

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

C Name of organization **BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC**
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
711 S. DALE MABRY HWY. 300
 City or town, state or country, and ZIP + 4
TAMPA FL 33609

D Employer identification number
59-2173085

E Telephone number
813-287-2210

G Gross receipts \$ **2,361,828**

F Name and address of principal officer:
STEPHEN KOCH
711 S. DALE MABRY HWY.
TAMPA FL 33609

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BBBSFL.ORG**

K Type of organization: Corporation Trust Association Other ▶

L Year of formation: **1981** **M** State of legal domicile: **FL**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
TO HELP CHILDREN REACH THEIR POTENTIAL THROUGH PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS WITH MEASURABLE IMPACT.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	21
4 Number of independent voting members of the governing body (Part VI, line 1b)	21
5 Total number of employees (Part V, line 2a)	53
6 Total number of volunteers (estimate if necessary)	2500
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,290,083	1,928,938
9 Program service revenue (Part VIII, line 2g)		
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,109	8,693
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	382,675	317,022
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,673,867	2,254,653
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
14 Benefits paid to or for members (Part IX, column (A), line 4)		
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,792,066	1,680,464
16a Professional fundraising fees (Part IX, column (A), line 11e)		
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 241,790		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	844,156	705,377
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,636,222	2,385,841
19 Revenue less expenses. Subtract line 18 from line 12	37,645	-131,188
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	755,831	670,617
21 Total liabilities (Part X, line 26)	148,009	192,403
22 Net assets or fund balances. Subtract line 21 from line 20	607,822	478,214

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: **STEPHEN KOCH** Date: _____
 Type or print name and title: **PRESIDENT & CEO**

Paid Preparer's Use Only

Preparer's signature: _____ Date: **05/05/10** Check if self-employed: Preparer's identifying number (see instructions): **P00745105**

Firm's name (or yours if self-employed), address, and ZIP + 4: **THE NCT GROUP CPA'S, L.L.P. P.O. BOX 1076 LAKELAND, FL 33802-1076** EIN ▶ **59-1500378** Phone no. ▶ **863-683-6783**

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO HELP CHILDREN REACH THEIR POTENTIAL THROUGH PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS WITH MEASURABLE IMPACT.

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 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 No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **2,006,661** including grants of \$) (Revenue \$)

OUR MISSION IS TO HELP CHILDREN REACH THEIR POTENTIAL THROUGH PROFESSIONALLY SUPPORTED, ONE-TO-ONE MENTORING RELATIONSHIPS WITH MEASURABLE IMPACT. OUR VISION FOR THE FUTURE INCLUDES SUCCESSFUL MENTORING RELATIONSHIPS FOR ALL CHILDREN WHO NEED AND WANT THEM, CONTRIBUTING TO BETTER SCHOOLS, BRIGHTER FUTURES AND STRONGER COMMUNITIES FOR ALL.

IN CASES WHERE A CARING ADULT IS NEEDED AND REQUESTED, A BIG BROTHER OR SISTER CAN HELP, NOT AS A SURROGATE PARENT, TUTOR OR TEACHER, BUT AS AN ADULT FRIEND. THESE VOLUNTEER "BIGS" ARE THE POSITIVE ROLE MODELS SO VITALLY IMPORTANT TO A CHILD AT RISK OF FAILING IN SCHOOL OR OF ENGAGING IN HARMFUL BEHAVIOR. IN 2009, WE MATCHED 2,145 CHILDREN WITH 2,145 VOLUNTEER

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ **2,006,661**

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)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		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	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. • Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. • Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X. 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		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		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	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		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		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		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		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	5		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
7a	X		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7b	X		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
9b			
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN KOCH PRESIDENT & CEO	40.00	X		X			113,245	0	0	
ANTHONY SANCHEZ DIRECTOR	1.00	X					0	0	0	
BETH BENNETT VP OF BOARD DEVELOPM	1.00	X		X			0	0	0	
BILL NIPPER PAST BOARD CHAIR 200	1.00	X					0	0	0	
BRIAN AULD BOARD CHAIR ELECT	1.00	X		X			0	0	0	
DREW JENKINS SECRETARY	1.00	X		X			0	0	0	
GORDON HILL DIRECTOR	1.00	X					0	0	0	
KRISTEN REDDIN DIRECTOR	1.00	X					0	0	0	
LAURA K WHITMORE DIRECTOR	1.00	X					0	0	0	
MARK JONES DIRECTOR	1.00	X					0	0	0	
MARY ANN FULLERTON DIRECTOR	1.00	X					0	0	0	
MELISSA WIKLE TREASURER	1.00	X		X			0	0	0	
R. KENT BAILEY DIRECTOR	1.00	X					0	0	0	
R. J. HAUGHEY PAST BOARD CHAIR	1.00	X					0	0	0	
RAKESH THAKKAR DIRECTOR	1.00	X					0	0	0	
RICHARD SALAZAR DIRECTOR	1.00	X					0	0	0	
RISA JOSIAS DIRECTOR	1.00	X					0	0	0	

