfying those purposes have not been made.

Permanently Restricted Net Assets consist of amounts given with the stipulation that the principal be maintained intact in perpetuity. Income from these investments may be used to fund operations or may be restricted by donor stipulations.

Since Rhode Island adopted UPMIFA on June 30, 2009, the generally accepted accounting principles for permanently restricted endowment assets are being implemented for the years ended December 31, 2010 and 2009. These provisions require that the portion of any donor restricted endowment fund that is not classified as permanently restricted be classified as temporarily restricted until appropriated for expenditure by the organization.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements and the reported amount of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Advertising Costs

It is the Organization's policy to expense advertising costs as incurred. The Organization has incurred advertising costs of \$359 and \$4,450 for the years ended December 31, 2010 and 2009, respectively.

Financial Instruments

At December 31, 2010, the carrying amount of the Organization's deposits was \$354,453, including \$400 of petty cash, while the bank balance was \$385,493. Of the bank balance, \$385,493 was covered by federal depository insurance and \$0 was uninsured.

Contributed Services

The Organization receives donated services from a variety of unpaid volunteers assisting the Organization. No amounts have been recognized in the accompanying statement of activities because the criteria for recognition of such volunteer effort under generally accepted accounting principles have not been satisfied.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

2. SIGNIFICANT ACCOUNTING POLICIES (Continued)

Income Taxes

The Organization is a nonprofit organization which is exempt from income taxes under Section 501(c)3 of the Internal Revenue Code, as an other than private foundation.

The Organization evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2010 and 2009, the Organization does not believe that it has taken any tax positions that would require the recording of any additional tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The Organization's income tax returns are subject to examination by the appropriate taxing jurisdictions. As of December 31, 2010, the Organization's income tax returns generally remain open for examination for three years from the date filed with each taxing jurisdiction.

Subsequent Events

The Organization has evaluated all subsequent events through May 12, 2011, the date the financial statements were available to be issued.

3. INVESTMENTS

Investment balances are carried at fair value. At December 31, investments consisted of the following:

	<u>2010</u>		2009
Common stocks		•	_ : : '
Bonds	320,690 619,665	\$_	316,758 611,833

The following is a summary of income / gains (losses) on investments for the years ended December 31,

	<u> 2010</u>	<u>2009</u>
Interest income	-	\$ 19,886
Realized gains (losses)	13,551 39,998	(55,552) 134.971
	71,958	 99,305

4. FAIR VALUE MEASUREMENTS

The carrying amount of cash and cash equivalents approximates fair value. The carrying amount of accounts receivable, other assets, prepaid rent, accounts payable and accrued expenses, accrued payroll, line of credit, deferred rent and deferred revenue approximates fair value due to their short-term nature. The carrying amount of long-term debt approximates fair value as the interest rate approximates current market rates for debt with similar remaining maturities.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

4. FAIR VALUE MEASUREMENTS (Continued)

The Organization has adopted Accounting Standards Codification No. 820 (ASC 820), Fair Value Measurements. ASC 820 defines fair value, establishes a framework for measuring fair value, establishes a fair value hierarchy based on the quality of inputs used to measure fair value, and enhances disclosure requirements for fair value measurement. The Organization accounts for a significant portion of financial instruments at fair value or considers fair value in their measurement for financial assets and liabilities that are re-measured and reported at fair value at each reporting period, except for nonfinancial assets and nonfinancial liabilities that are recognized or disclosed at fair value in the financial statements on a nonrecurring basis.

ASC 820 defines fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. ASC 820 also establishes a fair value hierarchy which requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Basis of Fair Value Measurement

Level 1: Inputs to th

Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets:
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value.

Common Stocks: Valued at the share price listed in the active trading market (NYSE, AMEX, NASDAQ) times the number of shares held by the Organizations at year end.

Bonds: Valued at the share price listed in the active trading market (NYSE, AMEX, NASDAQ) times the number of shares held by the Organizations at year end.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Organization believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

4. FAIR VALUE MEASUREMENTS (Continued)

As of December 31, 2010, there have been no changes in the valuation methodologies from 2009.

