

**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)

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

|  |  |  |   |
|--|--|--|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type.<br><br>See Specific Instructions. | <b>C Name of organization</b><br>BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.<br>Doing Business As<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>1519 GARDINER LANE, SUITE B<br>City or town, state or country, and ZIP + 4<br>LOUISVILLE, KY 40218 | <b>D Employer identification number</b><br>61-6057856   |
|  |  | <b>E Telephone number</b><br>(502) 587-0494  | <b>G Gross receipts \$</b> 1,924,389.   |
|  |  | <b>F Name and address of principal officer:</b> JERI SWINTON<br>1519 GARDINER LN, LOUISVILLE, KY 40218   | <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions) |
|  |  | <b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  | <b>H(c) Group exemption number</b> ▶  |
|  |  | <b>J Website:</b> ▶ WWW.BBBSKY.ORG   |   |
|  |  | <b>K Type of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  | <b>L Year of formation:</b> 1967 <b>M State of legal domicile:</b> KY   |

| Part I Summary              |            |   |  |
|-----------------------------|------------|---|--|
|                             | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>HELP CHILDREN REACH THEIR POTENTIAL THROUGH ONE-TO-ONE RELATIONSHIPS WITH MEASURABLE IMPACT.</b> |  |
|                             | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.   |  |
| Activities & Governance     | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a)   | 3 33   |
|                             | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b)   | 4 33   |
|                             | <b>5</b>   | Total number of employees (Part V, line 2a)   | 5 39   |
|                             | <b>6</b>   | Total number of volunteers (estimate if necessary)  | 6 1770   |
|                             | <b>7a</b>  | Total gross unrelated business revenue from Part VIII, line 12, column (C)  | 7a 1,257.  |
|                             | <b>7b</b>  | Net unrelated business taxable income from Form 990-T, line 34  | 7b 183.  |
|                             | Revenue    | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    |
| <b>9</b>                    |            | Program service revenue (Part VIII, line 2g)  |  |
| <b>10</b>                   |            | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 51,269. 33,665.  |
| <b>11</b>                   |            | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 9,859. <11,568.>   |
| <b>12</b>                   |            | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 2,039,383. 1,795,900.  |
| Expenses                    |            | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) |
|                             | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4)   |  |
|                             | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 1,396,342. 1,523,323.  |
|                             | <b>16a</b> | Professional fundraising fees (Part IX, column (A), line 11e)   | 12,493.  |
|                             | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) ▶ 226,611.  |  |
|                             | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)  | 592,036. 448,525.  |
|                             | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 2,000,871. 1,971,848.  |
|                             | <b>19</b>  | Revenue less expenses. Subtract line 18 from line 12  | 38,512. <175,948.>   |
| Net Assets or Fund Balances | <b>20</b>  | Total assets (Part X, line 16)  | Beginning of Year 4,002,277. End of Year 3,807,442.              |
|                             | <b>21</b>  | Total liabilities (Part X, line 26)   | 980,805. 956,997.  |
|                             | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20  | 3,021,472. 2,850,445.  |

|   |   |  |   |
|---|---|--|---|
| <b>Part II Signature Block</b>  |   |  |   |
| 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. |   |  |   |
| <b>Sign Here</b>  | ▶ Signature of officer  | Date   |   |
|   | ▶ JERI SWINTON, EXECUTIVE DIRECTOR                              |  |   |
|   | Type or print name and title                                    |  |   |
| <b>Paid Preparer's Use Only</b>   | Preparer's signature ▶  | Date   | Check if self-employed <input type="checkbox"/>   |
|   | Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | DEMING MALONE LIVESAY & OSTROFF PSC<br>9300 SHELBYVILLE RD STE 1100<br>LOUISVILLE, KY 40222-5187 | Preparer's identifying number (see instructions)<br>EIN ▶<br>Phone no. ▶ (502) 426-9660 |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

TO HELP CHILDREN REACH THEIR POTENTIAL THROUGH PROFESSIONALLY SUPPORTED, ONE-TO-ONE RELATIONSHIPS WITH MENTORS THAT HAVE A MEASURABLE IMPACT ON YOUTH.

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

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

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 \$ 1,500,009. including grants of \$ ) (Revenue \$ ) COMMUNITY AND SITE BASED YOUTH MENTORING SUPPORT AND EDUCATION PROGRAMS THROUGHOUT JEFFERSON, SHELBY, OLDHAM, HARDIN, LARUE, MARION, TAYLOR, AND GRAYSON COUNTIES IN KENTUCKY AND FLOYD, CLARK AND HARRISON COUNTIES IN INDIANA.

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 \$ 1,500,009. (Must equal Part IX, Line 25, column (B).)

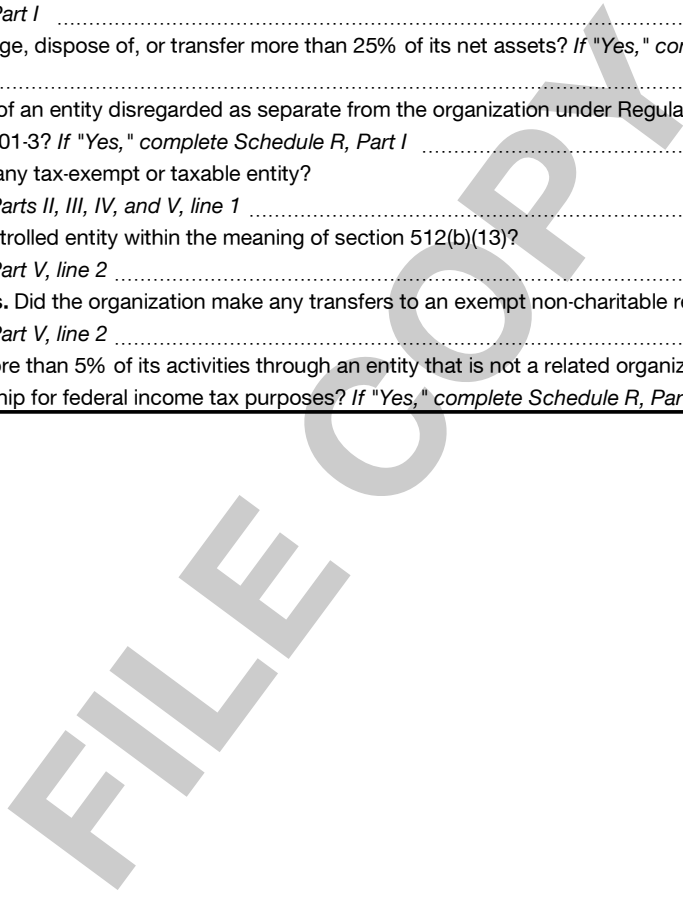
**Part IV Checklist of Required Schedules**