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TAMI SHEEHAN BROADRICK DIRECTOR	1.00	X						0	0	0
TRAVIS GODWIN DIRECTOR	1.00	X						0	0	0
V. LYNN WOODS BOARD CHAIR	1.00	X		X				0	0	0
VINCE PAVESE DIRECTOR	1.00	X						0	0	0
WREDE KIRKPATRICK BOARD MEMBER REPRESENTATIVE	1.00	X						0	0	0
TERI SIMPSON SENIOR VP OF PROGRAM	40.00			X				65,456	0	0
DEANNA SHEFFIELD WARD VP OF PARTNERSHIP DEVELOPMENT	40.00			X				59,470	0	0
ROBYN ANDRAS VP OF FINANCE & CFO	40.00			X				42,347	0	0
1b Total								280,518		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 353,666					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 1,002,051					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 573,221					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f		1,928,938				
Program Service Revenue	2a	Busn. Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		8,693			8,693	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 424,197					
	b Less: direct expenses	b 107,175					
c Net income or (loss) from fundraising events			317,022			317,022	
9a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Busn. Code					
11a							
	b						
	c						
	d All other revenue						
e Total. Add lines 11a-11d							
12 Total Revenue. See instructions.			2,254,653	0	0	325,715	

Part IX Statement of Functional Expenses

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
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	280,518	252,511	9,336	18,671
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,130,935	907,837	74,987	148,111
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	161,882	137,555	8,295	16,032
10 Payroll taxes	107,129	87,855	6,646	12,628
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,500	15,892	3,570	2,038
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	114,722	104,622	6,426	3,674
12 Advertising and promotion				
13 Office expenses	69,312	60,904	2,924	5,484
14 Information technology				
15 Royalties				
16 Occupancy	191,250	165,165	8,883	17,202
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,987	10,574	3	2,410
20 Interest	5,615		5,615	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,433	29,409	2,126	3,898
23 Insurance	45,753	40,508	1,647	3,598
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PROGRAM ASSISTANCE	58,931	58,931		
b TRANSPORTATION	42,749	39,721	1,407	1,621
c BAD DEBT	38,931	38,931		
d DUES AND SUBSCRIPTIONS	32,721	31,354	336	1,031
e MINOR EQUIPMENT MAINTENAN	31,633	21,095	5,189	5,349
f All other expenses	3,840	3,797		43
25 Total functional expenses. Add lines 1 through 24f	2,385,841	2,006,661	137,390	241,790
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	118,252	1	95,800
	2	Savings and temporary cash investments	709	2	
	3	Pledges and grants receivable, net	490,592	3	442,041
	4	Accounts receivable, net	29,556	4	36,716
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	22,164	9	23,114
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 349,579		
	b	Less: accumulated depreciation	10b 278,300	10c	71,279
	11	Investments—publicly traded securities	20,718	11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,667	15	1,667
16	Total assets. Add lines 1 through 15 (must equal line 34).	755,831	16	670,617	
Liabilities	17	Accounts payable and accrued expenses	43,009	17	40,490
	18	Grants payable		18	
	19	Deferred revenue	15,000	19	10,079
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	90,000	25	141,834
	26	Total liabilities. Add lines 17 through 25	148,009	26	192,403
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	345,968	27	175,803
	28	Temporarily restricted net assets	261,854	28	291,386
	29	Permanently restricted net assets		29	11,025
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	607,822	33	478,214	
34	Total liabilities and net assets/fund balances	755,831	34	670,617	

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization **BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC** Employer identification number **59-2173085**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(i)		
(ii) A family member of a person described in (i) above? 11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,117,240	2,297,976	2,674,044	2,802,584	1,928,938	11,820,782
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,117,240	2,297,976	2,674,044	2,802,584	1,928,938	11,820,782
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						11,820,782

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,117,240	2,297,976	2,674,044	2,802,584	1,928,938	11,820,782
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,078	2,532	675	1,109	8,693	19,087
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	574,745	491,048	430,272	512,501	424,197	2,432,763
11 Total support. Add lines 7 through 10						14,272,632

12 Gross receipts from related activities, etc. (see instructions) 12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	82.82%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.87%

16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,008,566

SUPPLEMENTAL INFORMATION

OTHER INCOME WAS GENERATED FROM FUNDRAISING ACTIVITIES.

