

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 2010 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 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) **711 S. DALE MABRY HWY.** Room/suite **300**
 City or town, state or country, and ZIP + 4 **TAMPA FL 33609**

D Employer identification number **59-2173085**

E Telephone number **813-769-3600**

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

G Gross receipts\$ **2,252,727**

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) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.BBBSFL.ORG**

K Form of organization: Corporation Trust Association Other ▶

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

H(c) Group exemption number ▶

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.		
	2 Check this box <input type="checkbox"/> 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)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	58
	6 Total number of volunteers (estimate if necessary)	6	2500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,928,938	1,724,825
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,693	728
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	317,022	389,569
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,254,653	2,115,122
Expenses	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)	1,680,464	1,469,721
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 217,107		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	705,377	632,240
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,385,841	2,101,961	
19 Revenue less expenses. Subtract line 18 from line 12	-131,188	13,161	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	670,617	654,200
	22 Net assets or fund balances. Subtract line 21 from line 20	192,403	162,825
		478,214	491,375

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 Use Only

Print/Type preparer's name: **CINDY D. BAKER** Preparer's signature: _____ Date: **03/29/11** Check if self-employed PTIN: **P00745105**
 Firm's name ▶ **THE NCT GROUP CPA'S, L.L.P.** Firm's EIN ▶ **59-1500378**
 P.O. BOX 1076
 Firm's address ▶ **LAKELAND, FL 33802-1076** Phone no. **863-683-6783**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER.

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 \$ **1,740,808** including grants of \$) (Revenue \$)
OUR MISSION IS TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER, FOREVER. OUR VISION IS THAT ALL CHILDREN ACHIEVE SUCCESS IN LIFE.

2010 PROGRAM HIGHLIGHTS

WE PROVIDED A MENTOR TO 2042 CHILDREN IN 2010. FIFTY-SEVEN PERCENT OF THOSE CHILDREN (N=1166) WERE MATCHED IN OUR COMMUNITY-BASED PROGRAM AND FORTY-THREE PERCENT (N=876) WERE SERVED IN OUR SCHOOL/SITE-BASED PROGRAM.

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 ▶ 1,740,808

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? (see instructions)	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
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 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		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	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		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
b 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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions)		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
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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 (or a family member thereof) 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)?		X
a 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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	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		
2b	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. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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
4b	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.		
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?		
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).		
7a	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?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	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?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(1) STEPHEN KOCH PRESIDENT & CEO	40.00	X		X			101,558	0	0	
(2) BETH BENNETT SEC/BOARD DEV CO CHR	1.50	X		X			0	0	0	
(3) BRIAN AULD BOARD CHAIR ELECT	1.50	X		X			0	0	0	
(4) DREW JENKINS DIRECTOR	1.50	X					0	0	0	
(5) GORDON HILL BOARD DEV CO CHAIR	1.50	X					0	0	0	
(6) LAURA K WHITMORE DIRECTOR	1.50	X					0	0	0	
(7) MARK JONES DIRECTOR	1.50	X					0	0	0	
(8) MARY ANN FULLERTON CO RESOURCE DEV CHR	1.50	X					0	0	0	
(9) R. KENT BAILEY DIRECTOR	1.50	X					0	0	0	
(10) R.J. HAUGHEY PAST BOARD CHAIR	1.50	X					0	0	0	
(11) RAKESH THAKKAR DIRECTOR	1.50	X					0	0	0	
(12) RICHARD SALAZAR DIRECTOR	1.50	X					0	0	0	
(13) RISA JOSIAS DIRECTOR	1.50	X					0	0	0	
(14) TAMI SHEEHAN BROADRICK CO RESOURCE DEV CHR	1.50	X					0	0	0	
(15) TRAVIS GODWIN DIRECTOR	1.50	X					0	0	0	
(16) V. LYNN WOODS BOARD CHAIR	1.50	X		X			0	0	0	

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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			
(17) VINCE PAVESE TREASURER	1.50	X		X				0	0	0
(18) WREDE KIRKPATRICK BOARD MEMBER REPRESE	1.50	X						0	0	0
(19) MICHAEL DIETZ DIRECTOR	1.50	X						0	0	0
(20) MIKE KRASKOW DIRECTOR	1.50	X						0	0	0
(21) KARA KLINGER DIRECTOR	1.50	X						0	0	0
(22) JOEY PITTMAN DIRECTOR	1.50	X						0	0	0
(23) DEANNA S WARD VP OF PTNSHP DEV/CDO	40.00			X				53,889	0	0
(24) JENNIFER GANDEE VP OF PROGRAM SERV	40.00			X				41,007	0	0
(25) TERI SIMPSON SENIOR VP OF PROGRAM	40.00			X				38,236	0	0
(26) ROBYN ANDRAS VP OF FINANCE & CFO	40.00			X				38,036	0	0
(27)										
(28)										
1b Sub-total								272,726		
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								272,726		