|     |  | Yes | No |
|-----|--|-----|----|
| 1   | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | 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? <i>If "Yes," complete Schedule C, Part I</i> .....  |     | X  |
| 4   | <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> .....  |     | X  |
| 5   | <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> .....  |     |    |
| 6   | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i> .....  |     | X  |
| 8   | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i> .....                           |     | X  |
| 10  | Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   |     | X  |
| 11  | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?<br><i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> .....   | X   |    |
| 12  | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....   | X   |    |
| 13  | Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  |     | X  |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? .....   |     | 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 U.S.? <i>If "Yes," complete Schedule F, Part I</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? <i>If "Yes," complete Schedule F, Part II</i> .....   |     | 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? <i>If "Yes," complete Schedule F, Part III</i> .....   |     | X  |
| 17  | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i> .....  |     | X  |
| 18  | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....  | X   |    |
| 19  | Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   |     | X  |
| 20  | Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> .....   |     | X  |
| 21  | Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....   |     | X  |
| 22  | Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| 23  | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i> .....   |     | 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? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i> ..... |     | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| b   | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i> .....  |     | X  |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....  |     | X  |

**Part IV Checklist of Required Schedules** (continued)

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>28</b> | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:  |     |    |
| <b>a</b>  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> ..... |     | X  |
| <b>b</b>  | Have a family member who had a direct or indirect business relationship with the organization?<br><i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>c</b>  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>29</b> | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....  | X   |    |
| <b>30</b> | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....  |     | X  |
| <b>31</b> | Did the organization liquidate, terminate, or dissolve and cease operations?<br><i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....  |     | X  |
| <b>33</b> | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....  |     | X  |
| <b>34</b> | Was the organization related to any tax-exempt or taxable entity?<br><i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....  |     | X  |
| <b>35</b> | Is any related organization a controlled entity within the meaning of section 512(b)(13)?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>36</b> | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?<br><i>If "Yes," complete Schedule R, Part V, line 2</i> .....  |     | X  |
| <b>37</b> | 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? <i>If "Yes," complete Schedule R, Part VI</i> .....   |     | X  |

Form 990 (2008)



**Part V Statements Regarding Other IRS Filings and Tax Compliance**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>1a</b>  | 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   | 6   |    |
| <b>b</b>   | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  |     |    |
|            | 1b   | 0   |    |
| <b>c</b>   | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?   | X   |    |
| <b>2a</b>  | 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   | 39  |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)  | X   |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | X   |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | X   |    |
| <b>4a</b>  | 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>b</b>   | If "Yes," enter the name of the foreign country: _____<br>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  |     |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |     | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |     | X  |
| <b>c</b>   | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?   |     |    |
| <b>6a</b>  | Did the organization solicit any contributions that were not tax deductible?   |     | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |     |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |     |    |
| <b>a</b>   | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?  |     | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |     |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |     | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  | 7d  |    |
| <b>e</b>   | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |     | X  |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |     | X  |
| <b>g</b>   | For all contributions of qualified intellectual property, did the organization file Form 8899 as required?   |     |    |
| <b>h</b>   | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  |     |    |
| <b>8</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? |     |    |
| <b>9</b>   | <b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>   |     |    |
| <b>a</b>   | Did the organization make any taxable distributions under section 4966?  |     |    |
| <b>b</b>   | Did the organization make a distribution to a donor, donor advisor, or related person?   |     |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter: <b>N/A</b>  |     |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | 10a |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | 10b |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter: <b>N/A</b>   |     |    |
| <b>a</b>   | Gross income from members or shareholders  | 11a |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | 11b |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | 12a |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year <b>N/A</b>   | 12b |    |

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

**Section A. Governing Body and Management**

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body  |     | 33 |
| <b>b</b>  | Enter the number of voting members that are independent   |     | 33 |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?   |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a material diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Does the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?   |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |     |    |
| <b>a</b>  | The governing body?   | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?   | X   |    |
| <b>9a</b> | Does the organization have local chapters, branches, or affiliates?   | X   |    |
| <b>b</b>  | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?  | X   |    |
| <b>10</b> | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990       | X   |    |
| <b>11</b> | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O      |     | X  |

**Section B. Policies**

|            |  | Yes | No |
|------------|--|-----|----|
| <b>12a</b> | Does the organization have a written conflict of interest policy? If "No," go to line 13   | X   |    |
| <b>b</b>   | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done   | X   |    |
| <b>13</b>  | Does the organization have a written whistleblower policy?   | X   |    |
| <b>14</b>  | Does the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official?  | X   |    |
| <b>b</b>   | Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)  |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **► KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **►**  
**EXECUTIVE DIRECTOR - (502)587-0494**  
**1519 GARDINER LANE, SUITE B, LOUISVILLE, KY 40218**

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List 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 officer, director, trustee, or key employee.

| (A)<br>Name and Title         | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|-------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|                               |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| TOMAS AGUILERA<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| J. MICHAEL DALTON<br>DIRECTOR | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| GREG DEMUTH<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| EARL HAMM<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| JERRY GOB<br>VICE-PRESIDENT   | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| JESSICA KLEIN<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| KAREN LEE<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| ALAN MCGINNIS<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MARCIA PEARSON<br>DIRECTOR    | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MARCIA PRATT<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| LARRY RIFF<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DIANA QUESADA<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| STEPHEN SCANNELL<br>PRESIDENT | 1.00                          | X                                      |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| CHERYL STOUT<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| MIKE WOLF<br>DIRECTOR         | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| SYVOSKIA BRAY<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| DAVID BINGHAM<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.     | 0.   | 0.  |   |

**BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.**

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

| (A)<br>Name and title          | (B)<br>Average hours per week | (C)<br>Position (check all that apply) |                       |         |              |                              |                 | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--------------------------------|-------------------------------|--|-----------------------|---------|--------------|------------------------------|-----------------|--|---|---|
|                                |                               | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former          |  |   |   |
| MIKE GLEESON<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| HEATHER FARRER<br>DIRECTOR     | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| ANTHONY BRUTSCHER<br>TREASURER | 1.00                          | X                                      |                       | X       |              |                              | 0.              | 0.   | 0.  |   |
| TED GAY<br>DIRECTOR            | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| RICHARD JONES<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| SCOTT KOLOMS<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| CHARLES MATTHEWS<br>DIRECTOR   | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| MARK MCCALLUM<br>DIRECTOR      | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| ANGIE PHELPS<br>DIRECTOR       | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| DAVID SMITH<br>DIRECTOR        | 1.00                          | X                                      |                       |         |              |                              | 0.              | 0.   | 0.  |   |
| <b>1b Total</b>                |                               |  |                       |         |              |                              | <b>144,893.</b> | <b>0.</b>  | <b>14,788.</b>  |   |