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2010:

	!	Level 1	Le	vel 2	Level 3		Total	
Corporate and Government Bonds:								
A	\$	66,717	\$	-	\$	-	\$	66,717
AA		10,690						10,690
AAA		192,560						192,560
Other Rated		29,008						29,008
Total bonds		298,975		-		-		298,975
Common Stocks:								
Industrial Goods		48,966						48,966
Healthcare		30,984						30,984
Financial		33,118						33,118
Technology		75,409						75,409
Basic Materials		14,071						14,071
Consumer Goods		9,903						9,903
Services		66,219						66,219
Other Equities		42,020						42,020
Total common stocks		320,690		-		-		320,690
Mutual Funds:								
Total assets at fair value	_\$_	619,665	\$		_\$		_\$_	619,665

The following table sets forth by level, within the fair value hierarchy, the Organization's assets at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total	
Common Stock	\$ 295,075	\$ -	\$ -	\$ 295,075	
Bonds	316,758			316,758	
Total assets at fair value	\$ 611,833	\$	<u>\$ -</u>	\$ 611,833	

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

5. PROPERTY AND EQUIPMENT

Property, equipment, and accumulated depreciation consisted of the following at December 31, 2010 and 2009:

<u>December 31, 2010</u>	Cost	Accumulated Depreciation	<u>Net</u>
Furniture and fixtures		\$ 40,883	\$ 30,206
Equipment Computer hardware and software	30,510 <u>66,782</u>	12,615 <u>22,829</u>	17,895 <u>43,953</u>
Totals	<u>\$ 168,381</u>	<u>\$ 76,327</u>	<u>\$ 92,054</u>

Depreciation expense amounted to \$30,893 for the year ended December 31, 2010.

The Organization did not receive any donated fixed assets during the year ended December 31, 2010.

<u>December 31, 2009</u>	Cost	Accumulated Depreciation	<u>Net</u>
Furniture and fixtures	\$ 71,089	\$ 29,355	\$ 41,734
Equipment	30,510	6,519	23,991
Computer hardware and software	66,782	9,560	57,222
Totals	\$ 168,381	<u>\$ 45,434</u>	<u>\$ 122.947</u>

Depreciation expense amounted to \$24,988 for the year ended December 31, 2009.

The Organization received \$11,028 in donated equipment during the year ended December 31, 2009, which is recognized as other revenue.

6. PERMANENTLY RESTRICTED NET ASSETS

Permanently restricted net assets represent the Dr. Dorothy Pieniadz Founding Mothers' Fund (Pieniadz Fund), which was established in 2000 by Dr. Dorothy Pieniadz. An initial donation of \$50,000 was made by Dr. Pieniadz and any additional contributions may be made as long as they are acceptable to the Agency. Annual distributions from the Pieniadz Fund shall be used for operating expenses or reinvested in the endowment at the discretion of the Board of Directors. In all respects, the use of the Pieniadz Fund shall be in accordance with the charitable purposes of the Agency. At December 31, 2010 and 2009, the fair value of the Pieniadz Fund was \$62,229.

The primary objective of the investment management of the endowment is to maximize total return, which will allow for future growth through a diversified portfolio strategy and within acceptable risk parameters as was previously determined by the Finance Committee. Risk is managed within the portfolio by the financial advisor in accordance with the objectives identified by the Finance/Audit Committee. The Pieniadz Fund has chosen to follow a strategy of minimal risk as it only consists of one government agency bond, plus a cash reserve.

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

6. PERMANENTLY RESTRICTED NET ASSETS (Continued)

The spending policy is designed to limit spending for current operations – so as to allow endowment to grow without being depleted for operations. Annual distributions from the Pieniadz Fund, as determined in accordance with the distribution policies of the Organization, shall be used for operating expenses or reinvested in the Pieniadz Fund, at the discretion of the Board of Directors, with the understanding that the Board of Directors reserves the right to make changes to the distribution policies as circumstances require. In all respects, the use of the Pieniadz Fund shall be in accordance with the charitable purposes of the Organization.

Endowment Net Asset Composition By Fund Type as of December 31, 2010

	Unrestricted		porarily tricted	manently stricted	Total		
Board designated endowment Donor-restricted endowment	\$	348,256	\$ -	\$ -	\$	348,256	
funds		-	-	62,229		62,229	
	\$	348,256	\$	\$ 62,229	\$	410,485	

Endowment Net Asset Composition By Fund Type as of December 31, 2009

	Unrestricted		Temporarily Restricted		manently stricted	Total		
Board designated endowment Donor-restricted endowment	\$	348,256	\$	-	\$ -	\$	348,256	
funds		-		-	62,229		62,229	
	\$	348,256	\$	-	\$ 62,229	\$	410,485	

Interpretation of Relevant Law

The Board of Directors of the Organization has interpreted the State of Rhode Island's Prudent Management of Institutional Funds Act (SPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Foundation has classified as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by SPMIFA. In accordance with SPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- (1) The duration and preservation of the fund;
- (2) The purposes of the Organization and the donor-restricted endowment fund:
- (3) General economic conditions;
- (4) The possible effect of inflation and deflation;

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

6. PERMANENTLY RESTRICTED NET ASSETS (Continued)

- (5) The expected total return from income and the appreciation of investments;
- (6) Other resources of the Organization;
- (7) The investment policies of the Organization.

Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2010

	Unrestricted		Temporarily Unrestricted Restricted		manently stricted	Total		
Endowment net assets, beginning of year Investment return:	\$	348,256	\$	-	\$ 62,229	\$	410,485	
Investment income				•	-		-	
Net depreciation (realized and unrealized) Total investment return				<u>-</u>	 <u>-</u>			
Contributions		-		-	-		-	
Appropriation of endowment assets for expenditure		<u>-</u>		<u> </u>	 <u>-</u>			
Endowment net assets, end of year	<u>\$</u>	348,256	\$	•	\$ 62,229	_\$_	410,485	

Changes in Endowment Net Assets for the Fiscal Year Ended December 31, 2009

	Unrestricted		Temporarily Restricted			manently stricted	Total		
Endowment net assets, beginning of year Investment return:	\$	348,256	\$	<u>-</u>	\$	80,463	\$	428,719	
Investment income				-				-	
Net depreciation (realized and unrealized) Total investment return				<u>-</u>			 -	_ _	
Contributions		-				2,500		2,500	
Appropriation of endowment assets for expenditure						(20,734)		(20,734)	
Endowment net assets, end of year	\$	348,256	\$		\$	62,229	\$	410,485	

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

6. PERMANENTLY RESTRICTED NET ASSETS (Continued)

Return Objectives and Risk Parameters

The primary objective of the investment management of the endowment is to maximize total return, which will allow for future growth through a diversified portfolio strategy and within acceptable risk parameters as was determined by the Finance Committee. Risk is managed within the portfolio by the financial advisor in accordance with the objectives by the Finance Committee.

Strategies Employed for Achieving Objectives

In an attempt to provide the Organization with sufficient liquidity, the donation of \$50,000 was chosen to be invested in either a money market or a short-term fixed income obligation. Therefore, the money is invested in one government agency bond, plus a cash reserve. The primary purpose of fixed income investments (bonds, cash equivalents) are to provide a source of current income, to serve as a hedge against deflation and to reduce the variability of the total market value of endowment. The investment performance is measured on a long-term (3 to 5 years) basis by both the financial advisor and the Board of Directors.

Spending Policy and How the Investment Objectives Relates to Spending Policy

The spending policy is designed to limit spending for current operations so as to allow endowment growth without being depleted for operations. Annual distributions from the Pieniadz Fund, as determined in accordance with the distribution policies for the Organization, shall be used for operating expenses or reinvested in the Pieniadz Fund, at the discretion of the Board of Directors, with the understanding that the Board of Directors reserves the right to make changes to the distribution policies as circumstances require. In all respects, the use of the Pieniadz Fund shall be in accordance with the charitable purposes of the Organization.

Description of Amounts Classified as Permanently Restricted Net Assets (Endowment Only)

	<u>2010</u>	2009
Permanently Restricted Net Assets		
The portion of perpetual endowment funds that is required to be retained		
permanently either by donor stipulation or by SPMIFA.	\$ 62,229	\$ 62,229
Total endowment funds classified as permanently restricted	 	
net assets	\$ 62,229	\$ 62,229

7. NET ASSETS

The Board of Directors may designate or set aside for specific purposes a portion of the unrestricted net assets. The following designations were noted at December 31, 2010 and 2009:

	<u>2010</u>	2009
Endowment - Agency	\$ 348,256	\$ 348,256
Three months operating expenses - Fund	354,380	346,453
Reduction of designation for net assets available	-	(11,166)
Designated net assets	\$ 702,636	<u>\$ 683,543</u>
		(CONTINUED)

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

7. NET ASSETS (Continued)

The designated funds of \$348,256 are being held in perpetuity as voted by the Board of Directors with only the income available for Big Sisters of Rhode Island programs.