Schedule B
(Form 990, 990-EZ,
or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC	Employer identification number 59-2173085
--	--

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)(3) (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization BIG BROTHERS BIG SISTERS OF TAMPA	Employer identification number 59-2173085
---	--

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BIG BROTHERS BIG SISTERS OF AMERICA 230 NORTH 13TH STREET PHILADELPHIA PA 19107	\$ 95,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	SUNCOAST GOLF CLASSIC, INC 12830 SHADY HILLS ROAD SPRING HILL FL 34610	\$ 75,674	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BOARD OF COUNTY COMMISSIONERS POLK COUNTY 330 WEST CHURCH STREET BARTOW FL 33830	\$ 52,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SCHOOL DISTRICT OF HILLSBOROUGH COUNTY, FLORIDA 901 E KENNEDY BLVD. TAMPA FL 33602	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization: BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC. Employer identification number: 59-2173085

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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... Yes No, 6 Did the organization inform all grantees... Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year. 4 Number of states where property subject to conservation easement is located. 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No. 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year. 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No. 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions	11,025				
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	11,025				

2 Provide the estimated percentage of the year end balance held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 100.00 %
- c** Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		43,830	16,419	27,411
d Equipment		305,749	261,881	43,868
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				71,279

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,254,653
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,385,841
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-131,188
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	1,580
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	1,580
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-129,608

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

1	Total revenue, gains, and other support per audited financial statements	1	2,363,408
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,580
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	1,580
3	Subtract line 2e from line 1	3	2,361,828
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-107,175
c	Add lines 4a and 4b	4c	-107,175
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,254,653

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

1	Total expenses and losses per audited financial statements	1	2,493,016
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,493,016
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-107,175
c	Add lines 4a and 4b	4c	-107,175
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,385,841

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

THE ORGANIZATION'S ENDOWMENT WAS ESTABLISHED IN 2009 BY DONORS TO SUPPORT THE WORK OF MATCHING VOLUNTEER BIG BROTHERS AND BIG SISTERS WITH CHILDREN IN NEED. IT IS THE INTENT OF THE DONORS AND THE ORGANIZATION TO ACCUMULATE DONATIONS AND EARNINGS UNTIL THE FUND REACHES A MINIMUM OF \$25,000.

Part XIV Supplemental Information (continued)

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

FUNDRAISING COSTS \$ 107,175

FUNDRAISING COSTS \$ -107,175

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

FUNDRAISING COSTS \$ -107,175

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

FUNDRAISING COSTS \$ -107,175

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>BOWL FOR KIDS S</u> (event type)	<u>ART AUCTION</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	177,811	149,666	96,720	424,197
	2	Less: Charitable contributions				
	3	Gross revenue (line 1 minus line 2)	177,811	149,666	96,720	424,197
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	16,203	60,754	30,218	107,175
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					317,022

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Noncash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)					
8	Net gaming income summary. Combine line 1, column d, and line 7					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a	%	
b An outside facility	13b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name ▶			
Address ▶			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c If "Yes," enter name and address of the third party:			
Name ▶			
Address ▶			
16 Gaming manager information:			
Name ▶			
Gaming manager compensation ▶ \$			
Description of services provided ▶			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization **BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC**

Employer identification number
59-2173085

FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT

BIG BROTHERS OR BIG SISTERS IN HILLSBOROUGH, POLK AND PASCO COUNTIES. APPROXIMATELY HALF OF OUR MATCHES WERE IN OUR COMMUNITY BASED MENTORING PROGRAM, AND HALF IN OUR SCHOOL/SITE BASED MENTORING PROGRAM.