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶ **1**

|   | Yes | No |
|---|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  |     | X  |
| <b>4</b> 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  |
| <b>5</b> 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)<br>Name and business address                              | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| RLM CONSTRUCTION<br>3522 FRANKFORT AVE., LOUISVILLE, KY 40207 | BUILDING RENOVATIONS           | 388,587.            |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization ▶ **1**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

**BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.**

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| <b>Part VIII Statement of Revenue</b>  |  |   | (A)<br>Total revenue | (B)<br>Related or<br>exempt function<br>revenue | (C)<br>Unrelated<br>business<br>revenue | (D)<br>Revenue<br>excluded from<br>tax under<br>sections 512,<br>513, or 514 |  |
|--|--|---|----------------------|---|---|--|--|
| <b>Contributions, gifts, grants and other similar amounts</b>                          | <b>1 a</b> Federated campaigns .....   | <b>1a</b> 471,006.  |                      |   |   |  |  |
|  | <b>b</b> Membership dues .....   | <b>1b</b>   |                      |   |   |  |  |
|  | <b>c</b> Fundraising events .....  | <b>1c</b> 583,540.  |                      |   |   |  |  |
|  | <b>d</b> Related organizations .....   | <b>1d</b>   |                      |   |   |  |  |
|  | <b>e</b> Government grants (contributions)   | <b>1e</b> 303,087.  |                      |   |   |  |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....  | <b>1f</b> 416,170.  |                      |   |   |  |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f: \$   | 103,210.  |                      |   |   |  |  |
|  | <b>h Total.</b> Add lines 1a-1f .....  | ▶   | 1,773,803.           |   |   |  |  |
|  | <b>Program Service Revenue</b>   | <b>2 a</b> _____  | Business Code        |   |   |  |  |
| <b>b</b> _____   |  |   |                      |   |   |  |  |
| <b>c</b> _____   |  |   |                      |   |   |  |  |
| <b>d</b> _____   |  |   |                      |   |   |  |  |
| <b>e</b> _____   |  |   |                      |   |   |  |  |
| <b>f</b> All other program service revenue .....                                       |  |   |                      |   |   |  |  |
| <b>g Total.</b> Add lines 2a-2f .....  |  | ▶   |                      |   |   |  |  |
| <b>Other Revenue</b>   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) .....  | ▶   | 47,212.              |   |   | 47,212.  |  |
|  | <b>4</b> Income from investment of tax-exempt bond proceeds .....  | ▶   |                      |   |   |  |  |
|  | <b>5</b> Royalties .....   | ▶   |                      |   |   |  |  |
|  | <b>6 a</b> Gross Rents .....   | (i) Real  | 34,000.              |   |   |  |  |
|  |  | (ii) Personal   |                      |   |   |  |  |
|  |  | <b>b</b> Less: rental expenses .....                        | 32,743.              |   |   |  |  |
|  | <b>c</b> Rental income or (loss) .....   | 1,257.  |                      |   |   |  |  |
|  | <b>d</b> Net rental income or (loss) .....   | ▶   | 1,257.               |   | 1,257.                                  |  |  |
|  | <b>7 a</b> Gross amount from sales of assets other than inventory .....  | (i) Securities  | 5,136.               |   |   |  |  |
|  |  | (ii) Other  |                      |   |   |  |  |
|  |  | <b>b</b> Less: cost or other basis and sales expenses ..... | 18,683.              |   |   |  |  |
|  | <b>c</b> Gain or (loss) .....  | <13,547.>   |                      |   |   |  |  |
|  | <b>d</b> Net gain or (loss) .....  | ▶   | <13,547.>            |   |   | <13,547.>  |  |
|  | <b>8 a</b> Gross income from fundraising events (not including \$ 583,540. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>a</b>  | 42,540.              |   |   |  |  |
|  |  | <b>b</b> Less: direct expenses .....                        | 77,063.              |   |   |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....                            |  | ▶   | <34,523.>            | <34,523.>                                       |   |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....             | <b>a</b>   |   |                      |   |   |  |  |
|  | <b>b</b> Less: direct expenses .....   | <b>b</b>  |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from gaming activities .....   | ▶   |                      |   |   |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....                | <b>a</b>   |   |                      |   |   |  |  |
|  | <b>b</b> Less: cost of goods sold .....  | <b>b</b>  |                      |   |   |  |  |
|  | <b>c</b> Net income or (loss) from sales of inventory .....  | ▶   |                      |   |   |  |  |
| <b>Miscellaneous Revenue</b>   |  | Business Code   |                      |   |   |  |  |
| <b>11 a</b> MISCELLANEOUS .....  | 900099   | 21,698.   |                      |   | 21,698.                                 |  |  |
| <b>b</b> _____   |  |   |                      |   |   |  |  |
| <b>c</b> _____   |  |   |                      |   |   |  |  |
| <b>d</b> All other revenue .....   |  |   |                      |   |   |  |  |
| <b>e Total.</b> Add lines 11a-11d .....  | ▶  | 21,698.   |                      |   |   |  |  |
| <b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ..... | ▶  | 1,795,900.  | <34,523.>            | 1,257.  | 55,363.                                 |  |  |

832009 02-02-09

Form **990** (2008)