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 or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

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

(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 348,969				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e 887,473				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 488,383				
	g Noncash contributions included in lines 1a-1f: \$					
	h Total. Add lines 1a-1f		1,724,825			
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)		728		728	
	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 527,114				
	b Less: direct expenses	b 137,605				
c Net income or (loss) from fundraising events		389,509		389,509		
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 MISCELLANEOUS		60	60			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		60				
12 Total revenue. See instructions.		2,115,122	60	0	390,237	

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	272,726	248,995	8,376	15,355
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	945,081	760,128	69,527	115,426
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	147,951	125,518	8,050	14,383
10 Payroll taxes	103,963	86,206	6,724	11,033
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	19,291	11,016	4,672	3,603
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other	78,218	61,887	9,220	7,111
12 Advertising and promotion				
13 Office expenses	73,840	64,681	3,377	5,782
14 Information technology				
15 Royalties				
16 Occupancy	193,616	167,149	9,811	16,656
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,817	8,367	3	447
20 Interest	8,651		8,209	442
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,754	27,343	1,841	3,570
23 Insurance	49,419	43,836	1,899	3,684
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PROGRAM ASSISTANCE	49,940	49,940		
b TRANSPORTATION	39,294	35,635	1,774	1,885
c MINOR EQUIPMENT MAINTENAN	31,550	16,873	9,377	5,300
d DUES AND SUBSCRIPTIONS	30,790	29,472	357	961
e BAD DEBT	11,358			11,358
f All other expenses	4,702	3,762	829	111
25 Total functional expenses. Add lines 1 through 24f	2,101,961	1,740,808	144,046	217,107
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest bearing	95,800	1	109,433
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	442,041	3	431,148
	4	Accounts receivable, net	36,716	4	37,246
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	23,114	9	18,553
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 367,207		
	b	Less: accumulated depreciation	10b 311,054	10c	56,153
	11	Investments—publicly traded securities		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)	670,617	16	654,200	
Liabilities	17	Accounts payable and accrued expenses	40,490	17	35,616
	18	Grants payable		18	
	19	Deferred revenue	10,079	19	8,000
	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	106,402
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	141,834	25	12,807
	26	Total liabilities. Add lines 17 through 25	192,403	26	162,825
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	175,803	27	189,340
	28	Temporarily restricted net assets	291,386	28	282,745
	29	Permanently restricted net assets	11,025	29	19,290
	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	478,214	33	491,375	
34	Total liabilities and net assets/fund balances	670,617	34	654,200	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,115,122
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,101,961
3	Revenue less expenses. Subtract line 2 from line 1	3	13,161
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	478,214
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	491,375

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (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?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)	<input type="checkbox"/>	<input type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input type="checkbox"/>

(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	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,297,976	2,674,044	2,802,584	1,928,938	1,724,825	11,428,367
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	2,297,976	2,674,044	2,802,584	1,928,938	1,724,825	11,428,367
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						11,428,367

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,297,976	2,674,044	2,802,584	1,928,938	1,724,825	11,428,367
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,532	675	1,109	8,693	728	13,737
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	491,048	430,272	512,501	424,197	527,114	2,385,132
11 Total support. Add lines 7 through 10						13,827,236

12 Gross receipts from related activities, etc. (see instructions) 12 60

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 2010 (line 6, column (f) divided by line 11, column (f))	14	82.65%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	82.82%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 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.)						

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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2010. 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—2009. 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. Also complete this part for any additional information. (See instructions).

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 2,385,132

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

OMB No. 1545-0047

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

2010

Name of the organization BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC	Employer identification number 59-2173085
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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 on line H 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).

Name of organization BIG BROTHERS BIG SISTERS OF TAMPA	Employer identification number 59-2173085
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	\$ 45,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	\$ 45,910	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	\$ 49,070	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	\$ 107,216	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

2010

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II with multiple questions (1-7) regarding conservation easements, including checkboxes for various purposes and a table for 'Held at the End of the Tax Year' with rows 2a-2d.

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.

Form for Part III with questions 1a, 1b, and 2 regarding reporting requirements for art and historical treasures, including dollar amounts.