Unrestricted net assets at December 31, 2010 and 2009 consisted of the following:

	<u>2010</u>	<u>2009</u>
Designated	\$ 702,636 231,098 50,441	\$ 683,543 - 70,340
Total unrestricted net assets	<u>\$ 984,175</u>	<u>\$ 753,883</u>

Temporarily restricted net assets represents donations received that contain donor stipulations that have not been satisfied. Temporarily restricted net assets consisted of the following at December 31, 2010 and 2009:

		<u>2010</u>		<u>2009</u>
Camp Fund	\$	2,165	\$	2,163
Temporarily restricted grant revenue for future spending		2,500		-
Restricted for scholarships		35,133		35,047
Total temporarily restricted	<u>\$</u>	39,798	<u>\$</u>	37,210

Permanently restricted net assets of \$62,229 are restricted in perpetuity, the income of which is available to support Agency programs and operations.

8. LEASE COMMITMENTS

Operating Leases

October 1, 2008, the Agency and the Fund entered into an operating lease for office space. Payments of \$2,800 were due monthly until October 31, 2009 and payments increased to \$5,600 due monthly until the lease expires on October 31, 2011. The Agency and Fund will each pay half of the monthly payment for the lease on behalf of each entity. In addition to each monthly lease payment, the operating lease includes monthly payments of \$2,485 for maintenance expenditures, to be adjusted annually.

In addition, the Fund and Agency also lease various vehicles and equipment on a month-to-month basis with expiration dates through December 2015.

The following is a schedule of the future minimum lease payments to be made under these agreements:

2011	\$172,235
2012	89,160
2013	88,773
2014	56,666
2015	<u>53,916</u>
Total future minimum lease payments	\$460,750

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

8. LEASE COMMITMENTS (Continued)

Operating Leases (Continued)

Total expenses recorded for the above operating leases were approximately \$197,917 and \$189,257 for the years ended December 31, 2010 and 2009, respectively.

9. COMMITMENTS AND CONTINGENCIES

The Organization has received grants for specific purposes that are subject to audit by the grantors or their representatives. Such audits could lead to request for reimbursement to the grantor agency for expenditures disallowed under terms of the grant. Organization officials believe such disallowances, if any, would be immaterial.

10. OBLIGATIONS UNDER CAPITAL LEASES

The Agency and the Fund each have an obligation under a capital lease for equipment at various interest rates, payable in monthly installments. The leases expire in November 2013 and May 2014 for the Agency and the Fund, respectively. Included in fixed assets is the cost of equipment acquired under capital leases in the amount of \$60,878 at December 31, 2010 and 2009. Accumulated depreciation on such assets was approximately \$20,110 and \$7,935 at December 31, 2010 and 2009, respectively.

The following is a schedule of the future minimum lease payments to be made under these agreements:

2011	\$ 11,916
2012	12,920
2013	13,258
2014	<u>3,519</u>
Total future minimum lease navments	\$ 41 613

Total future minimum lease payments \$41,613

11. LINE OF CREDIT

On July 23, 2009 the Organization entered into a line of credit arrangement with the Washington Trust Company which carries a maximum possible balance of \$50,000. Amounts borrowed on the line bear interest at a rate of prime plus .50% (3.75% at December 31, 2010 and 2009). The balance on the line of credit as of December 31, 2010 and 2009 was \$0 and \$24,828, respectively. Collateral used to secure the line is the Organization's investments account. The line must be reviewed and renewed annually by the bank.

12. RECLASSIFICATIONS

Certain 2009 consolidated financial statement amounts have been reclassified to conform to the 2010 presentation. There is no change in the reported increase in net income or net assets.

(CONCLUDED)

e be a

SUPPLEMENTARY INFORMATION

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2010

A	S	S	Εï	rs.

	Big Sisters of Rhode Island		Big Sisters <u>Fund</u>		Eliminations		<u>Total</u>
Current Assets:							
Cash and cash equivalents	\$	210,848	\$	143,605	\$	- \$	354,453
Investments		619,665					619,665
Accounts receivable		5,929		159,717			165,646
Due from related entity		6,618				_(6,618)	
Total current assets		843,060		303,322		(6,618)	1,139,764
Other assets:							
Other assets		7,737		13,097			20,834
Total other assets		7,737		13,097			20,834
Property and equipment, net		27,582		64,472		 	92,054
TOTAL ASSETS	_\$	878,379	\$	380,891	\$	(6,618) \$	1,252,652