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>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 .....   | 156,248.              | 32,720.                         | 123,528.                               |                             |
| 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 .....   | 1,140,183.            | 960,185.                        | 60,129.                                | 119,869.                    |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....  | 45,252.               | 42,989.                         | 905.                                   | 1,358.                      |
| 9 Other employee benefits .....  | 91,903.               | 86,306.                         | 1,727.                                 | 3,870.                      |
| 10 Payroll taxes .....   | 89,737.               | 67,915.                         | 12,893.                                | 8,929.                      |
| 11 Fees for services (non-employees):  |                       |                                 |  |                             |
| a Management .....   |                       |                                 |  |                             |
| b Legal .....  |                       |                                 |  |                             |
| c Accounting .....   | 9,000.                |                                 | 9,000.                                 |                             |
| d Lobbying .....   |                       |                                 |  |                             |
| e Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| f Investment management fees .....   |                       |                                 |  |                             |
| g Other .....  | 9,736.                | 5,747.                          | 639.                                   | 3,350.                      |
| 12 Advertising and promotion .....   | 62,332.               | 5,621.                          | 624.                                   | 56,087.                     |
| 13 Office expenses .....   | 115,130.              | 79,724.                         | 7,893.                                 | 27,513.                     |
| 14 Information technology .....  |                       |                                 |  |                             |
| 15 Royalties .....   |                       |                                 |  |                             |
| 16 Occupancy .....   | 67,839.               | 61,489.                         | 6,350.                                 |                             |
| 17 Travel .....  | 34,816.               | 29,482.                         | 3,276.                                 | 2,058.                      |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  |                       |                                 |  |                             |
| 19 Conferences, conventions, and meetings .....  | 3,075.                | 1,939.                          | 215.                                   | 921.                        |
| 20 Interest .....  | 492.                  |                                 | 492.                                   |                             |
| 21 Payments to affiliates .....  |                       |                                 |  |                             |
| 22 Depreciation, depletion, and amortization .....   | 25,791.               | 23,212.                         | 2,579.                                 |                             |
| 23 Insurance .....   | 29,331.               | 26,406.                         | 2,925.                                 |                             |
| 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 <b>MISCELLANEOUS</b> .....   | 51,792.               | 47,707.                         | 1,429.                                 | 2,656.                      |
| b <b>DUES AND SUBSCRIPTIONS</b> .....  | 19,354.               | 17,419.                         | 1,935.                                 |                             |
| c <b>STAFF TRAINING</b> .....  | 11,095.               | 9,986.                          | 1,109.                                 |                             |
| d <b>PROVISION FOR UNCOLLECT</b> .....   | 7,580.                |                                 | 7,580.                                 |                             |
| e <b>VOLUNTEER APPRECIATION</b> .....  | 1,162.                | 1,162.                          |  |                             |
| f All other expenses .....   |                       |                                 |  |                             |
| 25 <b>Total functional expenses.</b> Add lines 1 through 24f   | 1,971,848.            | 1,500,009.                      | 245,228.                               | 226,611.                    |
| 26 <b>Joint Costs.</b> 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)<br>Beginning of year |            | (B)<br>End of year |
|---|---|--------------------------|------------|--------------------|
| Assets  | 1 Cash - non-interest-bearing .....   | 1,207,723.               | 1          | 56,090.            |
|   | 2 Savings and temporary cash investments .....  | 381,202.                 | 2          | 958,867.           |
|   | 3 Pledges and grants receivable, net .....  | 1,427,561.               | 3          | 1,086,495.         |
|   | 4 Accounts receivable, net .....  |                          | 4          |                    |
|   | 5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. 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 .....   | 42,499.                  | 9          | 45,121.            |
|   | 10a Land, buildings, and equipment: cost basis ...  | 10a 1,502,458.           |            |                    |
|   | b Less: accumulated depreciation. Complete Part VI of Schedule D .....  | 10b 107,247.             | 943,292.   | 10c 1,395,211.     |
|   | 11 Investments - publicly traded securities .....   |                          | 11         | 265,658.           |
|   | 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 .....   |                          | 15         |                    |
| 16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) ..... |   | 4,002,277.               | 16         | 3,807,442.         |
| Liabilities   | 17 Accounts payable and accrued expenses .....  | 78,056.                  | 17         | 271,658.           |
|   | 18 Grants payable .....   |                          | 18         |                    |
|   | 19 Deferred revenue .....   |                          | 19         |                    |
|   | 20 Tax-exempt bond liabilities .....  |                          | 20         |                    |
|   | 21 Escrow 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 .....   | 902,400.                 | 23         | 664,800.           |
|   | 24 Unsecured notes and loans payable .....  |                          | 24         |                    |
|   | 25 Other liabilities. Complete Part X of Schedule D .....   | 349.                     | 25         | 20,539.            |
|   | 26 <b>Total liabilities.</b> Add lines 17 through 25 .....  | 980,805.                 | 26         | 956,997.           |
| Net Assets or Fund Balances   | <b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>                              |                          |            |                    |
|   | 27 Unrestricted net assets .....  | 1,225,828.               | 27         | 1,661,871.         |
|   | 28 Temporarily restricted net assets .....  | 1,794,644.               | 28         | 1,187,574.         |
|   | 29 Permanently restricted net assets .....  | 1,000.                   | 29         | 1,000.             |
|   | <b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>   |                          |            |                    |
|   | 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 <b>Total net assets or fund balances</b> .....                         | 3,021,472.  | 33                       | 2,850,445. |                    |
| 34 <b>Total liabilities and net assets/fund balances</b> .....            | 4,002,277.  | 34                       | 3,807,442. |                    |

**Part XI Financial Statements and Reporting**

|   | Yes | No |
|---|-----|----|
| 1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other  |     |    |
| 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 lines 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? ..... | X   |    |
| 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? .....  |     |    |

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization **BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.** Employer identification number **61-6057856**

**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: (Please check only **one** organization.)

- 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).** (Attach Schedule H.)
- 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 the Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 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? <b>11g(i)</b> |     |    |
| (ii) A family member of a person described in (i) above? <b>11g(ii)</b>  |     |    |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? <b>11g(iii)</b>  |     |    |
- h Provide the following information about the organizations the organization supports.

| (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 |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
|                                    |          |   |   |    |  |    |   |    |                         |
| <b>Total</b>                       |          |   |   |    |  |    |   |    |                         |

**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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1393498. | 1739933. | 3625529. | 1978255. | 1773803. | 10511018. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 - 3 .....  | 1393498. | 1739933. | 3625529. | 1978255. | 1773803. | 10511018. |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public Support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 10511018. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   | 1393498. | 1739933. | 3625529. | 1978255. | 1773803. | 10511018.                |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....  | 11,857.  | 18,657.  | 26,315.  | 52,317.  | 47,212.  | 156,358.                 |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          | 4,068.   | 7,611.   | 1,257.   | 12,936.                  |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....  | 19,145.  | 7,306.   | 4,311.   | 2,248.   | 21,698.  | 54,708.                  |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          | 10735020.                |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> 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 <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) .....  | <b>14</b>                           | 97.91 % |
| <b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f .....   | <b>15</b>                           | 97.55 % |
| <b>16a 33 1/3% support test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2007.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> 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>b 10% -facts-and-circumstances test - 2007.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 .....       |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 - 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 ..... |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support</b> (Subtract line 7c from line 6.)   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....  |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                          |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....  |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....     |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....                                 |          |          |          |          |          |           |
| <b>13 Total support</b> (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**

|  |           |   |
|--|-----------|---|
| <b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g .....                    | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h .....                      | <b>18</b> | % |

**19a 33 1/3% support tests - 2008.** 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 - 2007.** 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