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	19,290	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	19,290	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 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	22,081	21,749
d Equipment		323,377	288,973	34,404
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				56,153

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) CAPITAL LEASE	12,807
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	12,807

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,115,122
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,101,961
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	13,161
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	13,161

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	2,252,727
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	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	137,605
e	Add lines 2a through 2d	2e	137,605
3	Subtract line 2e from line 1	3	2,115,122
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	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,115,122

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

1	Total expenses and losses per audited financial statements	1	2,239,566
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	137,605
e	Add lines 2a through 2d	2e	137,605
3	Subtract line 2e from line 1	3	2,101,961
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,101,961

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 XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

Part XIV Supplemental Information (continued)

FUNDRAISING COSTS \$ 137,605

FUNDRAISING COSTS \$ -137,605

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING COSTS \$ 137,605

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

FUNDRAISING COSTS \$ 137,605

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Employer identification number
59-2173085

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

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

.....
.....
.....
.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ART AUCTION</u> (event type)	<u>BOWL FOR KIDS S</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	205,049	186,318	135,747	527,114
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	205,049	186,318	135,747	527,114
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	73,294	16,042	48,269	137,605
	10 Direct expense summary. Add lines 4 through 9 in column (d)				137,605
11 Net income summary. Combine line 3, column (d), and line 10				389,509	

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					

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 Yes No

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Yes No

b If "Yes," explain:

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010Open to Public
InspectionName of the organization **BIG BROTHERS BIG SISTERS OF TAMPA
BAY, INC**Employer identification number
59-2173085**FORM 990, PART III, LINE 4A - FIRST ACHIEVEMENT****IN ACCORDANCE WITH OUR BUSINESS PLAN CONCERNING OUR EFFORTS TO BE MORE
INTENTIONAL ABOUT WHO SERVE:*****37 % OF THE MATCHED CHILDREN WERE CHILDREN WITH INCARCERATED PARENTS*****14 % OF THE MATCHED CHILDREN WERE HISPANIC*****10 % OF OUR VOLUNTEERS WERE HISPANIC*****41% WERE BOYS*****82% OF THE LITTLE BROTHERS WERE MATCHED WITH A BIG BROTHER (COMPARED WITH
80% IN 2009)*****22 % OF OUR VOLUNTEERS WERE AFRICAN AMERICAN (AS COMPARED WITH 21% IN
2009) AND 77 % OF OUR AFRICAN AMERICAN LITTLE BROTHERS WERE MATCHED WITH
AFRICAN AMERICAN BIG BROTHERS*****OUR AVERAGE LENGTH OF MATCH WAS 23 MONTHS FOR OUR COMMUNITY BASED MATCHES,
AND 14 MONTHS FOR OUR SCHOOL-BASED MATCHES.*****OUR 6-MONTH RETENTION RATE INCREASED FROM 70% TO 83 % FOR SITE-BASED
MATCHES AND FROM 79% TO 80% FOR COMMUNITY-BASED MATCHES AND OUR 12-MONTH
RETENTION RATE ALSO INCREASED BY 34.3 % IN SCHOOL-BASED MATCHES AND 11.8 %
IN COMMUNITY BASED MATCHES.*****OUR 78-YEAR-OLD BIG SISTER OF THE YEAR FOR OUR AGENCY, ANN SHEEKY, WAS
NAMED FLORIDA'S BIG SISTER OF THE YEAR.****2010 AGENCY-WIDE OUTCOMES BY PROGRAM****WE SERVED 1166 CHILDREN IN OUR COMMUNITY-BASED PROGRAM. OF THOSE MATCHED**

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

CHILDREN WE SAW THESE RESULTS:

*97 % WERE PROMOTED TO THE NEXT GRADE LEVEL

*87 % SHOWED AN INCREASE IN THEIR SELF-CONFIDENCE

*87% ARE BETTER ABLE TO EXPRESS THEIR FEELINGS

*80% HAVE A BETTER SENSE OF THE FUTURE (I.E., "THINGS CAN GET BETTER" , "I CAN GO TO COLLEGE")

*74% IMPROVED THEIR ACADEMIC PERFORMANCE

*74% HAVE AN IMPROVED ATTITUDE TOWARDS SCHOOL

*74% COME TO CLASS BETTER PREPARED

*69% PARTICIPATE IN CLASS MORE

*65% IMPROVED THEIR CLASSROOM BEHAVIOR

*88% DEMONSTRATED GREATER TRUST TOWARDS THEIR MENTOR

*79% IMPROVED THEIR RELATIONSHIPS WITH THEIR PEERS

*70% IMPROVED THEIR RELATIONSHIPS WITH THEIR FAMILY

WE SERVED 876 CHILDREN IN OUR SCHOOL/SITE-BASED PROGRAM. OF THOSE MATCHED

CHILDREN WE SAW THESE RESULTS:

*95% WERE PROMOTED TO THE NEXT GRADE LEVEL

*89% SHOWED AN INCREASE IN THEIR SELF-CONFIDENCE

*86% ARE BETTER ABLE TO EXPRESS THEIR FEELINGS

*76% HAVE A BETTER SENSE OF THE FUTURE (I.E., "THINGS CAN GET BETTER", "I CAN GO TO COLLEGE")

*77% IMPROVED THEIR ACADEMIC PERFORMANCE

*81% HAVE AN IMPROVED ATTITUDE TOWARDS SCHOOL

*73% COME TO CLASS BETTER PREPARED

*80% PARTICIPATE IN CLASS MORE

*70% IMPROVED THEIR CLASSROOM BEHAVIOR

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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*91% DEMONSTRATED GREATER TRUST TOWARDS THEIR MENTOR

*69% IMPROVED THEIR RELATIONSHIPS WITH THEIR PEERS

*70% IMPROVED THEIR RELATIONSHIPS WITH THEIR FAMILY

OUR VOLUNTEERS INVOLVED IN MATCHES IN 2010 CAME TO US FROM THE FOLLOWING
MAJOR SOURCES:

*25 % SELF REFERRAL

*15 % COLLEGE PARTNERS

*9 % HIGH SCHOOL PARTNER S

*14 % WEB LINK

*12 % NEIGHBOR, FRIEND, OR RELATIVE

*9 % WORKPLACE PARTNERS

*7 % MEDIA

*5 % BBBS BOARD OR STAFF MEMBER

*4 % ANOTHER BIG

*2 % SERVICE ORGANIZATION

FINANCE HIGHLIGHTS

*DESPITE REVENUE DROPPING 5% IN 2010, WHICH EQUATES TO \$111,782, WE
STABILIZED OUR FINANCES AND ENDED 2010 WITH A SURPLUS OF JUST UNDER
\$15,000.

*WE REDUCED OUR EXPENSES BY 11% IN 2010, WHICH EQUATES TO \$254,960; THIS
WAS ACHIEVED IN LARGE PART BY DOING AN ACROSS THE BOARD SALARY CUT OF 9% ON
JANUARY 1.

*WE SWITCHED TO THE NCT GROUP FOR OUR OUTSIDE AUDITING WORK, WHICH CUT OUR
COSTS BY ONE-THIRD FOR THIS SERVICE.

*OUR COST PER BIG/LITTLE MATCH WENT DOWN 6% IN 2010, TO \$1,024.

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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.....

RESOURCE DEVELOPMENT HIGHLIGHTS

.....

*WE ADDED 2,494 NEW DONORS IN 2010.

.....

*323 OF OUR PREVIOUS DONORS INCREASED THEIR DONATIONS IN 2010.

.....

*WE ESTABLISHED OUR FIRST ENDOWMENT FOR \$25,000 IN HONOR OF FORMER BIG BROTHER CHARLES MANLY.

.....

*WE INCREASED OUR REVENUE AT OUR 'ART OF HELPING CHILDREN' GALA BY 25%, TO \$205,000.

.....

*THE OSBORNE GROUP COMPLETED AN EVALUATION OF OUR RESOURCE DEVELOPMENT DEPARTMENT, AND WE DEVELOPED A PLAN TO IMPLEMENT A NUMBER OF RECOMMENDED CHANGES IN 2011.

.....

.....

COMMUNITY COLLABORATIONS AND PARTNERSHIPS. WE COULDN'T BE ACHIEVING WHAT WE ARE ACHIEVING WITHOUT SOME GREAT PARTNERS, INCLUDING OUR DONORS. (WE APOLOGIZE IF WE INADVERTENTLY FAILED TO MENTION ANY OF OUR GREAT COMMUNITY PARTNERS.)

.....

--EDUCATION FOCUSED. IN 2010, 95% OF OUR SCHOOL AND SITE-BASED LITTLES AND 97% OF OUR COMMUNITY BASED LITTLES, WERE PROMOTED TO THE NEXT GRADE LEVEL. WHEN YOU CONSIDER THAT MANY OF THE CHILDREN REFERRED TO US ARE AT RISK OF ACADEMIC FAILURE, THIS IS NO SMALL ACCOMPLISHMENT.

.....

"SCHOOL DISTRICTS. WE CONTINUED OUR STRONG PARTNERSHIPS WITH THE HILLSBOROUGH COUNTY SCHOOL DISTRICT, THE POLK COUNTY SCHOOL DISTRICT, THE PASCO COUNTY SCHOOL DISTRICT AND THE LAKE WALES CHARTER SCHOOL DISTRICT.

.....

.....