LIABILITIES AND NET ASSETS

Current liabilities:					
Accounts payable and accrued expenses	\$	24,123	\$ 13,098	\$ - \$	37,221
Accrued payroli		20,942	28,015		48,957
Due to related entity			6,618	(6,618)	-
Current portion of long term debt		1,578	10,338		11,916
Deferred rent		4,667	4,667		9,334
Deferred revenue	_	29,325			29,325
Total current liabilities		80,635	62,736	(6,618)	136,753
Long-term debt		3,357	26,340		29,697
TOTAL LIABILITIES		83,992	 89,076	(6,618)	166,450
Net assets:					
Unrestricted		692,360	291,815		984,175
Temporarily restricted		39,798			39,798
Permanently restricted		62,229			62,229
Total net assets		794,387	 291,815		1,086,202
TOTAL LIABILITIES AND NET ASSETS	\$	878,379	\$ 380,891	\$ (6,618) \$	1,252,652

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2010

	_	Sisters of de Island	В	ig Sisters <u>Fund</u>	Elli	minations	Total
Changes in unrestricted net assets:							
Support and Revenue:							
Proceeds of donated goods	\$	-	\$	1,544,438	\$		\$ 1,544,438
Contributions - subsidiary		281,110				(281,110)	-
Fundraising		78,229					78,229
Sponsorships		6,900					6,900
Grant income		135,411					135,411
Contributions		36,557					36,557
Net realized and unrealized gain on investments		53,549					53,549
Investment income		18,367		14			18,381
Other revenue		2,278		4,927			7,205
Total unrestricted support and revenue		612,401		1,549,379		(281,110)	1,880,670
Net assets released from restrictions:							
Satisfaction of scholarships		3,000					3,000
Satisfaction of program expenses		3,500					3,500
Investment income released from restrictions		3,500					5,500
Total net assets released from restrictions		6,500					 6,500
Total net assets released nom restrictions		0,300					 0,500
Expenses:							
Program Services		429,809					429,809
Fundraising		34,822		1,266,274		(281,110)	1,019,986
Management and general		55,839		151,244			 207,083
Total expenses		520,470		1,417,518		(281,110)	 1,656,878
Increase in unrestricted net assets		98,431		131,861			 230,292
Changes In temporarily restricted net assets:							
Contributions		9,060					9.060
Investment income		28					28
Net assets released from restrictions		(6,500)	ı				(6,500)
Increase in temporarily restricted net assets		2,588					 2,588
moreson in temporarily restricted net assets		2,500	_				 2,000
	\$	101,019	\$	131,861	\$	-	\$ 232,880

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS YEAR ENDED DECEMBER 31, 2010

	Big Sisters of Rhode Island			g Sisters <u>Fund</u>	<u>Total</u>	
Unrestricted net assets:						
Balance beginning of year	\$	593,929	\$	159,954	\$ 753,883	
Increase in unrestricted net assets		98,431		131,861	230,292	
Unrestricted net assets at end of year		692,360		291,815	 984,175	
Temporarily restricted net assets:						
Balance beginning of year		37,210		-	37,210	
Increase in temporarily restricted net assets		2,588			2,588	
Temporarily restricted net assets at end of year		39,798			 39,798	
Permanently restricted net assets:						
Balance beginning of year		62,229		-	62,229	
Increase in permanently restricted net assets		· -			-	
Permanently restricted net assets at end of year		62,229			 62,229	
Total net assets	\$	794,387	\$	291,815	\$ 1,086,202	

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF CASH FLOWS YEAR ENDED DECEMBER 31, 2010

	Sisters of ode Island	Bi	g Sisters <u>Fund</u>	Elin	ninations	<u>Total</u>
Cash flows from operating activities:						
Change in net assets	\$ 101,019	\$	131,861	\$	-	\$ 232,880
Adjustments to reconcile change in net assets to net cash provided by operating activities:						
Depreciation	10,627		20,266			30,893
Net realized and unrealized gain on investments	(53,549)					(53,549)
(Increase) decrease in:						
Accounts receivable	8,794		(137,346)			(128,552)
Due from related entity	8,798				(8,798)	-
Other assets	10,895		2,359			13,254
Increase (decrease) in:						
Accounts payable and accrued expenses	9,800		984			10,784
Accrued payroll	3,719		12,350			16,069
Due to related entity			(8,798)		8,798	-
Deferred revenue	10,688					10,688
Deferred rent	 (3,733)		(3,733)	_		(7,466)
Net cash provided by operating activities	 107,058		17,943			 125,001
Cash flows from investing activities:						
Purchase of property and equipment						-
Proceeds of investments	111,622					111,622
Purchase of investments	(65,906)					(65,906)
Net cash provided by investing activities	 45,716					 45,716
Cash flows from financing activities:						
Principal payments on line of credit	(24,828)					(24,828)
Principal payments on lease	(1,413)		(9,580)			(10,993)
Net cash used by financing activities	 (26,241)		(9,580)			 (35,821)
	 1=31=117	_	(3,333)			 (00,02.)
Net increase in cash and cash equivalents	126,533		8,363			134,896
Cash and cash equivalents at beginning of year	 84,315		135,242			 219,557
Cash and cash equivalents at end of year	\$ 210,848	\$	143,605	\$		\$ 354,453