**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, and 990-PF.

OMB No. 1545-0047

**2008**

**Name of the organization**

**BIG BROTHERS BIG SISTERS OF KENTUCKIANA,  
INC.**

**Employer identification number**

**61-6057856**

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

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 organizations 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 Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

|   |   |
|---|---|
| <b>Name of organization</b><br>BIG BROTHERS BIG SISTERS OF KENTUCKIANA,<br>INC. | <b>Employer identification number</b><br><br>61-6057856 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|--|--------------------------------|--|
| 1          | BROWN FORMAN CORPORATION<br><br>850 DIXIE HIGHWAY<br><br>LOUISVILLE, KY 40210                                | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 2          | METRO UNITED WAY<br><br>334 W. BROADWAY<br><br>LOUISVILLE, KY 40202  | \$ 437,319.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 3          | ADMINISTRATION OF CHILDREN, YOUTH AND FAMILIES<br><br>1250 MARYLAND AVE.<br><br>WASHINGTON, DC 20024         | \$ 210,000.                    | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 4          | KENTUCKY DEVELOPMENT DISABILITY COUNCIL<br><br>100 FAIR OAKS LN<br><br>FRANKFORT, KY 40621                   | \$ 52,140.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 5          | LOUISVILLE METRO GOVERNMENT, OFFICE OF YOUTH DEVELOPMENT<br><br>810 BARRETT AVE.<br><br>LOUISVILLE, KY 40204 | \$ 41,950.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| 6          | BIG BROTHERS BIG SISTERS OF AMERICA, INC.<br><br>230 N. 13TH STREET<br><br>PHILADELPHIA, PA 19107            | \$ 66,671.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |

|   |   |
|---|---|
| <b>Name of organization</b><br>BIG BROTHERS BIG SISTERS OF KENTUCKIANA,<br>INC. | <b>Employer identification number</b><br><br>61-6057856 |
|---|---|

**Part I Contributors** (see instructions)

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                       | (c)<br>Aggregate contributions | (d)<br>Type of contribution  |
|------------|---|--------------------------------|--|
| 7          | HUMANA FOUNDATION<br><br>500 W. MAIN STREET<br><br>LOUISVILLE, KY 40202 | \$ 50,000.                     | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.) |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |
| _____      | _____<br><br>_____<br><br>_____   | \$ _____                       | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II if there is a noncash contribution.)            |

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.

Employer identification number 61-6057856

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 number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for total number, aggregate contributions, aggregate grants, and aggregate value.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property...
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes...

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-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
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, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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)?
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.
b 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:
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:

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

- 3** Using the organization's 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 Trust, Escrow and Custodial Arrangements.** Complete if 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions                                  |                  |                |                    |                      |                     |
| <b>c</b> Investment earnings or losses                  |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            |                  |                |                    |                      |                     |

- 2** Provide the estimated percentage of the year end balance held as:
- a** Board designated or quasi-endowment  \_\_\_\_\_ %
  - b** Permanent endowment  \_\_\_\_\_ %
  - 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |

- 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) Depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------|----------------|
| <b>1a</b> Land   |                                      | 131,600.                        |                  | 131,600.       |
| <b>b</b> Buildings   |                                      | 810,000.                        | 48,552.          | 761,448.       |
| <b>c</b> Leasehold improvements  |                                      |                                 |                  |                |
| <b>d</b> Equipment   |                                      | 166,127.                        | 58,695.          | 107,432.       |
| <b>e</b> Other   |                                      | 394,731.                        |                  | 394,731.       |
| <b>Total.</b> Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) |                                      |                                 |                  | 1,395,211.     |







**BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.**

**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<br>(Add col. (a) through col. (c)) |            |
|-----------------|---|---|-------------------------------------|---------------------|---|------------|
|                 |   | BOWL FOR KIDS SAKE<br>(event type)                          | ARBY'S CHARITY TOUR<br>(event type) | 1<br>(total number) |   |            |
| Revenue         | 1 | Gross receipts  | 540,030.                            | 59,609.             | 26,441.   | 626,080.   |
|                 | 2 | Less: Charitable contributions                              | 503,359.                            | 59,609.             | 20,572.   | 583,540.   |
|                 | 3 | Gross revenue (line 1 minus line 2)                         | 36,671.                             |                     | 5,869.  | 42,540.    |
| Direct Expenses | 4 | Cash prizes   |                                     |                     |   |            |
|                 | 5 | Non-cash prizes   | 23,207.                             |                     |   | 23,207.    |
|                 | 6 | Rent/facility costs   | 16,561.                             |                     |   | 16,561.    |
|                 | 7 | Other direct expenses                                       | 31,426.                             |                     | 5,869.  | 37,295.    |
|                 | 8 | Direct expense summary. Add lines 4 through 7 in column (d) |                                     |                     |   | ( 77,063.) |
|                 | 9 | Net income summary. Combine lines 3 and 8 in column (d)     |                                     |                     |   | <34,523.>  |

**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))                            |     |
|-----------------|---|--|---|---|---|-----|
|                 |   | 1  | Gross revenue   |   |   |     |
| Direct Expenses | 2 | Cash prizes  |   |   |   |     |
|                 | 3 | Non-cash prizes  |   |   |   |     |
|                 | 4 | Rent/facility costs  |   |   |   |     |
|                 | 5 | Other direct expenses  |   |   |   |     |
|                 | 6 | Volunteer labor  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No _____ % |     |
|                 | 7 | Direct expense summary. Add lines 2 through 5 in column (d)    |   |   |   | ( ) |
|                 | 8 | Net gaming income summary. Combine lines 1 and 7 in column (d) |   |   |   |     |

|  | 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:<br>_____   |     |    |
| 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____   | 10a |    |
| b If "Yes," Explain:<br>_____  |     |    |
| 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  |    |

**13** Indicate the percentage of gaming activity operated in:

|  |            |   |
|--|------------|---|
| <b>a</b> The organization's facility ..... | <b>13a</b> | % |
| <b>b</b> An outside facility .....         | <b>13b</b> | % |

**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? .....

**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:

Name ► \_\_\_\_\_

Address ► \_\_\_\_\_

**16** Gaming manager information:

Name ► \_\_\_\_\_

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ► \_\_\_\_\_

- Director/officer       Employee       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? .....