UNITED WAYS; CHILDREN'S BOARD OF HILLSBOROUGH COUNTY. WE CONTINUED OUR STRONG PARTNERSHIPS WITH THE UNITED WAY OF TAMPA BAY, THE UNITED WAY OF CENTRAL FLORIDA, THE UNITED WAY OF PASCO COUNTY AS WELL AS THE CHILDREN'S

.....

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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59-2173085

BOARD OF HILLSBOROUGH COUNTY.

AMERICA'S PROMISE GRADUATION SUMMIT. AS A RESULT OF THE 2009 AMERICA'S PROMISE GRADUATION ENHANCEMENT SUMMIT OF WHICH WE WERE A PARTNER IN HILLSBOROUGH COUNTY, WE LAUNCHED A NEW HIGH SCHOOL BIGS PROGRAM BETWEEN STUDENTS AT LETO HIGH SCHOOL AND CRESTWOOD ELEMENTARY. WE BROUGHT ON A NEW AMERICORPS MEMBER TO RUN THIS PROGRAM WHICH IS SUPPORTED BY THE HILLSBOROUGH EDUCATION FOUNDATION, THE SCHOOL DISTRICT AND OTHER PARTNERS.

AMERICA'S PROMISE. TAMPA/HILLSBOROUGH WAS NAMED ONE OF THE HUNDRED BEST COMMUNITIES TO RAISE CHILDREN IN AMERICA BY AMERICA'S PROMISE AND WE PROVIDED INPUT AND DATA INTO THE APPLICATION AND PARTICIPATED ON THE LOCAL STEERING COMMITTEE TO ATTRACT THIS NATIONAL ATTENTION.

SULPHUR SPRINGS MIDDLE SCHOOL WORK GROUP; CONN FOUNDATION AND CHILDREN'S BOARD. WE JOINED THE SULPHUR SPRINGS MIDDLE SCHOOL WORK GROUP AND IN LATE AUGUST THE CONN FOUNDATION AND THE CHILDREN'S BOARD PROVIDED US FUNDING TO PROVIDE MENTORS FOR THE STUDENTS WHO GRADUATED FROM 5TH GRADE AT SULPHUR SPRINGS ELEMENTARY THE PREVIOUS MAY.

JP MORGAN CHASE FOUNDATION. THE JP MORGAN CHASE FOUNDATION PROVIDES FINANCIAL SUPPORT AND VOLUNTEERS TO SUPPORT OUR MENTORING PROGRAMS FOCUSED IN THE SULPHUR SPRINGS COMMUNITY.

BIG BROTHERS BIG SISTERS ASSOCIATION OF FLORIDA, INC.; BAILEY FAMILY FOUNDATION. WE COLLABORATE WITH THE OTHER 13 OTHER BIG BROTHERS BIG SISTERS AGENCIES HERE IN FLORIDA TO APPLY FOR FUNDING EACH YEAR FROM THE

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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FLORIDA DEPARTMENT OF EDUCATION FOR OUR BIGS IN SCHOOLS AND SITES PROGRAM. THE BAILEY FAMILY FOUNDATION PROVIDES MATCHING FUNDS FOR OUR BIGS IN SCHOOLS AND SITES PROGRAM. WE COLLABORATED DIRECTLY WITH BBBS OF PINELLAS COUNTY TO PROMOTE OUR JOINT SPORTS BUDDIES PROGRAM DESIGNED TO RECRUIT MORE BIG BROTHERS, AND OTHER REGIONAL MARKETING EFFORTS.

BOYS AND GIRLS CLUBS. THE BOYS & GIRLS CLUB PROVIDES US SITES FOR BIGS AND LITTLES TO MEET IN SEVERAL LOCATIONS IN HILLSBOROUGH COUNTY. WE TRAIN THE BOYS & GIRLS CLUB VOLUNTEERS WHO WISH TO MENTOR AT THEIR LOCATIONS. IN COLLABORATION WITH THE CHILDREN'S BOARD WE NOW RECEIVE 21ST CENTURY FUNDING TO MENTOR YOUTH AT THREE BOYS AND GIRLS CLUBS IN HILLSBOROUGH COUNTY.

--JUVENILE JUSTICE FOCUSED. IN 2010, 99% OF OUR LITTLES HAD NO INVOLVEMENT WITH THE JUVENILE JUSTICE SYSTEM. WHEN YOU CONSIDER THAT MANY OF THE CHILDREN REFERRED TO US LIVE IN THOSE ZIP CODES WITH THE HIGHEST JUVENILE ARRESTS, THIS IS A SIGNIFICANT ACCOMPLISHMENT.