Supplemental Disclosure of Cash Flow Information

Cash paid for interest for the years ended December 31, 2010 was approximately \$1,581.

BIG SISTERS OF RHODE ISLAND STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2010

	rogram ervices	<u>Fundraising</u>		agement General	<u>Total</u>
Expenses					
Direct labor	\$ 206,405	\$	22,725	\$ 22,725	\$ 251,855
Professional fees				21,094	21,094
Rent and utilities	44,510		3,927	3,927	52,364
Employee benefits	14,014		1,237	1,237	16,488
Payroll taxes	27,305		2,409	2,409	32,123
Program supplies	4,154				4,154
Marketing	32,025				32,025
Office expenses	14,825		1,308	1,308	17,441
Member dues	14,027				14,027
Insurance	10,736		947	947	12,630
Depreciation	9,033		797	797	10,627
Telephone	3,887		343	343	4,573
Investment expenses	5,321		470	470	6,261
Postage and printing	3,909		345	345	4,599
Payroll processing and bank fees	1,352		119	119	1,590
Scholarships	3,531				3,531
Travel and entertainment	7,520				7,520
Training	4,881				4,881
Interest expense	917		81	81	1,079
Repairs and maintenance	417		37	37	491
Subrecipient mentoring programs	14,101				14,101
Other purchased services	1,100				1,100
Other program expenses	5,839				5,839
Other fundraising expenses			77		77
Total expenses	\$ 429,809	\$	34,822	\$ 55,839	\$ 520,470

BIG SISTERS FUND STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2010

	<u>Fu</u>	ndraising	Management and General		<u>Total</u>
Expenses					
Big Sisters of Rhode Island allocation	\$	281,110			\$ 281,110
Direct labor		218,776			218,776
Truck expenses		208,206			208,206
Office and administrative salaries		92,436	9:	2,436	184,872
Other wages		173,776			173,776
Mailings		72,753			72,753
Payroll taxes		45,983	;	8,759	54,742
Rent and utilities		25,917	2	5,916	51,833
Telephone		44,187			44,187
Insurance		42,664			42,664
Employee benefits		11,679		2,224	13,903
Professional fees			19	9,434	19,434
Depreciation		20,266			20,266
Equipment rental		3,446			3,446
Office expenses		2,474		2,475	4,949
Other Big Sisters allocations		2,927			2,927
Advertising		359			359
Postage and printing		4,541			4,541
Repairs and maintenance		4,711			4,711
Miscellaneous		3,631			3,631
Travel and entertainment		120			120
Marketing and other fundraising		5,810			5,810
Interest expense		502			502
Total expenses	\$	1,266,274	\$ 15	1,244	\$ 1,417,518

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF FINANCIAL POSITION DECEMBER 31, 2009

		<u>ASSETS</u>								
	Big Sisters of Rhode Island			ig Sisters Fund	Eliminations			Total		
Current Assets:								•		
Cash and cash equivalents	\$	84,314	\$	135,243	\$	-	\$	219,557		
Investments		611,833						611,833		
Accounts receivable		14,723		22,371				37,094		
Due from related entity		15,416				(15,416)		_		
Total current assets		726,286		157,614		(15,416)		868,484		
Other assets:										
Other assets		18,632		15,456				34,088		
Total other assets		18,632		15,456				34,088		
Property and equipment, net		38,209		84,738				122,947		
TOTAL ASSETS	\$	783,127	\$	257,808	\$	(15,416)	\$	1,025,519		
LIABILITIES AND NET ASSETS										
Current liabilities:										
Accounts payable and accrued expenses	\$	14,323	\$	12,115	\$	-	\$	26,438		
Accrued payroll		17,223		15,665				32,888		
Due to related entity				15,416		(15,416)		-		
Current portion of long term debt		1,412		8,879		•		10,291		
Line of credit		24,828						24,828		