**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 ► \$ \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| <b>13a</b> |     |    |
| <b>13b</b> |     |    |
| <b>14</b>  |     |    |
| <b>15a</b> |     |    |
| <b>16</b>  |     |    |
| <b>17a</b> |     |    |



**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No. 1545-0047

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

Name of the organization **BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.**

Employer identification number  
**61-6057856**

**Part I Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions | (c)<br>Revenues reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining revenues |
|--|----------------------------|--------------------------------|--|---------------------------------------|
| 1 Art - Works of art   |                            |                                |  |                                       |
| 2 Art - Historical treasures                                 |                            |                                |  |                                       |
| 3 Art - Fractional interests                                 |                            |                                |  |                                       |
| 4 Books and publications                                     |                            |                                |  |                                       |
| 5 Clothing and household goods                               |                            |                                |  |                                       |
| 6 Cars and other vehicles                                    |                            |                                |  |                                       |
| 7 Boats and planes   |                            |                                |  |                                       |
| 8 Intellectual property                                      |                            |                                |  |                                       |
| 9 Securities - Publicly traded                               |                            |                                |  |                                       |
| 10 Securities - Closely held stock                           |                            |                                |  |                                       |
| 11 Securities - Partnership, LLC, or trust interests         |                            |                                |  |                                       |
| 12 Securities - Miscellaneous                                |                            |                                |  |                                       |
| 13 Qualified conservation contribution (historic structures) |                            |                                |  |                                       |
| 14 Qualified conservation contribution (other)               |                            |                                |  |                                       |
| 15 Real estate - Residential                                 |                            |                                |  |                                       |
| 16 Real estate - Commercial                                  |                            |                                |  |                                       |
| 17 Real estate - Other                                       |                            |                                |  |                                       |
| 18 Collectibles  |                            |                                |  |                                       |
| 19 Food inventory  |                            |                                |  |                                       |
| 20 Drugs and medical supplies                                |                            |                                |  |                                       |
| 21 Taxidermy   |                            |                                |  |                                       |
| 22 Historical artifacts                                      |                            |                                |  |                                       |
| 23 Scientific specimens                                      |                            |                                |  |                                       |
| 24 Archeological artifacts                                   |                            |                                |  |                                       |
| 25 Other ▶ ( <u>ADVERTISING</u> )                            | X                          | 9                              | 55,025.  | FAIR MARKET VALUE                     |
| 26 Other ▶ ( <u>OFFICE EXPENS</u> )                          | X                          | 16                             | 37,028.  | FAIR MARKET VALUE                     |
| 27 Other ▶ ( <u>FOOD</u> )                                   | X                          | 10                             | 8,167.   | FAIR MARKET VALUE                     |
| 28 Other ▶ ( <u>FIXED ASSETS</u> )                           | X                          | 2                              | 2,990.   | FAIR MARKET VALUE                     |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment ..... **29** **0**

|   | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? ..... |     | X  |
| b If "Yes," describe the arrangement in Part II.  |     |    |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....  | X   |    |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  |     | X  |
| b If "Yes," describe in Part II.  |     |    |
| 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.   |     |    |

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public  
Inspection

Name of the organization

BIG BROTHERS BIG SISTERS OF KENTUCKIANA,  
INC.

Employer identification number  
61-6057856

FORM 990, PART VI, SECTION A, LINE 10: PRIOR TO THE ORGANIZATION FILING FORM 990 WITH THE IRS IT IS REVIEWED BY THE EXECUTIVE DIRECTOR, FINANCE MANAGER AND DISCUSSED AND APPROVED BY THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REQUIRES EACH DIRECTOR, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS TO SIGN A STATEMENT THAT AFFIRMS A COPY OF THE CONFLICT OF INTEREST POLICY HAS BEEN RECEIVED AND THAT HE/SHE HAS AGREED TO COMPLY WITH THE POLICY. A FORMAL PROCEDURE IS FOLLOWED BY THE ORGANIZATION WHEN ANY CONFLICT OF INTEREST IS DISCLOSED TO THE GOVERNING BOARD TO DETERMINE HOW TO PROCEED.

FORM 990, PART VI, SECTION B, LINE 15: THE PROCESS USED TO DETERMINE THE COMPENSATION OF THE EXECUTIVE DIRECTOR INCLUDES THE REVIEW AND APPROVAL BY THE BOARD OF DIRECTORS, USE OF DATA AS TO COMPARABLE COMPENSATION FOR SIMILARLY QUALIFIED PERSONS IN FUNTIONALLY COMPARABLE POSITIONS, AND CONTEMPORANEOUS DOCUMENTATION AND RECORDKEEPING OF DELIBERATIONS AND DECISIONS REGARDING THE COMPENSATION ARRANGEMENT.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKE ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C:

THE ORGANIZATIONS BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR THE

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

Schedule O (Form 990) 2008

832211  
12-18-08

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047

**2008**

Open to Public Inspection

Name of the organization

**BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.**

Employer identification number

**61-6057856**

**SELECTION OF THE INDEPENDENT ACCOUNTS AND OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS.**

FILE COPY

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2008

Department of the Treasury Internal Revenue Service

For calendar year 2008 or other tax year beginning JUL 1, 2008, and ending JUN 30, 2009

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization ( Check box if name changed and see instructions.) BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.

D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 61-6057856

B Exempt under section 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 1519 GARDINER LANE, SUITE B City or town, state, and ZIP code LOUISVILLE, KY 40218

E Unrelated business activity codes (See instructions for Block E on page 9.) 531120

C Book value of all assets at end of year 3,807,442.

F Group exemption number (See instructions for Block F.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. RENTAL OF NONRESIDENTIAL REAL PROPERTY

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of EXECUTIVE DIRECTOR Telephone number (502) 587-0494

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing gross receipts, cost of goods sold, and total income of 31,994 and expenses of 30,811.

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing various deductions like compensation, salaries, repairs, interest, taxes, and total deductions of 0.

**Part III Tax Computation**

|   |            |     |
|---|------------|-----|
| <b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation.<br>Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:<br><b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):<br>(1) \$ _____ (2) \$ _____ (3) \$ _____<br><b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____<br>(2) Additional 3% tax (not more than \$100,000) \$ _____<br><b>c</b> Income tax on the amount on line 34 | <b>35c</b> | 27. |
| <b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)   | <b>36</b>  |     |
| <b>37 Proxy tax.</b> See instructions   | <b>37</b>  |     |
| <b>38 Alternative minimum tax</b>   | <b>38</b>  |     |
| <b>39 Total.</b> Add lines 37 and 38 to line 35c or 36, whichever applies   | <b>39</b>  | 27. |