"JUVENILE JUSTICE BOARDS. WE CONTINUED OUR MEMBERSHIP AND ACTIVE INVOLVEMENT WITH THE JUVENILE JUSTICE BOARDS IN HILLSBOROUGH, POLK AND PASCO COUNTIES. THE MISSION OF THESE BOARDS IS TO PROVIDE LEADERSHIP THAT FOSTERS COLLABORATION AMONG CITIZENS, NEIGHBORHOODS AND COMMUNITY PARTNERS TO ELIMINATE JUVENILE DELINQUENCY,

CHIPS. WE PROVIDED LEADERSHIP AND SUPPORT TO HELP PUT ON A SYMPOSIUM ON EDUCATING THE PUBLIC AND OTHER PROFESSIONALS WHO WORK WITH CHILDREN WHO HAVE AN INCARCERATED PARENT. WE CONTINUE TO PROVIDE LEADERSHIP TO THE CHIPS COLLABORATION IN HILLSBOROUGH COUNTY (CHILDREN IN HILLSBOROUGH OF INCARCERATED PARENTS). HILLSBOROUGH COUNTY RANKS FIRST IN THE STATE OF

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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FLORIDA WITH THE NUMBER OF CHILDREN OF INCARCERATED PARENTS.

PROJECT DOVE. PROJECT DOVE IS FUNDED, IN PART, THROUGH A GENEROUS DONATION FROM THE VERIZON FOUNDATION, AND IS FOCUSED ON PROVIDING BIG BROTHERS OR BIG SISTERS TO CHILDREN WHO HAVE WITNESSED, OR BEEN SUBJECTED TO DOMESTIC VIOLENCE. THE SPRING OF TAMPA BAY ALSO COLLABORATES WITH US ON SEVERAL ASPECTS OF THIS SPECIALIZED MENTORING PROGRAM.

DMC COLLABORATION. WE LAUNCHED A NEW PROGRAM CALLED MAPP (MENTORING ALTERNATIVE PERSPECTIVES PROGRAM) WHICH IS GEARED TOWARDS LOWERING THE RATES OF DMC (DISPROPORTIONATE MINORITY CONTACT) AMONG AFRICAN AMERICAN MALES. IN ADDITION TO PROVIDING MENTORING AS PREVENTION TO KIDS IN NEIGHBORHOODS, KIDS ARE REFERRED TO US BY THE JUVENILE COURTS AS A MEANS OF DIVERSION TO SENTENCING.

NEW DIRECTIONS. WE LAUNCHED A NEW PROGRAM CALLED NEW DIRECTIONS THAT IS A GENDER SPECIFIC PROGRAM FOCUSING ON THE UNIQUE NEEDS OF GIRLS IN HILLSBOROUGH COUNTY. IN ADDITION TO PROVIDING MENTORING SERVICES, WE ARE PARTNERING WITH FLAG TO OFFER GROUPS FOR OUR MATCHES.

--FOCUSED ON ALL AREAS

BIG BROTHERS BIG SISTERS OF AMERICA. OUR NATIONAL ORGANIZATION PROVIDES US ONGOING SUPPORT IN MANY AREAS, INCLUDING TRAINING AND CERTIFICATION FOR OUR PROGRAM MANAGEMENT STAFF, PROFESSIONAL ADVICE REGARDING CHILD SAFETY, LEADERSHIP, BOARD DEVELOPMENT, FUND RAISING, AND MENTORING SUCCESS. THEY ALSO SECURE FUNDING AT A NATIONAL LEVEL, WHICH WE ARE OFTEN ELIGIBLE TO APPLY FOR THROUGH FEDERAL GOVERNMENT FUNDING SOURCES AS WELL AS PRIVATE

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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CORPORATIONS, FOUNDATIONS AND INDIVIDUALS.

THE TAMPA BAY RAYS; THE ST. PETERSBURG TIMES FOUNDATION. THE TAMPA BAY RAYS REMAIN ONE OF OUR GREAT PARTNERS WHO PROVIDED BOTH FINANCIAL AND MARKETING SUPPORT FOR OUR MENTORING GOALS. THEY ALSO PROVIDED CARLOS PEÑA AS A SPOKESMAN FOR BIG BROTHERS BIG SISTERS VOLUNTEER RECRUITMENT EFFORTS. THE ST. PETERSBURG TIMES FOUNDATION PROVIDES US FUNDING AS WELL, THAT IS ALSO FOCUSED ON PROVIDING MENTORS FOR MORE BOYS IN HILLSBOROUGH COUNTY.