A RECORD OF SUCCESS, BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC. HAS OVER 45 YEARS OF EXPERIENCE IN THE TAMPA BAY AREA PROVIDING ONE-TO-ONE MENTORING SERVICES TO CHILDREN HAVING ONE OR MORE RISK FACTORS, AND WHO HAVE BEEN REFERRED TO OUR AGENCY BY THEIR LEGAL GUARDIAN, TEACHER, OR SCHOOL GUIDANCE COUNSELOR OR OTHER SERVICE ORGANIZATIONS. OUR VOLUNTEER BIGS SERVE AS A FRIEND, MENTOR AND ROLE MODEL HELPING TO RAISE THE CHILD'S SELF ESTEEM, IMPROVE THEIR RELATIONSHIP WITH THEIR PEERS AS WELL AS OTHER ADULTS, AND IMPROVE THEIR ACADEMIC PERFORMANCE AMONG OTHER OUTCOMES. THEY ENCOURAGE THEIR "LITTLES" TO REALIZE THEIR POTENTIAL AND SEE THEMSELVES AS HAVING A HAPPY AND SUCCESSFUL FUTURE.

A BIG BROTHER OR A BIG SISTER RELATIONSHIP PROVIDES THE LITTLE WITH AN INCREASED SENSE OF BELONGING, AND OFTEN LEADS TO ENHANCED COMMUNICATION SKILLS AND IMPROVED PERFORMANCE AT HOME, AT SCHOOL, AND IN THE COMMUNITY. THE BIGS AND LITTLES HAVE FUN TOGETHER, AND ULTIMATELY, THE VOLUNTEER ALSO BENEFITS BY BEING ABLE TO "GIVE SOMETHING BACK" AND BY TRULY MAKING A DIFFERENCE IN THE LIFE OF A CHILD. EACH VOLUNTEER COMMITS TO SPENDING A FEW HOURS A WEEK FOR AT LEAST ONE YEAR. PROFESSIONAL CASEWORKERS FROM OUR STAFF PROVIDE SUPERVISION AND SUPPORT AND WORK WITH THE VOLUNTEER, THE CHILD AND THE FAMILY TO HELP SET GOALS FOR THE MATCH.

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

OUR WORK IS AS ELEMENTARY AS PUTTING A FRIEND IN A CHILD'S LIFE, AND AS ESSENTIAL AS PUTTING HOPE IN A CHILD'S FUTURE. HERE IS A DETAILED LISTING OF OUR ACCOMPLISHMENTS IN 2009:

- WE PROVIDED A MENTOR TO 2145 CHILDREN IN 2009. FIFTY-FOUR PERCENT OF THOSE CHILDREN (N=1148) WERE MATCHED IN OUR COMMUNITY-BASED PROGRAM AND FORTY-SIX PERCENT (N=997) WERE SERVED IN OUR SCHOOL/SITE-BASED PROGRAM.
- IN ACCORDANCE WITH OUR BUSINESS PLAN CONCERNING OUR EFFORTS TO BE MORE INTENTIONAL ABOUT WHO SERVE;
 - o 259 OF THE MATCHED CHILDREN WERE CHILDREN WITH INCARCERATED PARENTS
 - o 15% OF THE MATCHED CHILDREN WERE HISPANIC (COMPARED WITH 13% IN 2008)
 - o 10% OF OUR VOLUNTEERS WERE HISPANIC (COMPARED TO 9% IN 2008)
 - o 42% WERE BOYS (COMPARED WITH 41% IN 2008)
 - o 80% OF THE LITTLE BROTHERS WERE MATCHED WITH A BIG BROTHER (COMPARED WITH 71% LAST YEAR)
 - o 21% OF OUR VOLUNTEERS WERE AFRICAN AMERICAN (AS COMPARED WITH 20% IN 2008) AND 29% OF OUR AFRICAN AMERICAN LITTLE BROTHERS WERE MATCHED WITH AFRICAN AMERICAN BIG BROTHERS
- OUR AVERAGE LENGTH OF MATCH WAS; CBM 16.7 MONTHS AND SBM 11 MONTHS
- OUR 6-MONTH RETENTION RATE INCREASED FROM 70 % TO 79% FOR COMMUNITY-BASED MATCHES AND THE 12-MONTH RETENTION RATE ALSO INCREASED BY 3.5% IN COMMUNITY BASED AND 6.3% IN SCHOOL-BASED MATCHES.
- WE REDUCED OUR MATCH CLOSURE RATE BY ALMOST 11% AND CONTINUE TO FOCUS ON "LONGER, STRONGER MATCHES."
- WE EXCEEDED OUR MCOP GOAL OF 95 (WE ACTUALLY MADE 127) IN POLK COUNTY THIS YEAR WHICH WAS A HUGE ACHIEVEMENT AND A HELP TO OUR STATE-WIDE

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

ASSOCIATION AS WELL.