**Part IV Tax and Payments**

|  |            |     |
|--|------------|-----|
| <b>40a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)   | <b>40a</b> |     |
| <b>b</b> Other credits (see instructions)  | <b>40b</b> |     |
| <b>c</b> General business credit. Attach Form 3800   | <b>40c</b> |     |
| <b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)  | <b>40d</b> |     |
| <b>e Total credits.</b> Add lines 40a through 40d  | <b>40e</b> |     |
| <b>41</b> Subtract line 40e from line 39   | <b>41</b>  | 27. |
| <b>42</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | <b>42</b>  |     |
| <b>43 Total tax.</b> Add lines 41 and 42   | <b>43</b>  | 27. |
| <b>44a</b> Payments: A 2007 overpayment credited to 2008   | <b>44a</b> |     |
| <b>b</b> 2008 estimated tax payments   | <b>44b</b> |     |
| <b>c</b> Tax deposited with Form 8868  | <b>44c</b> | 50. |
| <b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)  | <b>44d</b> |     |
| <b>e</b> Backup withholding (see instructions)   | <b>44e</b> |     |
| <b>f</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total  | <b>44f</b> |     |
| <b>45 Total payments.</b> Add lines 44a through 44f  | <b>45</b>  | 50. |
| <b>46</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | <b>46</b>  |     |
| <b>47 Tax due.</b> If line 45 is less than the total of lines 43 and 46, enter amount owed   | <b>47</b>  |     |
| <b>48 Overpayment.</b> If line 45 is larger than the total of lines 43 and 46, enter amount overpaid   | <b>48</b>  | 23. |
| <b>49</b> Enter the amount of line 48 you want: <b>Credited to 2009 estimated tax</b> <b>Refunded</b>  | <b>49</b>  | 23. |

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

|   |     |    |
|---|-----|----|
| <b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here | Yes | No |
| <b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.  |     | X  |
| <b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$   |     |    |

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation

N/A

|   |           |  |   |          |    |
|---|-----------|--|---|----------|----|
| <b>1</b> Inventory at beginning of year       | <b>1</b>  |  | <b>6</b> Inventory at end of year   | <b>6</b> |    |
| <b>2</b> Purchases                            | <b>2</b>  |  | <b>7</b> <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2                           | <b>7</b> |    |
| <b>3</b> Cost of labor                        | <b>3</b>  |  | <b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? | Yes      | No |
| <b>4a</b> Additional section 263A costs       | <b>4a</b> |  |   |          | X  |
| <b>b</b> Other costs (attach schedule)        | <b>4b</b> |  |   |          |    |
| <b>5</b> <b>Total.</b> Add lines 1 through 4b | <b>5</b>  |  |   |          |    |

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 taxpayer) is based on all information of which preparer has any knowledge.

|                                 |  |  |   |                                     |   |
|---------------------------------|--|--|---|-------------------------------------|---|
| <b>Sign Here</b>                | Signature of officer   | Date   | EXECUTIVE DIRECTOR                              | Title                               | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
|                                 | Preparer's signature   | Date   | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN<br>P00942600 |   |
| <b>Paid Preparer's Use Only</b> | Firm's name (or yours if self-employed), address, and ZIP code | DEMING MALONE LIVESAY & OSTROFF PSC<br>9300 SHELBYVILLE RD STE 1100<br>LOUISVILLE, KY 40222-5187 |   | EIN                                 | 61-1064249  |
|                                 |  |  |   | Phone no.                           | (502) 426-9660  |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 19)

| 1 Description of property  |   | 2 Rent received or accrued |    | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|--|---|----------------------------|----|---|
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)      | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) |                            |    |   |
| (1)  |   |                            |    |   |
| (2)  |   |                            |    |   |
| (3)  |   |                            |    |   |
| (4)  |   |                            |    |   |
| Total  | 0.  | Total                      | 0. |   |
| <b>(c) Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ..... |   |                            |    | <b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...         |
|  |   |                            |    | 0.  |

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 19)

| 1 Description of debt-financed property  | 2 Gross income from or allocable to debt-financed property                           | 3 Deductions directly connected with or allocable to debt-financed property |  | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
|--|--|---|--|---|--|
|  |  | (a) Straight line depreciation (attach schedule)                            | (b) Other deductions (attach schedule) |   |  |
|  |  | STATEMENT 1   | STATEMENT 2                            |   |  |
| (1) OFFICE BUILDING  | 34,000.  | 6,552.  | 26,191.                                |   |  |
| (2)  |  |   |  |   |  |
| (3)  |  |   |  |   |  |
| (4)  |  |   |  |   |  |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5 Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6 Column 4 divided by column 5  |  |   |  |
| (1) 724,980.   | 770,398.   | 94.10%  | 31,994.                                | 30,811.   |  |
| (2)  |  | %   |  |   |  |
| (3)  |  | %   |  |   |  |
| (4)  |  | %   |  |   |  |
| <b>Totals</b> .....  |  |   | 31,994.                                | 30,811.   |  |
| <b>Total dividends-received deductions</b> included in column 8 .....                            |  |   | 0.                                     |   |  |

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 20)

| 1 Name of controlled organization | 2 Employer identification number | Exempt Controlled Organizations                  |                                    |  |   |
|-----------------------------------|----------------------------------|--|------------------------------------|--|---|
|                                   |                                  | 3 Net unrelated income (loss) (see instructions) | 4 Total of specified payments made | 5 Part of column 4 that is included in the controlling organization's gross income | 6 Deductions directly connected with income in column 5 |
| (1)                               |                                  |  |                                    |  |   |
| (2)                               |                                  |  |                                    |  |   |
| (3)                               |                                  |  |                                    |  |   |
| (4)                               |                                  |  |                                    |  |   |

| Nonexempt Controlled Organizations |  |                                    |   |   |  |
|------------------------------------|--|------------------------------------|---|---|--|
| 7 Taxable Income                   | 8 Net unrelated income (loss) (see instructions) | 9 Total of specified payments made | 10 Part of column 9 that is included in the controlling organization's gross income | 11 Deductions directly connected with income in column 10 |  |
| (1)                                |  |                                    |   |   |  |
| (2)                                |  |                                    |   |   |  |
| (3)                                |  |                                    |   |   |  |
| (4)                                |  |                                    |   |   |  |
| <b>Totals</b> .....                |  |                                    | 0.  | 0.  |  |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 21)

| 1 Description of income | 2 Amount of income | 3 Deductions directly connected (attach schedule) | 4 Set-asides (attach schedule) | 5 Total deductions and set-asides (col. 3 plus col. 4) |
|-------------------------|--------------------|---|--------------------------------|--|
| (1)                     |                    |   |                                |  |
| (2)                     |                    |   |                                |  |
| (3)                     |                    |   |                                |  |
| (4)                     |                    |   |                                |  |
| <b>Totals</b> .....     | 0.                 |   |                                | 0.   |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 21)

| 1 Description of exploited activity | 2 Gross unrelated business income from trade or business | 3 Expenses directly connected with production of unrelated business income | 4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5 Gross income from activity that is not unrelated business income | 6 Expenses attributable to column 5 | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|-------------------------------------|--|--|---|--|-------------------------------------|---|
| (1)                                 |  |  |   |  |                                     |   |
| (2)                                 |  |  |   |  |                                     |   |
| (3)                                 |  |  |   |  |                                     |   |
| (4)                                 |  |  |   |  |                                     |   |
| <b>Totals</b> .....                 | 0.   | 0.   |   |  |                                     | 0.  |