OTHER PARTNERS WHO ARE ALSO FUNDERS: WE COLLABORATE AND RECEIVE FUNDING FROM THE COMMUNITY FOUNDATION OF TAMPA BAY, THE COMMUNITY FOUNDATION OF LAKE LAND, AND THE COMMUNITY FOUNDATION OF SUN CITY. WE ALSO RECEIVE FUNDING EACH YEAR FROM THE TRIAD FOUNDATION WHICH IS USED TO COVER GENERAL OPERATING EXPENSES NOT COVERED ELSEWHERE. WE ALSO RECEIVE FUNDING FROM ALLEGANY, ALTRIA VIA BIG BROTHERS BIG SISTERS OF AMERICA, HOBBS, PUBLIX SUPERMARKET FOUNDATION, GTE FEDERAL CREDIT UNION (ALSO OUR LANDLORD), CARNIVAL CRUISE LINES, HELIOS, THE HILLSBOROUGH COUNTY SHERIFF'S OFFICE, SAM'S CLUBS/WALMARTS, THE JUNIOR LEAGUE, KNOW HOW 2 GO/ENLACE, THE TAMPA BAY LIGHTNING, USAA, A LOCAL WACHOVIA BRANCH AND AMSCOT.

PARTNERS WHO ALSO SPONSOR OUR EVENTS. EARTHTECH AND THE BROADRICK FAMILY FOUNDATION CONTINUE TO BE OUR TITLE SPONSORS AND A KEY IN THE SUCCESS OF OUR ART OF HELPING CHILDREN GALA. OTHER SPONSORS FOR OUR EVENTS INCLUDE A LA CARTE PAVILION, PUBLIX SUPER MARKETS CHARITIES, DELOITTE, CONWELL KIRKPATRICK LAW FIRM, THE TAMPA BAY RAYS, THE TAMPA TRIBUNE, SUMMIT, HILL WARD & HENDERSON, FOWLER WHITE BOGGS, ZENO OFFICE SOLUTIONS, NEWS

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BIG BROTHERS BIG SISTERS OF TAMPA

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CHANNEL 8, DIGITAL LIGHTBRIDGE, JP MORGAN CHASE, PIN CHASERS, XPEDX, WWRZ MAX. 98.FM, ADVANTEC, SYKES, BUSCH GARDENS, DELOTTO & SONS, CATANIA & CATANIA, FLORIDA BANK, BROWN & BROWN, WACHOVIA, FIFTH THIRD BANK, UNITED HEALTHCARE, BRIGHHOUSE NETWORKS, METLIFE, CARLTON FIELDS, BERNSTEIN GLOBAL WEALTH MANAGEMENT, PRECISION LITHO SERVICES, TECO ENERGY, PREPLOGIC, MOSAIC AND MANY MORE.

VOLUNTEER RECRUITMENT PARTNERS. WE ESTABLISHED NEW PARTNERSHIPS WITH PBS&J, THE AFRICAN-AMERICAN SHRINERS, WITHOUT WALLS CHURCH AND NEW DAWN RESTORATION. WE ALSO EXPANDED OUR PARTNERSHIP WITH DTCC TO INCLUDE THEIR AFFINITY GROUP (I.E., BLACK PROFESSIONAL NETWORK). WE CONTINUED AND GREW OUR EXISTING PARTNERSHIPS WITH METLIFE, DELOITTE, THE UNIVERSITY OF SOUTH FLORIDA, THE UNIVERSITY OF TAMPA, FLORIDA SOUTHERN, AND SOUTHEASTERN UNIVERSITY, ST. LEO UNIVERSITY, THE SUNCOAST SCHOOLS FEDERAL CREDIT UNION AND OTHERS. WE HAVE ALSO INCREASED OUR VISIBILITY WITH VERIZON AS WELL AS THE HISPANIC AMERICAN GOLF ASSOCIATION.

COMMUNITY ADVOCATES. WE ALSO CREATED A SPEAKER'S BUREAU AND VOLUNTEERS TO ASSIST US WITH VOLUNTEER RECRUITMENT MADE UP OF BIGS, FORMER BIGS AND OTHER COMMUNITY ACTIVISTS.

GRANTS COLLABORATION. WE CONTINUED OUR INVOLVEMENT WITH THE HILLSBOROUGH GRANTS COLLABORATIVE AND THE POLK GRANT ALLIANCE. OUR DIRECTOR OF GRANT WRITING AND MANAGEMENT, NICOLE MCNALLY WAS ALSO ELECTED AS THE VP OF THE POLK GRANT ALLIANCE.

COMMUNITY DEVELOPMENT BLOCK GRANTS. WE COLLABORATE WITH AND RECEIVE CDBG

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

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FUNDS IN HILLSBOROUGH COUNTY, THE CITY OF TAMPA, AND THE CITY OF WINTER HAVEN.

THE YMCA OF TAMPA. THE YMCA CONTINUES TO PROVIDE OUR BIGS FREE MEMBERSHIPS WHEN THEY VISIT THE Y WITH THEIR LITTLES.