Accounts payable and accrued expenses	\$ 14,323	\$ 12,115	\$ - \$	26,438
Accrued payroll	17,223	15,665		32,888
Due to related entity		15,416	(15,416)	-
Current portion of long term debt	1,412	8,879	,	10,291
Line of credit	24,828			24,828
Deferred rent	8,400	8,400		16,800
Deferred revenue	18,637			18,637
Total current liabilities	 84,823	 60,475	 (15,416)	129,882
Long-term debt	 4,936	 37,379	 	42,315
TOTAL LIABILITIES	89,759	 97,854	 (15,416)	172,197
Net assets:				
Unrestricted	593,929	159,954		753,883
Temporarily restricted	37,210			37,210
Permanently restricted	62,229			62,229
Total net assets	693,368	 159,954	 	853,322
TOTAL LIABILITIES AND NET ASSETS	\$ 783.127	\$ 257.808	\$ (15.416) \$	1.025.519

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF ACTIVITIES YEAR ENDED DECEMBER 31, 2009

Changes in unrestricted net assets: Support and Revenue:			g Sisters <u>Fund Elimi</u>		<u>iminations</u>	<u>Total</u>	
Proceeds of donated goods	\$	-	\$	1,378,871	\$	- \$	1,378,871
Contributions - subsidiary	•	289,770	•	.,0.0,0	•	(289,770)	.,0,0,0,
Fundraising		67.580				(200)	67.580
Sponsorships		61.335					61,335
Grant income		74.458					74,458
Contributions		43.665					43,665
Net realized and unrealized gain on investments		79,419					79,419
Investment income		19,849					19,849
Other revenue		12,451		3.599			16,050
Total unrestricted support and revenue		648,527		1,382,470		(289,770)	1,741,227
Net assets released from restrictions:							
Satisfaction of scholarships		4.500					4.500
Satisfaction of program expenses		13,000					13,000
Investment income released from restrictions		20,734					20.734
Total net assets released from restrictions		38,234					38,234
5							
Expenses:		E4E 000					545.000
Program Services		545,228		4 007 040		(000 770)	545,228
Fundraising		42,732		1,237,840		(289,770)	990,802
Management and general		54,213		147,973		(200 770)	202,186
Total expenses		642,173		1,385,813		(289,770)	1,738,216
Increase (decrease) in unrestricted net assets		44,588		(3,343)		•	41,245
Changes in temporarily restricted net assets:							
Contributions		6,540					6,540
Investment income		37					37
Net assets released from restrictions		(17,500)					(17,500)
Decrease in temporarily restricted net assets		(10,923)				-	(10,923)
Changes in permanently restricted net assets:							
Contributions		2,500					2,500
Investment income released from restrictions		(20,734)					(20,734)
Decrease in permanently restricted net assets		(18,234)				-	(18,234)
	\$	15,431	\$	(3,343)	\$	- \$	

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF CHANGES IN NET ASSETS

YEAR ENDED DECEMBER 31, 2009

	Big Sisters of Rhode Island		Bi	g Sisters Fund	Total
Unrestricted net assets:					
Balance beginning of year	\$	549,341	\$	163,297	\$ 712,638
Increase (decrease) in unrestricted net assets		44,588		(3,343)	41,245
Unrestricted net assets at end of year		593,929		159,954	 753,883
Temporarily restricted net assets:					
Balance beginning of year		48,133		-	48,133
Decrease in temporarily restricted net assets		(10,923)			(10,923)
Temporarily restricted net assets at end of year		37,210			37,210
Permanently restricted net assets:					
Balance beginning of year		80,463		-	80,463
Decrease in permanently restricted net assets		(18,234)			(18,234)
Permanently restricted net assets at end of year		62,229			62,229
Total net assets	_\$	693,368	\$	159,954	\$ 853,322