- OUR NEW DIRECTOR OF SCHOOL-BASED SUPPORT DESIGNED A STREAMLINED AND PROFESSIONAL-APPEARING SCHOOL REPORT FOR THE 08-09 SCHOOL YEAR.

- ALL OF OUR SENIOR PROGRAM SUPERVISORS HAVE RECEIVED THE NEWLY CREATED "CERTIFICATION" BY BIG BROTHERS BIG SISTERS OF AMERICA.

2009 AGENCY-WIDE OUTCOMES BY PROGRAM

- WE SERVED 1148 CHILDREN IN OUR COMMUNITY-BASED PROGRAM. OF THOSE MATCHED CHILDREN WE SAW THESE RESULTS:

- O 94% WERE PROMOTED TO THE NEXT GRADE LEVEL
- O 87% SHOWED AN INCREASE IN THEIR SELF-CONFIDENCE
- O 85% ARE BETTER ABLE TO EXPRESS THEIR FEELINGS
- O 75% HAVE A BETTER SENSE OF THE FUTURE (I.E., "THINGS CAN GET BETTER" & "I CAN GO TO COLLEGE")
- O 83% IMPROVED THEIR ACADEMIC PERFORMANCE
- O 80% HAVE AN IMPROVED ATTITUDE TOWARDS SCHOOL
- O 76% COME TO CLASS BETTER PREPARED
- O 68% PARTICIPATE IN CLASS MORE
- O 66% IMPROVED THEIR CLASSROOM BEHAVIOR
- O 86% DEMONSTRATED GREATER TRUST TOWARDS THEIR MENTOR
- O 75% IMPROVED THEIR RELATIONSHIPS WITH THEIR PEERS AND THEIR FAMILY

WE SERVED 997 CHILDREN IN OUR SCHOOL/SITE-BASED PROGRAM. OF THOSE MATCHED CHILDREN WE SAW THESE RESULTS:

- O 98% WERE PROMOTED TO THE NEXT GRADE LEVEL

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

- 87% SHOWED AN INCREASE IN THEIR SELF-CONFIDENCE
- 79% ARE BETTER ABLE TO EXPRESS THEIR FEELINGS
- 60% HAVE A BETTER SENSE OF THE FUTURE (I.E., "THINGS CAN GET BETTER"& "I CAN GO TO COLLEGE")
- 74% IMPROVED THEIR ACADEMIC PERFORMANCE
- 70% HAVE AN IMPROVED ATTITUDE TOWARDS SCHOOL
- 64% COME TO CLASS BETTER PREPARED
- 66% PARTICIPATE IN CLASS MORE
- 63% IMPROVED THEIR CLASSROOM BEHAVIOR
- 84% DEMONSTRATED GREATER TRUST TOWARDS THEIR MENTOR
- 69% IMPROVED THEIR RELATIONSHIPS WITH THEIR PEERS

- OUR VOLUNTEERS INVOLVED IN MATCHES IN 2009 CAME TO US FROM THE FOLLOWING MAJOR SOURCES:

- 370 - COLLEGE PARTNERS
- 262 - HIGH SCHOOL PARTNER
- 246 - WEB LINK
- 226 - WORKPLACE PARTNERS
- 178 - NEIGHBOR, FRIEND, RELATIVE
- 175 - MEDIA
- 94 - BBBS BOARD OR STAFF
- 67 - ANOTHER BIG
- 26 - SPECIAL EVENT
- 19 - SERVICE ORGANIZATION