HUMAN RESOURCE/TECHNOLOGY HIGHLIGHTS

WE PROMOTED JENNIFER GANDEE, AN 11-YEAR VETERAN OF OUR AGENCY TO THE ROLE OF VICE PRESIDENT OF PROGRAM SERVICES. JENNIFER REPLACED TERI SIMPSON WHO HAD WORKED FOR OUR AGENCY FOR 16 YEARS, BEFORE ACCEPTING A NEW POSITION WITH THE UNIVERSITY OF SOUTH FLORIDA, SCHOOL OF SOCIAL WORK

WE PROMOTED CARRIE VARNADOE FROM OUR POLK COUNTY OFFICE TO THE DIRECTOR OF ENROLLMENT POSITION PREVIOUSLY HELD BY JENNIFER GANDEE. CARRIE IS AN 11-YEAR VETERAN OF OUR AGENCY.

MIKE TREPPER AND JILL RAMOS COMPLETED THE UNIVERSITY OF TAMPA'S NONPROFIT MANAGEMENT AND LEADERSHIP GRADUATE CERTIFICATE PROGRAM.

JENNIFER GANDEE, JOSEPHINE HOLLIST AND JILL RAMOS ALL RECEIVED THEIR CERTIFICATION IN PROGRAM SERVICES FROM BIG BROTHERS BIG SISTERS OF AMERICA

WE IMPLEMENTED THE USE OF BLACKBERRYS WITH STAFF AGENCY-WIDE, PROVIDING UNLIMITED TEXT MESSAGING, E-MAIL, CELL PHONE USE AND INTERNET ACCESS, WHICH HAS GREATLY ENHANCED ACCESS TO STAFF WORKING IN THE FIELD, AND PRODUCTIVITY.

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

WE REPLACED SEVERAL AGING SERVERS IN OUR TAMPA OFFICE WITH ONE NEW, HIGH PERFORMING SERVER THAT PROVIDES BETTER SAFETY AND EFFICIENCY, AND HOSTS OUR ACCOUNTING SOFTWARE AS WELL AS ALL OF OUR INTERNAL DOCUMENTS.

FOR MORE INFORMATION ON BIG BROTHERS BIG SISTERS OF TAMPA BAY, VISIT US ON OUR WEB-SITE AT WWW.BBBSFL.ORG

FORM 990, PART VI, LINE 11B - 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 2010, 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

Name of the organization

BIG BROTHERS BIG SISTERS OF TAMPA

Employer identification number

59-2173085

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 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.

Forms 990 / 990-PF	Mortgages and Other Notes Payable	2010
For calendar year 2010, or tax year beginning _____, and ending _____		

Name BIG BROTHERS BIG SISTERS OF TAMPA BAY, INC	Employer Identification Number 59-2173085
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FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) WACHOVIA BANK	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 124,878	05/19/10	05/03/14	MONTHLY PAYMENTS OF \$2,900	6.400
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
	CONVERTED LINE OF CREDIT
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
		106,402
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals		106,402

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	1/01/10	<u>32,754</u>				<u>32,754</u>	1 MO S/L	<u>0</u>	<u>32,754</u>
	Total Other Depreciation		<u>32,754</u>				<u>32,754</u>		<u>0</u>	<u>32,754</u>
	Total ACRS and Other Depreciation		<u>32,754</u>				<u>32,754</u>		<u>0</u>	<u>32,754</u>
	Grand Totals		32,754				32,754		0	32,754
	Less: Dispositions and Transfers		0				0		0	0
	Less: Start-up/Org Expense		<u>0</u>				<u>0</u>		<u>0</u>	<u>0</u>
	Net Grand Totals		<u>32,754</u>				<u>32,754</u>		<u>0</u>	<u>32,754</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>	<u>US Obs (\$ or %)</u>
INTEREST INCOME	\$ 728		14			
TOTAL	<u>\$ 728</u>					

59-2173085

Federal Statements

FYE: 12/31/2010

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	\$ 3,056	\$ 1,745	\$ 740	\$ 571
PASS-THROUGH PROGRAM SERVICES	40,146	40,146		
MISCELLANEOUS SERVICES	35,016	19,996	8,480	6,540
TOTAL	<u>\$ 78,218</u>	<u>\$ 61,887</u>	<u>\$ 9,220</u>	<u>\$ 7,111</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	\$ 2,609	\$ 2,509	\$ 100	\$
EMPLOYEE TRAINING	2,093	1,253	729	111
TOTAL	<u>\$ 4,702</u>	<u>\$ 3,762</u>	<u>\$ 829</u>	<u>\$ 111</u>