* * *

BIG SISTERS OF RHODE ISLAND AND SUBSIDIARY CONSOLIDATING STATEMENT OF CASH FLOWS YEAR ENDED DECEMBER 31, 2009

	Big Sisters of Rhode Island		Big Sisters Fund		Eliminations			Total
A the street was the same of the			_					
Cash flows from operating activities:	•	45 404	•	(0.040)	•		•	40.000
Change in net assets	\$	15,431	Þ	(3,343)	3	•	\$	12,088
Adjustments to reconcile change in net assets to net cash provided by operating activities:								
Donated fixed assets in contributions		(14 000)						(44.000)
		(11,028)		45 220				(11,028)
Depreciation		9,659		15,329				24,988
Net realized and unrealized (gain) or loss on investments		(79,419)						(79,419)
(Increase) decrease in:		(40.400)						
Accounts receivable		(13,123)		82,660				69,537
Due from related entity		12,256		((12,256)		
Other assets		3,078		(4,889)				(1,811)
Increase (decrease) in		(00.00.1)						
Accounts payable and accrued expenses		(23,354)	((17,055)				(40,409)
Accrued payroll		(7,580)		(819)		40.000		(8,399)
Due to related entity			((12,256)		12,256		
Deferred revenue		5,618						5,618
Deferred rent		8,400		8,400				16,800
Net cash provided (used) by operating activities		(80,062)		68,027				(12,035)
Cash flows from investing activities:								
Purchase of property and equipment		(1,497)	((11,699)				(13,196)
Proceeds of investments		296,711		,				296,711
Purchase of investments		(280,704)						(280,704)
Net cash provided (used) by investing activities		14,510		(11,699)		-		2,811
Cash flows from financing activities:								
Proceeds from issuance of line of credit		24.828						24,828
Principal payments on lease		(1,264)		(6,402)				(7,666)
Net cash provided (used) by financing activities		23,564		(6,402)				17,162
iver cash provided (used) by imancing activities		25,504		(0,402)				17,102
Net increase (decrease) in cash and cash equivalents		(41,988)		49,926				7,938
Cash and cash equivalents at beginning of year		126,303		85,316				211,619
Cash and cash equivalents at end of year	_\$	84,315	\$ 1	135,242	\$		\$	219,557

Supplemental Disclosure of Cash Flow Information

Cash paid for interest for the years ended December 31, 2009 was approximately \$2,230.

Noncash investing and financing transactions:

Acquisition of property and equipment	\$ 45,048
Equipment loan	(45,048)
Cash down payment for equipment	\$
Obtaining of property and equipment by receiving contribution	\$ 11,028

+ 14 +

BIG SISTERS OF RHODE ISLAND STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2009

	Program Services	Fundraising		nagement I General	<u>Total</u>
Expenses					
Direct labor	\$ 263,634	\$	28,937	\$ 28,937	\$ 321,508
Professional fees	53,382			11,475	64,857
Rent and utilities	43,736		3,859	3,859	51,454
Employee benefits	34,028		3,002	3,003	40,033
Payroll taxes	22,525		1,987	1,988	26,500
Program supplies	24,523				24,523
Marketing	19,798				19,798
Office expenses	12,851		1,133	1,135	15,119
Member dues	14,470				14,470
Insurance	11,305		998	997	13,300
Depreciation	8,210		724	725	9,659
Telephone	5,261		464	464	6,189
Investment expenses	5,014		442	443	5,899
Postage and printing	4,849		428	428	5,705
Other	5,607		495	495	6,597
Scholarships	5,019				5,019
Travel and entertainment	4,444				4,444
Training	3,510				3,510
Interest expense	1,135		100	100	1,335
Repairs and maintenance	943		83	83	1,109
Moving expenses	912		80	81	1,073
Other wages	 _ 72				72
Total expenses	\$ 545,228	\$	42,732	\$ 54,213	\$ 642,173

BIG SISTERS FUND STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED DECEMBER 31, 2009

	<u>Fundrai</u>	sing	Manageme and Gener		<u>Total</u>
Expenses					
Big Sisters of Rhode Island allocation	\$ 28	9,770	\$	-	\$ 289,770
Direct labor	24	4,600			244,600
Truck expenses	19	1,093			191,093
Office and administrative salaries	8	7,100		87,100	174,200
Other wages	11	8,440		·	118,440
Mailings	6	9,686			69,686
Payroll taxes	4	1,288		10,975	52,263
Rent and utilities	2	5,757		25,756	51,513
Telephone	5	0,083		·	50,083
Insurance	4:	5,525			45,525
Employee benefits	2	0,854		5,543	26,397
Professional fees		3,060		15,786	18,846
Depreciation	1:	5,329		·	15,329
Equipment rental		6,178			6,178
Office expenses	;	2,813		2,813	5.626
Other Big Sisters allocations		4.973			4,973
Advertising		4,450			4,450
Postage and printing	•	4,316			4,316
Repairs and maintenance		3,935			3,935
Miscellaneous		3,916			3,916
Travel and entertainment		1,781			1,781
Interest expense		2,893			2,893
Total expenses		7,840	\$	147,973	\$ 1,385,813