**Schedule J - Advertising Income** (see instructions on page 21)

**Part I Income From Periodicals Reported on a Consolidated Basis**

| 1 Name of periodical                             | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1)  |                            |                            |   |                      |                    |  |
| (2)  |                            |                            |   |                      |                    |  |
| (3)  |                            |                            |   |                      |                    |  |
| (4)  |                            |                            |   |                      |                    |  |
| <b>Totals</b> (carry to Part II, line (5)) ..... | 0.                         | 0.                         |   |                      |                    | 0.   |

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1 Name of periodical                     | 2 Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4). |
|--|----------------------------|----------------------------|---|----------------------|--------------------|--|
| (1)                                      |                            |                            |   |                      |                    |  |
| (2)                                      |                            |                            |   |                      |                    |  |
| (3)                                      |                            |                            |   |                      |                    |  |
| (4)                                      |                            |                            |   |                      |                    |  |
| (5) <b>Totals from Part I</b>            | 0.                         | 0.                         |   |                      |                    | 0.   |
| <b>Totals, Part II</b> (lines 1-5) ..... | 0.                         | 0.                         |   |                      |                    | 0.   |

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 22)

| 1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attributable to unrelated business |
|--|---------|---------------------------------------|---|
|  |         |                                       | %   |
|  |         |                                       | %   |
|  |         |                                       | %   |
|  |         |                                       | %   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |         |                                       | 0.  |

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 FORM 990-T                      SCHEDULE E - DEPRECIATION DEDUCTION                      STATEMENT    1
 

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| DESCRIPTION                                  | ACTIVITY<br>NUMBER | AMOUNT | TOTAL  |
|--|--------------------|--------|--------|
| DEPRECIATION                                 |                    | 6,552. |        |
| - SUBTOTAL -                                 | 1                  |        | 6,552. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(A) |                    |        | 6,552. |

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 FORM 990-T                      SCHEDULE E - OTHER DEDUCTIONS                      STATEMENT    2
 

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| DESCRIPTION                                  | ACTIVITY<br>NUMBER | AMOUNT  | TOTAL   |
|--|--------------------|---------|---------|
| UTILITIES                                    |                    | 4,870.  |         |
| REPAIRS AND MAINTENANCE                      |                    | 2,025.  |         |
| INTEREST EXPENSE                             |                    | 17,300. |         |
| BUILDING INSURANCE                           |                    | 1,996.  |         |
| - SUBTOTAL -                                 | 1                  |         | 26,191. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN 3(B) |                    |         | 26,191. |

FILE COPY

Check if:  Change of Address  
 Amended Report  
 Final Report: Indicate Date Closed \_\_\_\_\_

Indiana Department of Revenue  
**Indiana Nonprofit Organization's Annual Report**  
 For the Calendar Year or Fiscal Year  
 Beginning 07/01/2008 and Ending 06/30/2009  
MM/DD/YYYY MM/DD/YYYY

**NP-20**  
 State Form 51062  
 (R2 / 3-09)

Due on the 15th day of the 5th month following the end of the tax year.  
**NO FEE REQUIRED.**

|  |                        |   |
|--|------------------------|---|
| Name of Organization<br><b>BIG BROTHERS BIG SISTERS OF KENTUCKIANA, INC.</b> |                        | Telephone Number<br><b>(502) 587-0494</b>         |
| Address<br><b>1519 GARDINER LANE, SUITE B</b>                                | County<br><b>O.O.S</b> | Indiana Taxpayer Identification Number            |
| City<br><b>LOUISVILLE, KY 40218</b>  | State<br><b>State</b>  | ZIP Code<br><b>40218</b>                          |
| Federal Identification Number<br><b>61-6057856</b>                           |                        | Contact's Telephone Number<br><b>502-587-0494</b> |
| Printed Name of Person to Contact<br><b>JERI SWINTON</b>                     |                        |   |

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.  
**Note:** If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

**Current Information**

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes.
2. Indicate number of years your organization has been in continuous existence. 32
3. Attach a schedule, listing the names, titles and addresses of your current officers. **SEE STATEMENT 1**
4. Briefly describe the purpose or mission of your organization below.

**SEE IRS FORM 990**

**BBBSKY@BBBS.ORG**

Email Address:

*I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.*

**EXECUTIVE DIRECTOR**

Signature of Officer or Trustee

Title

Date

Name of Person(s) to Contact

Daytime Telephone Number

**Important:** Please submit this completed form and/or extension to:  
 Indiana Department of Revenue, Tax Administration  
 P.O. Box 7147  
 Indianapolis, IN 46207-7147  
 Telephone: (317) 232-4015

**Extensions of Time to File**

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 7147, Indianapolis, IN 46207-7147, (317) 232-4015.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.

FORM NP-20

LIST OF OFFICERS, DIRECTORS AND TRUSTEES

STATEMENT 1

## NAME AND ADDRESS

## TITLE

TOMAS AGUILERA  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

J. MICHAEL DALTON  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

GREG DEMUTH  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

EARL HAMM  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

JERRY GOB  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

VICE-PRESIDENT

JESSICA KLEIN  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

KAREN LEE  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

ALAN MCGINNIS  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

MARCIA PEARSON  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

MARCIA PRATT  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

LARRY RIFF  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

DIANA QUESADA  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DIRECTOR

STEPHEN SCANNELL PRESIDENT  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

CHERYL STOUT DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

MIKE WOLF DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

SYVOSKIA BRAY DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DAVID BINGHAM DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

MIKE GLEESON DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

HEATHER FARRER DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

ANTHONY BRUTSCHER TREASURER  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

TED GAY DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

RICHARD JONES DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

SCOTT KOLOMS DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

CHARLES MATTHEWS DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

MARK MCCALLUM DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

ANGIE PHELPS DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

DAVID SMITH DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

MIKE ANDERSON DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

MICHELLE HARPER DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

PATTI HOBBS DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

BOB MONTGOMERY DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

TERRY MALCOLM SECRETARY  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

GARY THROCKMORTON DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

JERI SWINTON EXECUTIVE DIRECTOR  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218

LACEY CUNNINGHAM FINANCE/HR MANAGER  
1519 GARDINER LANE, SUITE B  
LOUISVILLE, KY 40218