FORM 990, PART VI, LINE 8B - DOCUMENTATION BY COMMITTEE EXPLANATION

NONE OF THE ORGANIZATION'S COMMITTEES HAVE AUTHORITY TO ACT ON BEHALF OF

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

THE GOVERNING BODY. INSTEAD, THEY SERVE IN AN ADVISORY CAPACITY. ALL BOARD ACTIONS ARE DOCUMENTED IN THE GOVERNING BODY'S MINUTES.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WILL BE SENT VIA E-MAIL TO ALL BOARD MEMBERS. IT WILL FIRST BE REVIEWED AND DISCUSSED AT THE ORGANIZATION'S FINANCE COMMITTEE MEETING. IT WILL THEN BE REVIEWED, DISCUSSED AND APPROVED AT THE NEXT BOARD MEETING. THIS WILL BE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY THE ORGANIZATION OBTAINS A BOARD APPLICATION ON ALL BOARD MEMBERS THAT PROVIDES THE ORGANIZATION WITH UNIFORM INFORMATION ON THE BACKGROUND OF ALL BOARD MEMBERS. EACH NEW BOARD MEMBER WHO IS APPROVED FOR THE ORGANIZATION'S BOARD OF DIRECTORS MUST SIGN A BOARD AGREEMENT WHICH INCLUDES THE STATEMENTS "...I WILL ACT IN THE BEST INTERESTS OF THE ORGANIZATION, AND EXCUSE MYSELF FROM DISCUSSIONS AND VOTES WHERE I HAVE A CONFLICT OF INTEREST. I WILL NOT PARTICIPATE IN ANY ACTIVITY IN WHICH I OR MY BUSINESS WILL GAIN FINANCIALLY FROM MY VOTE AS A MEMBER OF THE BOARD OF DIRECTORS FOR THIS AGENCY..." DURING 2009, EACH BOARD MEMBER SIGNED AN ANNUAL STATEMENT STATING THEY ARE IN COMPLIANCE WITH THIS PROVISION OF THE BOARD AGREEMENT. THE PRESIDENT/CEO OF THE ORGANIZATION, ALONG WITH THE CFO AND BOARD CHAIR, MONITOR ALL TRANSACTIONS BETWEEN THE ORGANIZATION AND ANY BOARD MEMBERS PURSUANT TO THE ABOVE POLICY. ANY PERCEIVED VIOLATIONS OF THIS POLICY ARE TO BE REPORTED IN DETAIL TO THE MEMBERS OF THE BOARD'S EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

THE ORGANIZATION REVIEWS COMPARABLE SALARY DATA FROM THE AGENCY-ONLY WEBSITE OF BIG BROTHERS BIG SISTERS OF AMERICA. COMPENSATION AMOUNTS ARE REVIEWED AND APPROVED BY THE BOARD CHAIR AND BOARD CHAIR-ELECT EACH YEAR.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE MOST RECENT GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return **BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC** Identifying number **59-2173085**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	35,433

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶	

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	35,433
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:										
I	Depreciation	1/01/09	35,433				35,433	1 MO S/L	0	35,433
	Total Other Depreciation		<u>35,433</u>				<u>35,433</u>		<u>0</u>	<u>35,433</u>
	Total ACRS and Other Depreciation		<u>35,433</u>				<u>35,433</u>		<u>0</u>	<u>35,433</u>
	Grand Totals		35,433				35,433		0	35,433
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		<u>35,433</u>				<u>35,433</u>		<u>0</u>	<u>35,433</u>

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other Depreciation:									
I	Depreciation	1/01/09	0			0	0 HY	0	0
	Total Other Depreciation		0			0		0	0
	Total ACRS and Other Depreciation		0			0		0	0
	Grand Totals		0			0		0	0
	Less: Dispositions and Transfers		0			0		0	0
	Net Grand Totals		0			0		0	0

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Depreciation	1/01/09	35,433	0	0
	Total Other Depreciation		<u>35,433</u>	<u>0</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>35,433</u>	<u>0</u>	<u>0</u>
	Grand Totals		<u>35,433</u>	<u>0</u>	<u>0</u>

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business Code</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>
INTEREST INCOME	\$ 8,693		14		
TOTAL	\$ 8,693				

59-2173085

Federal Statements

FYE: 12/31/2009

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
LIC & CLINICAL SUPVN STAFF	\$ 4,298	\$ 3,177	\$ 713	\$ 408
PASS-THROUGH PROGRAM SERVICES	76,007	76,007		
MISCELLANEOUS SERVICES	34,417	25,438	5,713	3,266
TOTAL	<u>\$ 114,722</u>	<u>\$ 104,622</u>	<u>\$ 6,426</u>	<u>\$ 3,674</u>

Form 990, Part IX, Line 24f - All Other Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Management & General</u>	<u>Fund Raising</u>
PUBLIC RELATIONS	\$ 3,043	\$ 3,043	\$	\$
EMPLOYEE TRAINING	697	654		43
DONATIONS	100	100		
TOTAL	<u>\$ 3,840</u>	<u>\$ 3,797</u>	<u>\$ 0</u>	<u>\$ 43</u>